



# ASSURANCE TECHNOLOGY PTE LTD

2 Venture Drive #25-01 Vision Exchange S608526

Tel: 6563 2435

www.eclinic.com.sg

## Authorization for Data Access

I confirmed that I am the person-in-charge of the clinic and have the rights to the clinic data. I hereby authorize Assurance Technology Pte Ltd to access our clinic data for the purpose stated below. *(Please tick the appropriate/relevant type of data and purpose for access below)*

Clinic Name: \_\_\_\_\_

### Clinic Data

| Tick | Data Type              | Remark |
|------|------------------------|--------|
|      | Patient Biodata        |        |
|      | Medical Notes          |        |
|      | Past Dispensing Record |        |
|      | Financial Data         |        |
|      | Images                 |        |
|      | Master Data Setup      |        |
|      | Others                 |        |

### Purpose of Access

| Tick | Purpose Type          | Remark |
|------|-----------------------|--------|
|      | Data Analysis         |        |
|      | Data Migration        |        |
|      | Data Extraction       |        |
|      | Data Transfer         |        |
|      | Data Editing (Strict) |        |

Authorized By:

\_\_\_\_\_  
Name & Signature of Doctor-In-Charge

\_\_\_\_\_  
Clinic Stamp & Date

#### **Section 2: For Clinic Acknowledgement Upon Completion**

I acknowledge that the above requested tasks have been fulfilled and delivered by Assurance Technology Pte Ltd. Assurance Technology Pte Ltd shall proceed to delete any data in their possession related to this request within the next 5 working days.

Authorized By:

\_\_\_\_\_  
Name & Signature of Doctor-In-Charge

\_\_\_\_\_  
Clinic Stamp & Date

#### **Section 3: For Assurance Technology Pte Ltd Internal Completion**

\_\_\_\_\_  
Approved by & Date

\_\_\_\_\_  
Completed by & Date