|  |  |  |
| --- | --- | --- |
| ■ Enforcement Regulations of the Medical Act [Attachment No. 9-2 Form] <Amendment 2018. 9. 27.> | | |
| **Consent Form for Disclosure and Copy of Medical Records** | | |
| Patient | Name | Contact |
| Date of birth(alien registration number) | |
| Address | |
|  | | |
| Applicant | Name | Relationship with the patient |
| Date of birth(alien registration number) | Contact |
| Address | |
|  | | |
| Range of Disclosure and Copy of Medical Records | **Name of medical institution** | |
| **Treatment period** | |
| **Reason for copy** | |
| **Range of copy (to be written by the patient him/ herself)** | |
| Example) Copy of medical record, copy of prescription, copy of surgical record, copy of examination details and examination findings, radiograph (including images), copy of nursing record, copy of midwifery record, copy of medical certificate, copy of death certificate or body examination, etc. | |
| I, the patient (or Legally Authorized Representative) agree that the applicant ( ) can disclose and you’re your medical records, according to the 「Medical Law」 Article 21 clause 2 of the Korea Medical Service Act and Article 13-2 of the Enforcement Decree of the Medical Service Act.  Year Month Day  Patient(or Patient’s Legal Guardian) (Handwritten signature) | | |
|  | | |
| 210mm×297mm[Wood-free paper 80g/㎡ (recycled product)] | | |