■ 의료법 시행규칙 [별지 제9호의2서식] <개정 2018. 9. 27.>

Consent to Release of Health Information

Patient	Name	Phone No.
	Date of Birth (Alien Registration No.)	
	Address	

Legal Representative	Name	Relationship
	Date of Birth (Alien Registration No.)	Phone No.
	Address	

Type of Medical Record & Scope of the Records Requested	Name of medical institution
	Point-of-care period
	Reason for Issuance
	Range of Issuance (Patient must fill out the form in person)

I (or Legal Representative) authorize to release my health information including copies of my medical record to the following person or entity_____, in accord ance to the third clause of Article 21 of Korean Medical Law, and the third clause of A rticle 13 of Regulation of such law.

_____/_____/_____(Day/Month/Year)

_____(signature)

In case of the patient under the age of 14, it would be completed by a legal representative.