

APPENDIX A

**HMI MEDICAL
DATA ACCESS REQUEST FORM**

The following information is required to help us provide you a timely and accurate response to your Data Access Request pursuant to the Personal Data Protection Act 2010.

Full Name of Data Subject or Relevant Person (as per NRIC) :	:
NRIC/Passport No of Data Subject or Relevant Person :	:
Relevant Person's Relationship with Data Subject :	:
Address :	:
Mobile Number :	:
Email address :	:
Name of hospital/company which you are requesting personal data from (" Data Controller ") :	:

If you have been a patient at a Data Controller that is a hospital or medical centre, please provide your Medical Record Number

If you are or have been employed at the Data Controller, please provide your Employment number and period of engagement

Please provide details of the information you require from the Data Controller.

Declaration:

I am the Data Subject/Relevant Person named above and hereby request under the provisions of Section 12 and 30 of the Personal Data Protection Act 2010 that the Data Controller provides me a copy of the personal data held about me as specified above. I understand that there may be a charge for this service and that the Data Controller will contact me to request for payment, I also note that the Data Controller will respond within the time stipulated under the Personal Data Protection Act 2010 after the receipt of the payment from me and will notify me of a date and time to collect a copy of the document personally.

Signed : _____

Date : _____