(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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