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| **Confirmation for Access to Medical Records and Issuance of Copies** |
| Confirmer (Applicant) | Name | Date of birth (Alien registration number) |
| Relationship with the patient |
| Patient | Name | Date of birth (Alien registration number) |
| Checklist | Absence of the patient's lineal ascendant and descendant, and the patient's spouse and spouse's lineal ascendant |
| In accordance with Article 21, Paragraph 3 of the 「Medical Act」 and Article 13-3, Paragraphs 1 and 3 of the 「Enforcement Rule of the Medical Act」, I confirm that the spouse and lineal ascendant and descendant of the patient ( ) above, and the spouse's lineal ascendant are all absent.  Year Month Day Person (Confirmer) ( Handwritten signature ) |
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| **Notice** |
| The above confirmation form is prepared by the patient's siblings who are applying for access to and issuance of a patient's medical records in the following cases.1.If there is no spouse, lineal ascendant and descendant of the patient, or lineal ascendant of the patient in accordance with Article 13-3, Paragraph 1 of the 「Enforcement Regulations of the Medical Act」 2.If there is no spouse, lineal ascendant and descendant of the patient, or lineal ascendant of the spouse in accordance with Article 13-3 (3) [Attachment 2-2] of the 「Enforcement Regulations of the Medical Act」 |
| 210mm×297mm[Wood-free paper (80g/㎡) or Middle Grade Printing Paper (80g/㎡)] |