Taichung Veterans General Hospital

Registration / Consent to Release Personal Information (First-time Visitor)

Index No. ( staff only )

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| Name: | | Date of birth: | | Place of birth: | | |
| ID number: | | Sex: □Male □Female | | Marital status: □Married □Single | | |
| Permanent address: | | | | | | |
| Correspondence address: | | | | | | |
| Email: | | | Covered by other insurances: □Yes □No | | | |
| Home/Office phone: Cell phone: | | | | | | |
| Hospitals previously visited for this illness: | | | | | | |
| Date of first visit: | Dept. visited: | | | | | Blood type: |
| Occupation: | National Health Insurance: □Covered □Not covered | | | | | |
| Contact person in emergency: | Relationship to the patient: | | | | Phone (H):  Cell phone: | |
| ID (original copy):  □ ID card  □ Driver’s license  □ Alien Resident Certificate  □ Passport | Allergies to medicine: □No □Yes | | | | | |
| Smoking: □No □Quitted □Yes cigarettes/day for years | | | | | |
| Betel nuts chewing:  □No □Quitted □Yes nuts /day for years | | | | | |
| Drinking: □No □Quitted □Occasionally for years.  □Frequently for years | | | | | |
| Consent to Release Personal Information  **1.Management of personal data:**  I agree that for medical care and for the specific purposes listed on next page, this hospital can collect, handle and use the information documented in my medical history (categories list on next page).  **2. Uses of medical information other than the specific purposes as footnoted:**  (1) I □agree □do not agree that the hospital may collect, handle and use the information documented in my medical record to send me information about my doctor’s leave or substitute, health education, health examination, patient societies, hospital communications, outpatient clinic schedules, medical news, teaching activities, and satisfaction surveys, etc. via letters, emails, text messages, APPs, fax and telephone, real-time social software, etc. (following guidelines in the 5th - 9th, 16th and 20th articles of the Personal Information Protection Act.  **(2)** I □agree □do not agree that this hospital and its branch hospitals (as mentioned above), for the purposes of treatment, may obtain and process via medical information systems copies of my medical records, abstracts, reports of various examinations (without the agreement of the patient /legal representatives/spouse/relatives of the patient this hospital will not be able to obtain or process medical information about the patient).  I have read this document carefully, fully understand the contents and agree to abide by them. I understand that if I change my mind later I can sign another document which would supersede this one.  Signature:  Relationship with the patient (if not signed by the patient):  Address:  Telephone: Date:  1. Please fill in your cell phone number and personal data so we can provide information in the future via APP services.  2. After filling out this form please hand it together with your ID and insurance card to the desk worker.  Data keyed in by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |

Personal Information Protection Act

Specific Purposes

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| Code | Specific Items |
| 012 | public health or infectious disease control |
| 031 | national health insurance, labor insurance, farmer’s health insurance, national pension insurance, and other social insurances. |
| 042 | military services |
| 058 | social services or social work |
| 063 | collection, handling, uses of personal information by non-governmental organizations according to the law |
| 064 | health care services |
| 084 | blood transfusion services |
| 096 | care of veterans and their dependents |
| 108 | ambulance services |
| 156 | health administration |
| 159 | academic research |
| 181 | other operations meeting the requirements for business registration or corporate charter |
| 182 | other consultancy and advisory services |

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| Code | Categories |
| C001 | information which can identify individuals (name, title, address, office address, previous address, home telephone number, photograph, E-mail address, etc.) |
| C002 | financial information which can identify individuals (name, account number in a financial institute, etc.) |
| C003 | information which can identify individuals in government data (ID card no., etc.) |
| C011 | personal description (age, sex, date of birth, country of origin, nationality, etc.) |
| C012 | physical description (height, weight, blood type, etc.) |
| C013 | habits (smoking, alcohol consumption, etc.) |
| C021 | family status (single or married, spouse's or co-habitant's name, the number of children, etc.) |
| C022 | history of marriage (details of previous marriages or co-habitation, divorce or separation and related person's name, etc.) |
| C034 | details of travel and migration (previous emigration, foreign passport) |
| C038 | occupation |
| C040 | accidents or other mishaps and context (the cause of accident, damage or injury incurred, the parties involved, witness, etc.) |
| C066 | health and safety information: vocational diseases |
| C111 | health record (medical reports, record of treatment and diagnosis, result of examinations, etc.) |
| C112 | sexual life |
| C131 | paper documents |