

Consent to Release of Health Information

Patient	Name	Phone No.
	Date of Birth (Alien Registration No.)	
	A d d r e s s	

Legal Representative	Name	Relationship
	Date of Birth (Alien Registration No.)	Phone No.
	A d d r e s s	

Type of Medical Record & Scope of the Records Requested	Name of medical institution
	Point-of-care period
	Reason for Issuance
	Range of Issuance (The patient should fill out the form in person)

I (Legal Representative) authorize to release my health information including copies of my medical record to the following person or entity _____, according to the third clause of Article 21 of Korean Medical Law, and the third clause of Article 13 of Regulation of the same law.

_____/_____/_____(Day/Month/Year)

_____(signature)