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| **MacKay Memorial Hospital Remote Diagnosis and Treatment**  **Consent Form** |
| * Passport Number (or ID number) \_\_\_\_\_\_\_\_\_\_Nationality\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Name  1. I agree to accept self-funded remote diagnosis and treatment. The diagnosis and treatment include: (1) condition inquiry, (2) condition diagnosis after hospital discharge, (3) prescription adjustment and care instructions, (4) health education, and (5) prescriptions (rural areas and offshore islands only). 2. If telemedicine served for patients, who located out of Taiwan areas, is considered as the overseas service, you will pay NT$7,500 for receiving 30 minutes basic diagnosis and treatment. If the service over 30 minutes, you will further pay incremental NT$200 per minute. 3. According to the Medical Institution Medical Privacy Preservation Regulations published by the Department of Medical Affairs of the Ministry of Health and Welfare in 2015, sound and video recording requires patient consent. 4. According to the demands of the Health Department, the remote diagnosis and treatment based on Telemedicine service require sound and video recording and archiving for the entire process to protect the rights and interests of both parties. Your rights are indeed protected according to the law, including the confidentiality of personal information and privacy. Medical record retrieval applications are required for accessing the information. 5. The contact number for the remote diagnosis and treatment service is International Medical Service Center +886-2-25433535 ext 3370, 3380. 6. If this **notification agreement** is insufficient, both parties shall negotiate according to the principles of good faith, commercial practices, and standard medical regulations. The legal relationships created for this **notification agreement** shall be interpreted and applied according to the laws of the Republic of China, and the principles of the conflict of laws are not applicable. If disputes and subsequent litigations result from the execution of this **notification agreement**, both parties agree to designate the Taiwan Taipei District Court as the court of the first instance. |
| **I accept the aforementioned terms of the Mackay Memorial Hospital □ Yes □ No** |
| **Signatory disclaimer:** The aforementioned information has been explained to me, and I have been sufficiently informed regarding the details of this agreement. I can request information from my clinician or the examination unit at any time after signing the agreement.  □ self □ agent (relation: )  Name： （signature） ID number：  Contact person： Contact number： Address：  Signature date： / / (year/month/day) |