

Consent to disclose medical information

In accordance with the Saudi Arabian Cultural Office requirements, this consent must be signed and submitted alongside Medical Financial Guarantee (MFG) application or/ and reimbursement claim.

Patient Name		D.O.B	
Student National ID		Scholarship End Date	
Sponsored Student Name (if different from the patient)			
Name of the Health Provider		Contact details of the health provider	

Purpose of this form

This form is used to confirm that you consent to your treating health professionals and/or health providers disclosing relevant information about your disability or medical conditions to Saudi Arabia cultural Office, or assessors engaged by Saudi Arabia cultural Office.

This consent form does not replace the need for you to provide medical evidence when lodging a claim for reimbursement. We need medical evidence from your treating health professionals to help us understand your conditions and to correctly assess your claim.

If more information is needed to assess your eligibility for Medical Financial Guarantee (MFG) application or reimbursement claim, Saudi Arabia cultural Office or assessors engaged by Saudi Arabia cultural Office may contact your treating health professionals and/or health providers to confirm or clarify information you have provided about your disability or medical conditions.

This may include contact with any health professionals (including your treating doctor) and/or health providers who have examined, diagnosed, or treated your disability or medical conditions which are relevant to the assessment of your claim.

Your treating health professionals and/or health providers may be asked to disclose any medical information relevant to assessing your eligibility for Medical Financial Guarantee (MFG) application or reimbursement claim. This includes medical and specialist reports, clinical notes, medical records, or other information.

Your treating health professionals and/or health providers may ask for confirmation that you have consented for them to disclose your medical information to Saudi Arabia cultural Office or assessors engaged by Saudi Arabia cultural Office.

You can complete the Consent to disclose medical information statement on this form to provide your consent, and Saudi Arabia cultural Office will show this to your treating health professionals and/or health providers if requested.

IF You withdraw your consent at any time, your treating health professionals or health providers would not be able to disclose relevant medical information when requested, Saudi Arabia cultural Office may not have enough information to assess your eligibility for Medical Financial Guarantee (MFG) application or reimbursement claim. This may result in your application or / and claim being rejected or payment for medical treatment being ceased without any liability whatsoever on the Saudi Cultural Office.

Consent to disclose medical information

I (full name)

Date of birth

give full and unconditional consent for my treating health professionals and/or health providers to disclose any relevant information about my disability or medical conditions to Saudi Arabia cultural Office, or assessors engaged by Saudi Arabia cultural Office.

Your signature

Date

I.....the treating health professionals and/or health providers agreed to disclose any relevant information related to the consignor disability or medical conditions to Saudi Arabia cultural Office, or assessors engaged by Saudi Arabia cultural Office.

Treating health professional and / or health provider's signature

Date