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

Authorization For 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	
Range of medical records released and copied	**Name of Medical Institution**	
	Date(s) of treatment	
	Reason for Issuance	
	Type of Medical Record (written by patient)	
	Ex) Copy of medical records, examination and testing results, imaging (CD included), nursing records, copy of medical certificate, etc.	

I (or Legal Representative) authorize the release of my medical information including copies of my medical record to the above mentioned entity ( ) in accordance to article 21 clause 2 and article 13 clause 3 of the medical law.

_____/_____/_____(date/month/year)

Patient(or Legal Representative) _____(signature)

210㎜×297㎜[백상지 80g/㎡(재활용품)]