

馬偕紀念醫院遠距通訊診察治療知情同意書

病歷號碼(身分證號、ID)

台籍 非台籍_____

姓名 _____

- 一、同意接受自費遠距通訊診察治療辦法，診療內容有(一)詢問病情、(二)出院後病情診察、(三)處方之調整與照護指導、(四)衛生教育、(五)開給方劑(限偏鄉離島)
- 二、通訊地點位於台灣和離島屬於境內遠距通訊診察治療，掛號費500元，基本診療時間15分鐘收費1300元，15分鐘後，超過一分鐘收費100元。通訊地點位於台灣以外均屬於境外，非台籍遠距通訊診察治療，掛號費500元，基本診療時間30分鐘收費6,500元，超過一分鐘收費200元；台籍遠距通訊診察治療，掛號費500元，基本診療時間30分鐘收費2,300元，超過一分鐘收費100元。
- 三、根據衛生福利部醫事司104年公告「醫療機構醫療隱私維護規範」，針對錄音、錄影需「徵得病人同意」。
- 四、遠距通訊診察治療辦法過程依據衛生局要求，為保障諮詢服務雙方權益，全程需要錄音及錄影並儲存，您的權益確實受到保障，包括個人資料及隱私，均會依法予以保密，必須通過病歷調閱申請。
- 五、遠距通訊診察治療辦法服務連絡電話：遠距照護中心 02-25421461
- 六、本告知同意書如有未盡事宜，雙方應本於誠實信用原則及商業習慣與醫療常規共同協商處理之，就本告知同意書所生之法律關係應以中華民國法律規定解釋及適用之，且不適用法律衝突原則；如因執行本告知同意書之規範事項發生紛爭而致生涉訟者，雙方同意以臺灣臺北地方法院為第一審管轄法院。

本人接受馬偕紀念醫院上述之說明事項

同意 不同意 接受遠距通訊診察治療服務

簽署者的聲明：以上的資訊已經向我說明，我有足夠的機會詢問此同意書的細節，我可以在簽署同意書之後隨時向我的臨床醫師或檢查單位詢問。

本人 代理人(關係：_____)

姓名：_____ (簽章) 身分證字號/(ID)：_____

聯絡人：_____ 聯絡電話：_____

地 址：_____

簽署日期：_____年_____月_____日

MacKay Memorial Hospital Remote Diagnosis and Treatment Notification Agreement

Medical record number (ID number) _____

Taiwanese Non-Taiwanese _____

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 in Taiwan and its outer islands, is regarded as the domestic service, you will be charged NT\$1300 for receiving 15 minutes basic diagnosis and treatment. If the service over 15 minutes, you will further pay incremental NT\$100 per minute. If telemedicine served for patients, who located out of Taiwan areas, is considered as the overseas service, you will pay NT\$6500 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 the accessing of the information.

5. The contact number: +886-2-25421461

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 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 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)