



臺北榮民總醫院國際醫療中心
通訊診察知情同意暨個人資料保護同意書
Taipei Veterans General Hospital
International Medical Service Center Telemedicine
Informed Consent and Protection of Personal Information

申請人 Applicant	_____ (Name)
視訊諮詢服務 Telemedical Consultation Service	視訊諮詢服務 Telemedical consultation 通訊診察服務 6,500 元/次，掛號費 500 元。 超過 30 分鐘者，每增加 5 分鐘，增加新台幣 200 元/次。 6,500 TWD/consultation, 500TWD/registration If the consultation time exceeds by 30 minutes, there is an additional charge of 200 TWD per 5 minutes. 預計參與視訊者 Participants: _____ _____ _____ (至多 3 人/次，up to 3 participants)
申請科別 Specialty	Department: _____ (e.g.: Nephrology) 指定醫師 Designated Physician: _____

凡至臺北榮民總醫院國際醫療中心(以下簡稱本院及本中心)接受通訊診察醫療服務之病人，請先詳細閱讀下列說明，如有疑問，可即洽本中心專員。

For patients who are applying for the telemedicine service of the International Medical Service Center of Taipei Veterans General Hospital (hereinafter referred to as IMSC and TVGH), please read the following instructions carefully. If you have any questions, please contact us immediately.

- 您同意使用本院通訊診察醫療服務，每次會談時間約為 30 分鐘，途中若發生連線問題(如:網路斷訊)得加以調整。
 You agree to receive IMSC's telemedicine service. Each consultation will last approximately 30 minutes. If there are internet connection problems during the consultation, we will make the necessary adjustments.
- 當您提出通訊診察申請後，本中心專員會協助預估可能產生之費用，並請您預付所有款項。您同意自費負擔此次費用，並不得再向院方提出異議或要求退費。
 After submitting an application for telemedicine service, the IMSC will assist in estimating medical costs and request that all fees be paid in advance. You agree to cover all expenses. Hence, you may not raise objections to the hospital or request a refund.
- 您了解此次遠距視訊醫療存在潛在風險、結果及好處。
 You understand the potential risks, results, and benefits of telemedicine service.
- 在未經您的同意下，任何在遠距醫療過程中使用、傳輸或產生的可以辨認出病人身分的圖像、資訊，不會被傳播給任何研究者或任何人。

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Any information and/or image that can be used to identify the patient during telemedicine service will not be circulated to anyone without your consent

5. 基於保障雙方權益下，視訊過程採全程錄影錄音，錄製內容及同意書將上傳或保存本院視訊雲端系統及作為病歷妥善保存。

In order to protect the rights of both parties, the entire process would be recorded on video. The recording content and consent form will be uploaded to the TVGH's cloud system and properly stored as part of the patient's medical records.

6. 您同意本院因服務業務所需，以您所提供的個人資料確認您的身份、與您進行連絡，並提供您相關服務及資訊。

You agree that TVGH has the right to use the personal information you provide to confirm your identity, to contact you, and to provide you with related services.

7. 您可依個人資料保護法，就您的個人資料向本院：(1) 查詢或請求閱覽、(2) 請求製給複製本、(3) 請求補充或更正、(4) 請求停止蒐集、處理或利用、(5) 請求刪除。但因本院執行職務或業務所必需者及受其他法律所規範者，本院得拒絕之。

In accordance with the Personal Data Protection Act, you can request to access your personal information from TVGH in order to do the following: (1) to view/read, (2) to make a copy, (3) to make supplements and/or corrections, (4) to stop the collection, processing, and/or utilization [of personal information], and (5) to delete. However, the hospital may reject the following requests if they interfere with the execution of services and/or are in violation of other laws.

8. 承上，若因您行使上述權利而導致本院相關服務業務對您的權益產生減損時，本院不負相關賠償責任。

TVGH will not be liable for compensation if your exercise of the above rights results in any disruption or impairment of the hospital's services to your interests.

9. 您可自由選擇是否提供本院您的個人資料，但若您所提供之個人資料，經檢舉或本院發現不足以確認您的身份真實性或其他個人資料冒用、盜用、資料不實等情形，本院有權暫時停止提供對您的服務，若有不便之處敬請見諒。

You are free to choose whether or not to provide your personal information to TVGH. However, if the information you provided is found to be insufficient to verify the authenticity of your identity, or if it is found to be fraudulent, stolen, or inaccurate, TVGH has the right to temporarily suspend providing services to you. We apologize for any inconvenience caused.

10. 您瞭解此同意書符合個人資料保護法及相關法規之要求，且同意本院保存此同意書，供日後取出查驗。

You understand that this consent form complies with the requirements of the Personal Data Protection Act and related laws and regulations, and you agree that TVGH will keep this consent form for future reference.

11. 您同意本同意書之解釋與適用，以及因使用本院通訊診察醫療服務所進行之一切行為及交易，均以中華民國(即臺灣)法律為準據法。如因本院通訊診察醫療服務發生爭議而涉訟，應以臺灣士林地方法院為第一審管轄法院。

You agree that the interpretation and application of the consent form, as well as all acts and transactions performed using TVGH's telemedicine service, shall be governed by the laws of the Republic of China (Taiwan). In the event of any legal action, it is agreed that Taiwan Shilin District Court shall be the court of competent jurisdiction.

病人簽名：_____ (Signature) 日期：_____ (Date)

英文翻譯僅供參考，若中文與英文之內容不一致時，以中文為準。The English translation is only for reference. In the event of any discrepancies between the Chinese and English texts, the Chinese version shall govern.