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| ■ Enforcement Regulations of Medical Service Act [Attachment No. 3 of Format 9] <Amended on June 21, 2017>의료법 시행규칙 [별지 제9호의3서식] <개정 2017. 6. 21> |
| **Authorization for Disclosure and Copy of Medical Records**진료기록 열람 및 사본발급 위임장 |
| **Authroized****recipient****(Applicant)** | **Name (성명)** | **Contact Number (전화번호)** |
| **Date of Birth (Alien Registration No.)** **생년월일(외국인등록번호)** | **Relationship to Grantor(Patient)** **(위임인과의 관계)** |
| **Address (주소)** |
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| **Grantor****(Patient)** | **Name (성명)** | **Contact Number (전화번호)** |
| **Date of Birth (Alien Registration No.) 생년월일(외국인등록번호)** |
| **Address (주소)** |
| I, the Grantor or Patient, hereby give power of attorney to the Authorized Recipient for disclosure and copy of the patient’s medical records as written in the 「Consent Form for Disclosure and Copy of Medical Records」according to Article 21 Clause 3 of 「Medical Service Act」and Article 13-3 of the Enforcement Reugulations of the same Act. 위임인은 「의료법」제21조 제3항 및 같은 법 시행규칙 제13조의 3에 따라 「진료기록 등 열람 및 사본발급 동의서」에 기재된 사항에 대하여 일체 권한을 상기 수임인에게 위임합니다.*Year Month Day* : . . .**Grantor/Patient** (위임인) (signature) 자필서명 |
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