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| ■ Enforcement Regulations of the Medical Act [Attachment No. 9-3 Form] <Amendment 2017. 6. 21.> |
| **Attorney for Disclosure and Copy of Medical Records** |
| Trustee | Name | Contact |
| Date of birth (Alien registration number) | Relationship with the delegating person |
| Address |
|  |
| Delegating person(Patient) | Name | Contact |
| Date of birth (Alien registration number) |
| Address |
| I, the patient give power of attorney to the Trustee as written in the 「Authorization for Disclosure and Copy of Medical Records」 to disclose and copy the patient’s medical records according to the 「Medical Law」 Article 21 clause 2 of the Korea Medical Service Act and Article 13-2 of the Enforcement Decree of the Medical Services Act. Year Month Day Delegating person (Handwritten signature) |
|  |
| 210mm×297mm[Wood-free paper 80g/㎡ (recycled product)] |