

Taichung Veterans General Hospital
Registration / Consent to Release Personal Information (First-time Visitor)

Index No. (staff only)

Name:	Date of birth:	Place of birth:
ID number:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Single
Permanent address:		
Correspondence address:		
Email:	Covered by other insurances: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home/Office phone:	Cell phone:	
Hospitals previously visited for this illness:		
Date of first visit:	Dept. visited:	Blood type: _____
Occupation:	National Health Insurance: <input type="checkbox"/> Covered <input type="checkbox"/> Not covered	
Contact person in emergency:	Relationship to the patient:	Phone (H): Cell phone:
ID (original copy): <input type="checkbox"/> ID card <input type="checkbox"/> Driver's license <input type="checkbox"/> Alien Resident Certificate <input type="checkbox"/> Passport	Allergies to medicine: <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Smoking: <input type="checkbox"/> No <input type="checkbox"/> Quitted <input type="checkbox"/> Yes _____ cigarettes/day for _____ years	
	Betel nuts chewing: <input type="checkbox"/> No <input type="checkbox"/> Quitted <input type="checkbox"/> Yes _____ nuts /day for _____ years	
	Drinking: <input type="checkbox"/> No <input type="checkbox"/> Quitted <input type="checkbox"/> Occasionally for _____ years. <input type="checkbox"/> 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

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

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