

# Taichung Hospital , Ministry of Health and Welfare

## First-Visit Patient Personal Information

Registration NO. : \_\_\_\_\_

<b>Name</b>	(First, Middle, Last)	<b>Date of Birth</b>	(yyyy-mm-dd )	<b>sex</b>	<input type="checkbox"/> Male
					<input type="checkbox"/> Female
<b>ID NO.</b>	( <input type="checkbox"/> Passport <input type="checkbox"/> Resident Certificate )	<b>Nationality</b>	<input type="checkbox"/> Native <input type="checkbox"/> Foreigner (Country):_____		
<b>Phone Number</b>	Home: _____	Office: _____	Mobile : _____		
<b>Address</b>	Postal Code <input type="text"/> <input type="text"/> <input type="text"/>				
<b>e-mail</b>	_____				
<b>Education</b>	<input type="checkbox"/> Illiterate <input type="checkbox"/> Primary School <input type="checkbox"/> Junior High School <input type="checkbox"/> Senior High School <input type="checkbox"/> College / University <input type="checkbox"/> Graduate School				
<b>Marital Status</b>	<input type="checkbox"/> Married <input type="checkbox"/> Single ( <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed )				
<b>Occupation</b>	_____				
<b>Emergency Contact</b>	Name: _____ Relationship to the patient: _____ TEL / Mobile : _____				
<b>Place of Birth</b>	<input type="checkbox"/> Native(Province & County): _____ / _____ ( <input type="checkbox"/> In Our Hospital ) <input type="checkbox"/> Abroad : _____				
<b>Sources of Medical Information</b>	<input type="checkbox"/> Newspaper or Magazine <input type="checkbox"/> TV 、 Broadcast 、 Internet or FB <input type="checkbox"/> Relatives or Friends <input type="checkbox"/> Medical Referral <input type="checkbox"/> Community Service Referral <input type="checkbox"/> Hospital Staff <input type="checkbox"/> Others: _____				

### 【Personal Information Protection Management】

**1. Personal information collection, processing and use**

(1) Under the premise of health and care services or other specific purpose, I agree that your hospital may collect, process or use my medical records and related information for medical treatment.

**2. Use for non-specific purposes**

According to articles 5, 8, 9 and 16 of the Personal Information Protection Act,

I  agree  disagree(it does not affect your rights of medical serve.)

The hospital may contact you regarding physician service hour changes or on behalf of the clinic, information regarding health education, health checks, patients' club, hospital news, outpatient schedule, new medical knowledge, teaching activities, care and satisfaction related information through letter, e-mail, text message service, fax or telephone. If consent is not given, we will not be able to contact you for the above-mentioned information.

**3. I have read this document carefully and fully understand the contents and agree to abide by the stated conditions. Any objections to this agreement subsequent to consent being given shall result in the termination of rights for use.**

Signature of Consent: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Tel/Mobile: \_\_\_\_\_

Date(YYYY-MM-DD): \_\_\_\_\_

**Note:**

1. For specific purposes as promulgated by the Ministry of Justice, refer to the notes on the back, please.
2. For specific categories as promulgated by the Ministry of Justice, refer to the notes on the back, please.
3. Deliver this completed form along with ID card or driver's license or NHI card to the counter clerk for handling.

Filed by: \_\_\_\_\_

# The Specific Purpose and The Classification of Personal Information of The Personal Information Protection Act

## Specific Purpose

Code	Item
012	Public Health and Communicable Disease Control
031	National health insurance, labor insurance, farmers insurance, national
058	Social service or social work
063	Non-government agency collect or process personal information under legal obligations
064	Health and medical services
084	Blood donation services
108	Ambulance Services
156	Health administration
159	Academic Research
182	Other Consulting and Consultant Services

## Personal Information Category

Code	Category
C001	Type for identifying individuals For example: Name, title, address, office address....
C003	Type for identifying in government data For example: The number of personal ID card, certificate identity number....
C011	Individual description For example: Age, gender, date of birth, native place, nationality and voice, etc.
C012	Physical description For example: Height, weight and blood type, etc.
C013	Habit For example: Smoke and alcohol, etc.
C021	Family For example: Single or married, spouse's or co-habitant's name, ex-spouse's name or ex-cohabitant's name, the wedding date and the number of children, etc.
C022	History of marriage For example: The details of previous marriage, co-habitation, divorce or separation and the names of the relevant party, etc.
C034	Travel and other migration For example: Previous emigration, traveling details, foreign passport, residency proof document, work-permission document, working certificate and other related detail, etc.
C038	Occupation For example: School principal, elected representatives or other occupations, etc.
C040	Accidents or other mishaps and relevant situation For example: The subject of accident, the condition of damage or injury, the parties involved and the witness, etc.
C111	Record of health For example: Medical reports, record of treatment and diagnosis.....
C112	Sex life
C131	Research of paper documents For example: Index or code of paper documents which were not processed by automatic machine, etc.

