

Letter of Proxy for Disclosure of Medical Record

To Director of Japanese Red Cross Narita Hospital

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

Date: / / (Year / Month / Day)

Patient name: _____

Signature: _____

[Information of Proxy]

Name: _____

Relationship with patient: _____

Address: _____

Date of birth: / / (Year / Month / Day)

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.