

[별지 제5호 서식]

Consent for reading treatment report and issuing copies
진료기록 열람 및 사본발급 동의서

Patient	Name		Mobile	
	Alien ID No. or Date of birth			
	Address			
Delegatee	Name		Relation to the patient	
	Alien ID No. or Date of birth		Mobile	
	Address			
Scope of reading and issuing copies	Medical institution			
	Period of treat			
	Contents and reasons for reading and issuing copies			

Attention

Any other person who forges patient's signature to get his/her medical records shall be sentenced to less than 5- year imprisonment under Article 231 and 232 the Criminal Law for private document forgery .

※ Documents that show the relation to the patient, Copy of the patient's ID card

※ If a patient is below 14 , this should be written by a legal guardian.

I (or legal guardian) hereby consent to the delegate () reading my treatment report or issuing copies based on the medical law no. 21-3 and enforcement regulation no.13-3

day ____ month ____ yr ____

Patient (or legal guardian)

(signature)

Busan Adventist Hospital

[별지 제5호의2서식]

Authorization for reading treatment report and issuing copies

진료기록 열람 및 사본발급 위임장

Patient	Name		Mobile	
	Alien ID No. or Date of Birth			
	Address			
Delegatee	Name		Mobile	
	Alien ID No. or Date of Birth		Relation to the patient	
	Address			

Attention

Any other person who forges patient's signature to get his/her medical records shall be sentenced to less than 5- year imprisonment under Article 231 and 232 the Criminal Law for private document forgery .

※ Required documents : Consent for reading treatment report and issuing copies
, Copy of the patient's ID card

I delegate authority to the acceptor for receiving the medical records mentioned on the 「
Consent for reading treatment report and issuing copies 」
based on the 「 medical law 」 no. 21-3 and enforcement regulations no. 13 -3

day ____ month ____ yr ____

Patient (or legal guardian)

(Signature)

Busan Adventist Hospital