

(When the person other than the patient authorizes another person)

Letter of Proxy for Disclosure of Medical Record

To Director of Japanese Red Cross Narita Hospital

I, (the principal) _____ (relation to the patient: _____),
hereby authorize the following person as my proxy to handle procedures related to disclosure of the
personal information (such as medical records) of the patient (name: _____)
stored at the hospital, including application for and receipt of the personal information.

Date: _____ (Y) / _____ (M) / _____ (D)

Principal name: _____

Signature: _____

Address: _____

Phone number: _____

Email address: _____

[Information of Proxy (applicant)]

Name: _____

Address: _____

Phone number: _____

Email address: _____

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This English translation has been prepared under the supervision of doctors, legal experts or others. When any difference in interpretation arises because of a nuanced difference in related languages or systems, the Japanese original shall be given priority.