■ As per the Medical Service Act Enforcement Rule [Form No. 9-3] <Amended 2017. 6. 21.>

Power of Attorney for Reading of Medical Records and Issuance of Copies

Recipient (Authorized Representative)	Name	Phone No.
	Date of Birth(ARC No.)	Relationship to patient
	Address	
Patient (Authorizing Person)	Name	Phone No.
	Date of Birth(ARC No.)	
	Address	

I, the Patient(Authorizing person), hereby delegate full authority to the above-named Recipient regarding the matters specified in the "Consent Form for Reading and Issuance of Copies of 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(Authorizing person) (signature)