

**AUTHORIZATION FORM**  
**SUBMITTING DIGITAL RESULTS THROUGH THE CLINICAL MANAGEMENT SYSTEM**

To :-

1. Parkway Hospitals Singapore Pte Ltd  
111 Somerset Road #15-01  
TripleOne Somerset  
Singapore 238164

1. Medi-Rad Associates Ltd  
111 Somerset Road #15-01  
TripleOne Somerset  
Singapore 23816

Date: \_\_\_\_\_

Fax No: \_\_\_\_\_ Email: [sg.radiology@parkwaypantai.com](mailto:sg.radiology@parkwaypantai.com)

I, \_\_\_\_\_ of \_\_\_\_\_  
(Doctor's name) (Clinic's name)

wish to receive my patient's report, diagnostic images, demographic data ("Patient Results") from Parkway Hospitals Singapore Pte Ltd (PHSPL) and Medi-Rad Associates Ltd (MRA) electronically via my clinical management system [insert name of system] ("System") provided by my vendor, [insert name of vendor] ("Vendor").

I hereby instruct PHSPL and MRA to electronically transmit the Patient Results to me via the System, in accordance with such instructions as I may provide to PHSPL and MRA from time to time. If I no longer require PHSPL and MRA to electronically transmit my Patient Results to me via the System, I must instruct PHSPL and MRA accordingly in writing.

In addition, I acknowledge, agree and undertake to PHSPL and MRA as follows:

- (i) I shall immediately update PHSPL and MRA in the event of any changes to my instructions or communications particulars. In the event that my practice is changed or

terminated, I shall inform PHSPL and MRA and all other relevant parties (including the Vendor) immediately so that PHSPL and MRA will cease transmitting that Doctor's Patient Results to me;

- (ii) the System and my access to the System is provided to me by the Vendor and the Patient Results are being transmitted to me at my request and at my own risk. I acknowledge and agree that PHSPL and MRA is not liable for and is not responsible for the performance of the System or access or inability to access to the Patient Results via the System, nor does PHSPL and MRA have any control over such matters.
- (iii) PHSPL and MRA has the right to retain copies of any databases, files and Patient Results for their own record-keeping purposes and for compliance with applicable law;
- (iv) I shall procure the compliance of the Vendor with all applicable obligations of the Personal Data Protection Act 2012 (PDPA);
- (v) I shall obtain, and shall procure the consent of my patients in accordance with the requirements of the PDPA for the transmission of the Patient Results through the System and retain records of such consents. I shall provide PHSPL and MRA with copies of the patients' consents upon request by PHSPL and MRA;
- (vi) I shall not hold PHSPL and MRA liable for any loss or damage which may be suffered by me in connection with the electronic transmission of the Patient Results through the System; and
- (vii) I shall keep PHSPL and MRA, its officers, directors, employees and agents ("**Indemnitees**") indemnified against all losses, damages, claims, demands, actions, proceedings, liabilities and expenses whatsoever (including but not limited to all legal costs or attorney's fees on a full indemnity basis) that any of the Indemnitees may incur or suffer arising from or in connection with the transmission of the Patient Results through the System to me.

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Doctor's Signature

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Clinic's stamp and address