

## Consent Form for Disclosure and Copy of Medical Records · Radiology Images (DVD)

<b>Patient</b>	Name		Contact No.	
	Date of Birth (Alien Registration Card No.)			
	Address			
<b>Applicant</b>	Name		Relationship to Patient	
	Date of Birth (Alien Registration Card No.)		Contact No.	
	Address			
<b>Range of Disclosure and Copy of Medical Records</b>	Name of the Medical Institution			
	Duration of Medical Treatment			
	Type and Amount of Information to be used or disclosed			
	Reason for Request			

I, the patient (or Legally Authorized Representative) agree that the applicant ( ) can disclose and you're your medical records, according to the 「Medical Law」 Article 21 clause 2 of the Korea Medical Service Act and Article 13-3 of the Enforcement Decree of the Medical Service Act.

Year                      Month                      Day

Patient(or Patient's Legal Guardian)

(Signature)