東元醫療社團法人東元綜合醫院Ton-Yen General Hospital

一式一聯：請協助病人簽立↓醫事處醫事課建檔↓醫事處病歷課備存

Written Consent for Releasing Medical Information

Medical Record Number：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_　　　　　　　　　\_\_\_\_\_\_ hereby agree to authorize physicians, pharmacists and other medical personnel of **Ton-Yen General Hospital** to download my medical information from NHI MediCloud System established by the National Health Insurance Administration, Ministry of Health and Welfare. In accordance with provisions of the National Health Insurance Act, within \_\_７\_\_years from the day this consent has been entered into in order to offer physicians and/or other medical personnel for treatments and consultations or conduct other medical practices for my medical condition. The medical information mentioned above including my medical visiting records, result data and medical expenditure claim data, such as medication records, examination records and results, medical images and reports, surgery records and discharge summary, etc.

The above information is only intended for cross-checking by medical personnel during my medical treatment in **Ton-Yen General Hospital**, specifically for conducting medical practices. The said information shall not be used for other purposes. At the end of my medical treatment, all downloaded information should be deleted, except information that has already been downloaded and included in medical chart as required by physicians or other medical personnel for medical care.

In accordance with Article 3 of the Personal Data Protection Act, I shall reserve the right to cancel the consent or modify the content of the consent at any time.

Herewith, 　　Ton-Yen General Hospital

立同意書人　Consent Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

出生年月日　Date of Birth (MM/DD/YYYY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_

居留證/護照 I.D. Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

法定代理人/監護人 Statutory Agent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

關係Relationship with the patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

居留證/護照I.D. Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

簽署日期 Date of signature (MM/DD/YYYY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

表單編號P110A94302 　　　　　　　　　　　　　　　　　　 　經111年04月01日病歷管理委員會審核通過