



**MINISTRY OF HEALTH**  
SINGAPORE

MH 78:44/1

MOH Circular No. 02/2026

9 January 2026

All Licensees under the Healthcare Services Act 2020

Registered Medical and Dental Practitioners

## **GUIDANCE ON DISCLOSURE OF PATIENT MEDICAL RECORDS TO INSURERS**

This circular provides guidance to all licensees under the Healthcare Services Act (“**HCSA**”), and registered medical and dental practitioners regarding the appropriate disclosure of patient medical records to insurers to facilitate legitimate insurance processes whilst safeguarding medical confidentiality.

2. The Ministry of Health (“MOH”) is aware that insurers request for medical information from medical and dental practitioners on a case-by-case basis for individual patients’ claims and underwriting purposes. This includes verifying the diagnosis and treatment, ascertaining if a claim is payable under the policy contract terms, or confirming an insurance applicant’s medical history or signs and symptoms so as to make proper underwriting risk evaluations. In exceptional circumstances, insurers also request for information under the “right to inspect and audit” clause in their contracts with the medical and dental practitioners, to for instance, ascertain adherence to terms specified in the panel contract.

3. MOH has received feedback regarding contractual clauses that grant insurers the right to inspect, examine and audit patient medical records maintained by licensees. The feedback disclosed the following concerns:

- a) whether compliance with such clauses would mean that licensees would be in breach of their obligations in relation to patient confidentiality (such as under the HCSA); and
- b) whether insurers may be able to access to patient health information in the National Electronic Health Record system (NEHR).

## Requirements to safeguard confidentiality of patient medical records

4. Under the HCSA, licensees are required to (i) maintain the confidentiality of every patient health record and (ii) protect patient health records from unauthorised access, disclosure, copying or use. This applies even when patient health information is provided in the form of an extract or aggregated compilation, as required by Regulations 38(1) and 38(2) of the Healthcare Services (General) Regulations 2021.

5. Beyond the HCSA requirements, the Singapore Medical Council (SMC)'s and Singapore Dental Council (SDC)'s Ethical Code and Ethical Guidelines (ECEG) also require medical and dental practitioners to uphold medical confidentiality and ensure that medical records are kept safely and securely and are not at risk of unauthorised access and breach of medical confidentiality.

6. MOH recognises that insurers may have reasons to request for patient medical information for purposes such as claims assessment, and would like to remind licensees/medical and dental practitioners on the following key practices when providing such information to insurers:

- a) **[Patient consent and documentation]** Ensure that the patient is notified of the purpose for and has provided consent for the disclosure of their medical information to insurers for the intended purpose e.g., via Medical Claims Authorisation Form (MCAF) with relevant clauses signed by the patient, and/or relevant policy forms. This consent should be properly documented in the patient medical records.
- b) **[Disclosure is relevant to the purpose]**
  - i. Exercise professional judgement to ensure requested information is relevant to and necessary in the context of the case. Information irrelevant to the patient's claim or underwriting assessment must not be disclosed to the insurer, regardless of the scope of patient consent provided.
  - ii. Separate medical reports, memos or clinical summaries should be prepared for the insurer instead of providing the raw medical records as they are. MOH wishes to highlight that raw medical records such as those in electronic medical record (EMR) systems and medical notes contain extensive information, including both relevant and irrelevant details. As such, even where a contract grants insurers the right to inspect and audit medical records, insurers should not be given access to the raw medical records regardless of whether they are in digital or physical format. In exceptional circumstances, to for instance, ascertain adherence to terms specified in the panel contract, licensees may provide redacted copies of raw medical records (e.g., EMRs) containing only information relevant to the claim.

- c) **[Maintain confidentiality]** Licensees should continue to take reasonable steps to ensure that third parties such as insurers handle patient medical records with confidentiality. This can include working with insurers to ascertain that insurers have similar obligations to ensure patient medical records are handled with confidentiality.

**Access to NEHR must be for clinical care purposes only, and is not allowed for insurance purposes**

7. MOH would like to remind licensees/medical and dental practitioners that access to NEHR is not allowed for insurance purposes under any circumstances and is only allowed for clinical care purposes. Insurers do not have access to NEHR and are not allowed to ask or require healthcare providers or medical and dental practitioners to access NEHR on their behalf. Consistent with current practice, medical and dental practitioners should take proper history and conduct physical examinations, with NEHR serving as a complementary tool to support the clinical care provided. Accessing NEHR to prepare separate medical reports, memos or clinical summaries for any insurance purpose is an offence under the Health Information Bill.

8. This means that even when patients request their own medical records for insurance purposes, or when insurers seek patients' medical histories for claims assessment, licensees/medical and dental practitioners should rely on (i) their own medical records, such as those in EMRs, and (ii) patient interactions to prepare the necessary documents. NEHR must **not** be accessed to respond to these requests from patients and insurers.

- a) For existing patients: Information from EMRs may be used to prepare these documents. While EMRs may sometimes contain information obtained from NEHR, such information would have been validated with the patient during history taking and reflects the doctor's clinical assessment.
- b) For new patients: Since there are no existing EMR for patients who have not had prior consultations, medical and dental practitioners should rely solely on information obtained from the patient during the current consultation and any relevant clinical examinations conducted.

**Guidance on appropriate information requests to be provided to insurers**

9. MOH has worked with the Monetary Authority of Singapore (MAS) and the Life Insurance Association (LIA) Singapore, and similar guidance will be issued to insurers on the appropriate scope when seeking information from patient medical records.

10. Licensees and medical and dental practitioners are encouraged to report to MOH at [HCSA\\_Enquiries@moh.gov.sg](mailto:HCSA_Enquiries@moh.gov.sg) regarding instances of inappropriate or

unreasonable requests or pressure to access, inspect or disclose irrelevant patient medical records from any insurers.

11. For queries regarding this circular, please contact [HCSA\\_Enquiries@moh.gov.sg](mailto:HCSA_Enquiries@moh.gov.sg).

A handwritten signature in black ink, appearing to be 'H.K.' with a checkmark-like flourish at the end.

PROF KENNETH MAK  
DIRECTOR-GENERAL OF HEALTH  
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