

Application Form for Out-of-Pocket Testing for Coronavirus Disease 2019 (COVID-19)

Name		Medical Record No		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	
						(Y/M/D)

1. Reason

- Person under home (self) isolation/quarantine who need to go out for compassionate reasons, including visiting relatives in a critical condition, attending funerals of relatives, or dealing with other urgent issues. (the relative[s] is[are] in Taiwan abroad.)
- To enter other countries for the compassionate reasons listed above.
- job requirements Short-term business travelers to study abroad
- Foreign nationals, mainland Chinese, or Hong Kong and Macao residents who will depart from Taiwan
- Family members of people traveling abroad for the reasons listed above
- Approved by the Central Epidemic Command Center
- Other issues: _____

2. Expected date for PCR report:

- Regular case (PCR report will be issued within 48 hours after receipt of the sample)
- Urgent case (PCR report will be issued within 12 hours after receipt of the sample)

3. Date of Departure: _____ (Y/M/D)

4. Flight No.: _____

【Only for applicants with departure plans need to answer questions 3 and 4】

5. Consent to collection, processing, and use of personal data relating to COVID-19 PCR testing

By providing my signature below, I (the applicant) give consent to the National Health Insurance Administration (NHIA) and the Taiwan Centers for Disease Control (Taiwan CDC) to process or use my personal data (including name, ID No., date of birth, test results, etc.) collected for COVID-19 PCR testing by New Taipei Municipal TuCheng Hospital on / / (DD/MM/YYYY).

1. I agree to provide personal data to the NHIA and agree that the NHIA may upload my personal medical information to the "My Health Bank" system and "MediCloud" System and collect, process or use my medical information for necessary medical purposes for the following time period: 7 year(s) from the date of uploaded this Inspection Report.
2. I agree to provide personal data to Taiwan CDC for epidemic surveillance purposes for the following time period: 7 year(s) from the date of uploaded this Inspection Report.

I fully understand the following information: My refusal to give this consent will not have any effect on my COVID-19 testing application.

If I agree to provide my personal medical information to the NHIA and Taiwan CDC, I am entitled to exercise the following rights with regard to my personal data provided and to reserve the right to revoke this consent at any time according to Article 3 of the Personal Data Protection Act in Taiwan:

1. the right to make an inquiry of and to review my personal data;
2. the right to request a copy of my personal data;
3. the right to supplement or correct my personal data;

This consent form shall be made in two copies : ① Doctor → Patient → Stored in Medical Records.

4. the right to demand the cessation of the collection, processing or use of my personal data; and
5. the right to erase my personal data.

Although it does not meet the definition of notification and screening for COVID-19 by Taiwan Centers for Disease Control, the Signee still requires the **Polymerase Chain Reaction (PCR)** **SARS-CoV-2 Antigen Rapid** testing for Coronavirus Disease-2019 (COVID-19), and should bear the **related expenses** _____ **NTD.**

This to
New Taipei Municipal TuCheng Hospital

Signee: _____

ID number/Number of residence permit or passport: _____

Telephone : _____

Consent signer's home address:

Consent signer signature date: _____ (Y/M/D)

Legal representative : _____ Relationship with the Patient _____

ID number/Number of residence permit or passport: _____

Telephone : _____

Legal representative 's home address:

Legal representative signature date: _____ (Y/M/D)

REMARKS :

1. This consent form **MUST BE SIGNED** by the patient personally. However, if the patient is underage, or is unable to sign, a legal representative may sign in place of the patient. (Taiwan ROC Civil Law deems an adult as someone 20 years of age or above).
2. Should the Signee have any questions, or require further explanations, please direct all inquiries toward the Hospital's medical staff **BEFORE SIGNING** this consent form.

Application Form for Out-of-Pocket Polymerase Testing for Coronavirus Disease 2019 (COVID-19)

Name		Medical Record No		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	
						(Y/M/D)

1. Reason

- Person under home (self) isolation/quarantine who need to go out for compassionate reasons, including visiting relatives in a critical condition, attending funerals of relatives, or dealing with other urgent issues. (the relative[s] is[are] in Taiwan abroad.)
- To enter other countries for the compassionate reasons listed above.
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4. Flight No.: _____

【Only for applicants with departure plans need to answer questions 3 and 4】

5. Consent to collection, processing, and use of personal data relating to COVID-19 PCR testing

By providing my signature below, I (the applicant) give consent to the National Health Insurance Administration (NHIA) and the Taiwan Centers for Disease Control (Taiwan CDC) to process or use my personal data (including name, ID No., date of birth, test results, etc.) collected for COVID-19 PCR testing by New Taipei Municipal TuCheng Hospital on / / (DD/MM/YYYY).

1. I agree to provide personal data to the NHIA and agree that the NHIA may upload my personal medical information to the "My Health Bank" system and "MediCloud" System and collect, process or use my medical information for necessary medical purposes for the following time period: 7 year(s) from the date of uploaded this Inspection Report.
2. I agree to provide personal data to Taiwan CDC for epidemic surveillance purposes for the following time period: 7 year(s) from the date of uploaded this Inspection Report.

I fully understand the following information: My refusal to give this consent will not have any effect on my COVID-19 testing application.

If I agree to provide my personal medical information to the NHIA and Taiwan CDC, I am entitled to exercise the following rights with regard to my personal data provided and to reserve the right to revoke this consent at any time according to Article 3 of the Personal Data Protection Act in Taiwan:

1. the right to make an inquiry of and to review my personal data;
2. the right to request a copy of my personal data;

This consent form shall be made in two copies : @ Doctor → Patient

3. the right to supplement or correct my personal data;
4. the right to demand the cessation of the collection, processing or use of my personal data; and
5. the right to erase my personal data.

Although it does not meet the definition of notification and screening for COVID-19 by Taiwan Centers for Disease Control, the Signee still requires the **Polymerase Chain Reaction (PCR)** **SARS-CoV-2 Antigen Rapid** testing for Coronavirus Disease-2019 (COVID-19), and should bear the **related expenses** **NTD.**

This to
New Taipei Municipal TuCheng Hospital

Signee: _____
ID number/Number of residence permit or passport: _____
Telephone : _____
Consent signer's home address:

Consent signer signature date: _____ (Y/M/D)

Legal representative : _____ Relationship with the Patient _____

ID number/Number of residence permit or passport: _____

Telephone : _____

Legal representative 's home address:

Legal representative signature date: _____ (Y/M/D)

REMARKS :

1. This consent form **MUST BE SIGNED** by the patient personally. However, if the patient is underage, or is unable to sign, a legal representative may sign in place of the patient. (Taiwan ROC Civil Law deems an adult as someone 20 years of age or above).
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