

Beacon Ear Nose Throat & Snoring Centre

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Co Reg No: 53227367B Managed by Beacon Medical Pte Ltd

Personal Data Protection Act Consent Form

The Personal Data Protection Act 2012 ("PDPA") came into force 2 July 2014 and regulates the collection, use and disclosure of personal data by organisations. For purposes of complying with the PDPA, we would like to seek your consent for the collection, use and disclosure of your personal data.

Please be assured that if your personal data is collected, used or disclosed for the purposes mentioned below, we will protect it as required under the PDPA and other relevant legislation.

By signing this consent form, you hereby agree and consent that we may collect, use and disclose your personal data for the following purposes:

1. Provision of medical treatment, services and advice, including without limitation, the management of your appointments, registration, counselling, payment purposes, billings services and advising you of alternative treatment options.

2. Maintaining your medical record.

3. Referrals to external medical institutions/facilities/clinics, allied health personnel, other medical practitioners, hospital staff for further consultation and continuity of care for me.

4. Contacting family members or next-of-kin for purposes of providing patient location, medical updates and seeking consent from them in emergency situations.

5. Ensuring appropriate delivery of medical test results and other medical updates including appointments.

6. Ensuring proper and complete diagnosis and appropriate treatment.

7. Disclosures may also be made to such third parties, such as agents, contractors or other third party service providers with whom we may have relevant service arrangements, for the purposes which the personal data was collected or to be used, and any other reasonable ancillary purposes.

8. Beacon Ear Nose Throat and Snoring Centre may contact me via phone calls, whatsapp, SMS, messages data messages, emails, letters, faxes, or any other electronic messaging for the purposes listed in the document. This content is regardless of any current or future registration on the DO NOT Call Registry.

9. This Consent shall be valid from the date indicated below until such a time when retention of the personal data is no longer necessary for Ear Nose Throat and Snoring Centre’s legal or business purposes.

You warrant that all personal data provided by you is true, correct and accurate. Please inform us as soon as practicable if there are any changes to the personal data which you have provided.

I have read, understand and accepted the terms governing Beacon Ear Nose Throat and Snoring Centre’s Consent Form for collection, use, dissemination and disclosure of personal data.

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Name: NRIC/Passport No: Date