

Annex A – Patient Consent

I agree that by presenting my CHAS card/Health Assist card/Pioneer Generation card/Merdeka Generation card or a valid personal identification and/or accepting the CHAS subsidies for my visit (as reflected in the itemised bill) at any participating CHAS clinic (“Clinic”):

- A. I authorise the Clinic (including the treating doctor/dentist at the Clinic) where I have received treatment/care under the relevant schemes and its authorised agents and service providers to collect, use and disclose to the Polyclinics¹, their Affiliates², the Singapore Government, service providers (e.g. laboratories), and other Clinics where I am receiving treatment/care, such information (including my personal data, financial and medical information, 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 relevant schemes in relation to the treatment/care 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 relevant schemes;
 - iii. contacting me, the Clinic and the treating doctor/dentist in relation to my participation under any healthcare or other public schemes; and
 - iv. facilitating the effective administration, monitoring and improvement of healthcare or other public schemes, and the review and development of public healthcare finance policies.
- B. This authorisation applies to and covers all my visits to any Clinic for treatment under the relevant schemes, whether such visits are prior to or subsequent to the date of this authorisation.
- C. Despite paragraph B above, I may revoke this authorisation at any time by:
- (a) *where the CHAS/Health Assist card was presented*: sending a notice in writing together with the CHAS/Health Assist card to the following address: Bukit Merah Central Post Office, P.O. Box 680, Singapore 911536; or
 - (b) *where the Pioneer Generation card, Merdeka Generation card or other valid personal identification was presented*: informing the Clinic(s) that I wish to revoke this authorisation and will cease accepting subsidies under the relevant schemes at all Clinics.

I understand that I will not receive subsidies and other benefits under the relevant schemes upon revocation of my authorisation above. I will return any subsidies/benefits that are mistakenly given to me to the Clinic and/or MOH immediately.

However, should I present a CHAS card/Health Assist card/Pioneer Generation card/Merdeka Generation card or valid personal identification and/or accept the CHAS subsidies for my visit (as reflected in the itemised bill) at any Clinic in the future, for the purpose of receiving subsidies and other benefits under the relevant schemes, I will be regarded as having given fresh authorisation, and my revocation will 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 the organisation/institution being controlled by or under the common control of a third party; or (iii) by reason that the Polyclinics are obliged to provide support or other services to that organisation/institution for any reason; or (b) any agency or statutory board in Singapore having functions and duties related to healthcare in Singapore and elsewhere where relevant.