

New Taipei City United Hospital

Application form self-pay the COVID-19 test

Medical record number :
Name :
ID number :
Date of birth:

Name of applicant : _____ English name on passport : _____

Passport No : _____ (Required)

Identification No/ Resident permit No : _____ (Choose one to fill in)

Date of birth : _____ (dd/mm/yyyy)

Reason for application :

- Home quarantine/quarantine, due to social emergency such as death or serious illness of relatives. , Need to go out for funerals or visits.
- Emergency special factors such as accidents or serious illnesses of foreign relatives entering other countries/regions..
- Work
- Short-term business people.
- Study abroad.
- Departure from foreign countries, China, Hong Kong, or Macao.
- Family members of relevant departure applicable people.
- Approved by the Central Epidemic Command of Severe Special Infectious Pneumonia.
- Other

Departure date : _____ (dd/mm/yyyy)

※COVID-19 test date(Required) : _____ (dd/mm/yyyy)

Flight No : _____

Time and other requirements to obtain the test result : _____

Instruction manual : _____

Note: In order to ensure the confidentiality of medical records, those who are unable to pick it up the COVID-19 inspection report in person, must complete the 「Medical Record Information Application Power of Attorney」 in advance (must be signed or stamped by both parties), and prepare the client The original identity cards of both parties and the trustee.

Please read the read carefully of 「Agree to the Collection, Processing and Use of Personal Data」 on page 2. Thank you for your cooperation.

※ Please be sure to check the following detection period, thank you for your cooperation.

SANCHONG BRANCH

- 08:00 (Report time: 18:00 on the same day for fast, 07:00 the next day for general)
- 13:00 (Report time: 23:00 on the same day for fast, 12:00 the next day for general)
- 18:00 (Report time: 08:00 on the next day for fast, 21:00 the next day for general)

BANCIAO BRANCH

- 08:00 (Report time: 07:00 the next day for general)
- 13:00 (Report time: 12:00 the next day for general)
- 18:00 (Report time: 21:00 the next day for general)

COVID-19 test signature : _____ Telephone No : _____

Address : _____

Fill in the date : _____ year _____ month _____ day

「 Personal Data Collection, Processing and Use Consent Form 」 Description

Hello, dear guests coming to the hospital for testing :

In order to comply with the provisions of Article 6 Paragraph 1 of the Personal Data Protection Act (hereinafter referred to as the Personal Information Law), the collection, processing or use of medical records requires 「with the written consent of the person concerned」. The following items are for you to fill in the New Taipei City United Hospital (hereinafter referred to as This hospital) 「Application form self-pay the COVID-19 test」, please read the content required by law in order to avoid the infringement of personality rights and promote the reasonable use of personal information.

- Categories of Personal Data** : According to Article 2 of the Personal Information Law, personal information refers to 「natural person's name, date of birth, uniform number of national identity card, passport number, characteristics, fingerprints, marriage, family, education, occupation, medical history, medical treatment, genetics, Sexual life, health check, contact information, financial situation, social activities and other information that can directly or indirectly identify the individual」; Personal data file refers to the 「collection of personal data that can be retrieved and sorted out by automated machines or other non-automated means established by the system」; Collection refers to 「obtaining personal data in any way」; Processing refers to 「recording, inputting, storing, editing, correcting, copying, searching, deleting, exporting, linking or internal transmission of data for creating or using personal data files」; Utilization refers to 「use of collected personal data for purposes other than processing」; international transmission refers to the processing or utilization of personal data across countries (borders); The business jet relationship refers to 「the central or local agency or administrative legal person that exercises public power in accordance with the law」; the non-business jet relationship refers to 「the natural person, legal person or other group other than the public agency」; The party refers to the 「person of personal data」.
- Purpose of collection** : personal identification during medical treatment, various medical expenses claiming, payment of medical expenses business, preventive health care business, medical related research, accounting and related business, information (communication) business and database management, medical services required by laws and regulations Collection processing and utilization, medical dispute processing business、it is necessary for public agencies to perform statutory duties or non-public agencies to perform statutory obligations, and statistics, research and analysis are required to enhance public interests, etc.
- Period, region, object and method of using personal data** :
 - Period : the duration of the collection of personal data for a specific purpose shall be in accordance with the relevant laws and regulations or the retention period of the data stipulated in the contract (such as the medical law, the collection of overdue debts of state-owned enterprises, and the supplementary provisions on accounting affairs related to the handling of bad debts).
 - Region : the location of a medical institution in the country that has medical business dealings with this hospital.
 - Object : This hospital, public agencies and non-public agencies, agencies with investigative powers or administrative supervision agencies in accordance with the law, other institutions that have medical business dealings with this hospital, and medical business objects that this hospital cooperates with or outsource.
 - Methods : using automated machines or other non-automated methods.
- According to Article 3 of the Personal Information Law, the parties concerned may exercise the following rights with regard to the personal data held by this court** :
 - You can inquire or request a copy from this hospital, and this hospital may charge the necessary costs according to the medical law.
 - You can request supplements or corrections to this court, but the parties should provide appropriate explanations.
 - You can request this court to stop collecting, processing or using, but this court may not follow the request of the parties if it is necessary for the execution of statutory business.
- The parties are free to choose whether to provide relevant personal information. However, if the subject refuses to provide relevant personal information, The hospital will not be able to assist in the necessary inspection and processing operations.
- I open the matter above, After you have clearly understood the purpose and purpose of your hospital's collection, processing, use and transmission of my personal data, Fill in the 「Application form self-pay the COVID-19 test」.