

## Agreement to View Medical Records and Issue Copies

Patient	Name	Contact Information
	Date of Birth	
	Address	
Applicant	Name	Relationship with Patient
	Date of Birth	Contact Information
	Address	
Degree of Viewing and Copy Issuance	Name of Medical Institution	
	Period of Treatment	
	Reason for Issuance	
	Degree of Issuance (to be written by the patient)	
	Ex) Copy of medical record, copy of prescription, copy of surgical record, copy of examination and examination findings, copy of radiograph (including image), copy of nursing record, copy of premature birth record, copy of diagnosis, copy of death certificate or body examination, etc.	

I, the patient (or legal representative), agree that the applicant ( ) mentioned above may view or obtain a copy of my medical records in accordance with Article 21, Paragraph 3 of the Medical Service Act and Article 13, Paragraph 3 of the enforcement decree of the same act.

Date \_\_\_\_\_

Patient (or legal representative) \_\_\_\_\_

Sign here \_\_\_\_\_

※ Note: If the patient is under 14 years of age, the legal representative will fill out the form.