

## PATIENT MEDICAL RECORD COLLECTION

We are committed to handling your personal data with the greatest care and confidentiality and in accordance with Hong Kong laws and ordinances. Therefore, we would appreciate if you could take a moment to sign the form below to ensure that we have your full consent before we release your medical records.

If you are unable to collect your medical records in person, please complete the section below to authorise a third party to collect on your behalf.

This completed form must be submitted to the clinic at the time of collection.

### CONSENT

**I confirm that I:**

**Patient full name:** ..... **HK ID Number:** .....

**Please tick one:**

**Have collected my medical records in person**

**Authorise:** ..... **HK ID Number:** .....

**to collect my medical records on my behalf**

**Patient signature:** ..... **Date:** .....

*(Signed by parent or guardian if patient is under 18 years)*

**Reason for collection:** Leaving HK  Changing Clinic  Other.....