

Medical Data Consent Form

In the event that any medical assistance is required during IOI 2020, the IOI 2020 Organising Committee will arrange for your medical care at the National University of Singapore's University Health Centre (UHC).

UHC uses GP Connect¹, an integrated IT system which allows general practitioners and authorised clinical staff to share and view clinical information and data between IT systems quickly and efficiently. GP Connect is also linked to the National Electronic Health Records² (NEHR) system. Both systems are managed by Integrated Health Information Systems (IHIS), the technology agency for public healthcare sector in Singapore.

In order to receive treatment at UHC or other healthcare providers, you must give your consent to:

1. Allow NUS to collect, disclose, process and transfer your personal data including all of your patient data obtained during your visits to UHC to GP Connect for the purpose of managing your medical records;
2. Allow IHIS, through GP Connect, to disclose, process, transfer and share your personal and patient data to NEHR;
3. Where such of your personal and patient data is disclosed, processed and/or transferred by IHIS to NEHR,
 - a. To allow all institutions accessing the NEHR, including Ministry of Health, MOH Holdings Pte Ltd ("MOHH") and MOHH's affiliates, to access, use, disclose and share your said personal and patient data for the purposes of providing you with healthcare services (including making medical referral and facilitating diagnosis); and
 - b. where MOH has given consent to such institutions mentioned in (a), to allow your personal and patient data to be used for approved research or such other approved purposes.
4. Disclose and/or share your personal and patient data with institutions connected to NEHR with other institutions.

Name (as indicated in your ID or Passport): _____

NRIC/PP/FIN (last 5 characters only): _____

Date of Birth (dd/mm/yyyy): _____

If you are 18 years old and above

I give/do not give* my consent to the above.

Signature: _____ Date (dd/mm/yyyy): _____

If you are 17 years old or below, Parent/Guardian signature is required

I, Parent/Guardian* _____ of _____
give/do not give* consent to the above.

Signature: _____ Date (dd/mm/yyyy): _____

¹ https://www.ihis.com.sg/Project_Showcase/Healthcare_Systems/Pages/GPConnect.aspx

² <https://www.ihis.com.sg/nehr/home>

* Delete where inapplicable

