■ As per the Medical Service Act Enforcement Rule [Form No. 9-2] <Amended 2018. 9. 27.>

CONSENT Form for Reading and Issuance of Copies of Medical Records

Patient	Name	Phone No.
	Date of Birth	
	Address	
Applicant	Name	Relationship to patient
	Date of Birth	Phone No.
	Address	
Scope of Reading and Copy Issuance	Hospital Name	
	Treatment Period	
	Purpose of Issuance	
	Scope of Issuance (Must be completed by the patient)	
	Ex.) Copies of medical records, prescriptions, surgical records, test results and diagnostic reports, radiology images, nursing records, delivery records, medical certificates, death certificates or autopsy reports, etc.	

I, the patient (or legal representative), hereby consent that the applicant ( ) named above may view or obtain copies of my medical records in accordance with Article 21, Paragraph 3 of the Medical Service Act and Article 13-3 of its Enforcement Rule.

Date: (MM/DD/YYYY)

Patient Name(or legal representative) (signature)

※ Note: A legal representative is required to complete this form only if the patient is under 14 years of age.

210㎜×297㎜[백상지 80g/㎡(재활용품)]