

Patient Consent Under the Community Health Assist Scheme (CHAS)

I agree that by presenting my Health Assist, Pioneer Generation or Public Assistance card at any participating CHAS clinic (“Clinic”):

- A. I authorise the treating doctor/dentist at the Clinic where I have received treatment under the Community Health Assist Scheme (“CHAS”) to disclose to the Polyclinics¹, their Affiliates², the Ministry of Health (“MOH”) and their authorised agents such information relating to my personal data (including clinical data), as well as my fees and expenses, as may be necessary for the purposes of:
- i. Verifying, processing and auditing claims for subsidies provided under the CHAS in relation to the treatment that I have received;
 - ii. Assessing and auditing the compliance of the Clinic and the treating doctor/dentist with the terms and conditions of the CHAS; and
 - iii. Contacting me, the Clinic and the treating doctor/dentist on my participation under the CHAS.
- B. I also understand that my personal data (including clinical data) and information on fees and expenses provided by the treating doctor/dentist to the Polyclinics, their Affiliates, MOH and their authorised agents may be used to facilitate the effective administration, monitoring and improvement of the CHAS and the review and development of public healthcare finance policies.
- C. This authorisation applies to and covers all my visits to any Clinic for treatment under the CHAS, whether such visits are prior to or subsequent to the date of this authorisation.
- D. Despite paragraph C above, if I hold the Health Assist card, I may revoke this authorisation at any time by sending a notice in writing together with the Health Assist card to the following address: Bukit Merah Central Post Office, P.O. Box 680, Singapore 911536. I understand that this revocation applies prospectively but not retrospectively, and that I will no longer be able to receive CHAS subsidies and other benefits associated with CHAS in the future. If I have a Pioneer Generation or Public Assistance card, I may revoke this authorisation by ceasing further use of my card at all Clinics. I understand that this revocation applies prospectively but not retrospectively. If however I use the Pioneer Generation or Public Assistance card at a Clinic again, I will be deemed to have granted fresh authorisation as set out above and my revocation would cease to be effective.

¹ “Polyclinics” means either the National Healthcare Group Polyclinics (ACRA Reg. No: 52929305J) or SingHealth Polyclinics (ACRA Reg. No: 52928775K).

² “Affiliates” means (a) an organisation/institution (including but not limited to medical hospitals, clinics, institutions and healthcare practitioners) that is related to the Polyclinics either (i) by reason of the Polyclinics directly or indirectly controlling the organisation/institution or vice versa; (ii) by reason of both the Polyclinics and organisation/institution being controlled by or under the common control of a third party; or (iii) by reason that the Polyclinics is obliged to provide support or other services to that organisation/institution for any reason; or (b) the Government and any ministry, agency or statutory board in Singapore having functions and duties related to healthcare in Singapore and elsewhere where relevant.