

## Confirmation to View Medical Records and Issue Copies

Confirmer (Applicant)	Name	Date of Birth (Alien Registration Number)
	Relationship with the Patient	
환자	Name	Date of Birth (Alien Registration Number)
Checklist	Nonexistence of the Patient's Direct Ancestor, Descendant, Spouse, and the Spouse's Direct Ancestor	

I (the confirmer) hereby confirm that the patient mentioned above does not have any spouse, direct ancestor/descendant, and the spouse's direct ancestor, in accordance with Article 21, Paragraph 3 of the Medical Service Act and Article 13, Paragraph 3-1 of the Enforcement Decree of the same Act.

Date \_\_\_\_\_

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

### Note

This confirmation letter is filled out if the siblings of the patient cannot get the patient's consent and the patient does not have a spouse, direct ancestor, and descendant, and the spouse does not have a direct descendant in accordance with Addendum 2-2, the Enforcement Decree of the Medical Service Act.