



臺北榮民總醫院國際醫療諮詢服務 知情同意暨個人資料保護同意書

Taipei Veterans General Hospital International Medical Service Informed Consent and Protection of Personal Information

申請人 Applicant		病歷號 Medical Record Number	
服務項目 Service 請勾選所需之醫療服務 Please select one or more medical services	<input type="checkbox"/> 視訊諮詢 Online Consultation (通訊診察 Telemedicine) 每次新台幣 6,500 元，掛號費新台幣 500 元。超過 30 分鐘後，每增加 5 分鐘，加收新台幣 200 元。 NTD 6,500 per session + NTD 500 registration fee. If the consultation exceeds 30 minutes, an additional NTD 200 will be charged per 5 minutes. 預計參與視訊者 Participants (姓名 Name/與病人之關係 Relationship to Patient): 1. _____ / _____ 2. _____ / _____ 3. _____ / _____		
	<input type="checkbox"/> 書面諮詢 Written Medical Report 每次新台幣 4,000 元，掛號費新台幣 500 元。 NTD 4,000 per medical report + NTD 500 registration fee.		
	<input type="checkbox"/> 影像上傳 Medical Image Upload 每案新台幣 850 元。NTD 850 per case.		

服務說明與同意事項 Terms and Consent

一、總則 General

1. 本人同意使用臺北榮民總醫院（以下簡稱「本院」）國際醫療中心（以下簡稱「本中心」）提供之視訊諮詢、書面諮詢與(或)影像上傳等服務。
I agree to use the online consultation, written medical report, and/or medical image upload services provided by Taipei Veterans General Hospital (TVGH) International Medical Service Center (IMSC).
2. 本人了解上述服務均為自費項目，並須預先支付費用。申請服務後，本中心專員將協助請您預先支付，完成繳費即代表同意本次服務，不得提出異議或要求退費。
I acknowledge that these services are self-paid and must be prepaid. Upon application for the service, IMSC staff will assist with the payment process. Completion of payment constitutes full agreement to the service terms; subsequently, refunds or objections will not be accepted.
3. 本人了解視訊諮詢或書面諮詢存在一定風險、限制與效益。
I understand the potential risks, limitations, and benefits of conducting video or written consultations.

二、視訊諮詢 Online Consultation

1. 每次視訊時間約 30 分鐘，若網路中斷或發生技術問題，將視情況調整會談時間。
Each session lasts approximately 30 minutes. If any internet connection or technical issues occur during the session, the consultation time will be adjusted as appropriate.
2. 為保障雙方權益，本院將對視訊諮詢全程進行錄音。錄製之資料將儲存於資訊系統。未經病患明確書面同意，本院不會向第三方提供任何可識別個人資料，亦不作研究用途。
To protect both parties' rights, the telemedicine session will be recorded, and the recording will be stored in system. No personally identifiable information will be shared with third parties or used for research without consent.
3. 本院醫師將以中文或英文進行視訊諮詢。如病患無法以中文或英文溝通，應自行聘請具備適當資格之翻譯人員協助，以確保諮詢內容之正確理解。
The physician of TVGH shall conduct the teleconsultation in either Chinese or English. Should the patient be unable to communicate in Chinese or English, the patient is required to engage a qualified translator to ensure accurate understanding of the consultation.



三、書面諮詢 Written Medical Report

1. 確認並完成付款後，醫師即開始進行病歷審閱作業，費用將無法退還。
Once the option is confirmed and payment completed, the specialist will begin reviewing the submitted materials. The fee is non-refundable once the review process begins.
2. 本報告係依病人於申請時提供之資料製作，僅供醫療參考，不構成正式診斷或取代臨床面對面評估。
This report is based on information provided and serves for medical reference only. It does not substitute for direct clinical evaluation or diagnosis.

四、影像上傳 Medical Image Upload

1. 本人同意將其他醫療院所之醫療影像檔案上傳至本院影像儲存系統，以供醫師診療之需求。
I consent to upload medical images from other hospitals to TVGH's image system for diagnostic use.
2. 本項目按次計費。每一「案」定義為單次視訊諮詢或書面諮詢所需之影像處理。若後續有新影像需開啟新諮詢，將重新計費。
This fee is charged on a per-case basis. A "case" is defined as the image processing required for a single online or written consultation. New image uploads required for subsequent consultations will be billed as a new case.

五、個資使用與權利 Personal Data Use and Rights

1. 本人同意本院為服務業務所需使用所提供的個人資料，以確認身份、聯繫您並提供相關服務與資訊。
I consent that TVGH use the personal information for identification, contact, and service-related purposes.
2. 本人知悉依《個人資料保護法》，得向本院行使下列權利：(1)查詢或閱覽、(2)請求製給複本、(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。惟依法或基於業務需要，本院得拒絕。
I acknowledge that, in accordance with the Personal Data Protection Act, I am entitled to exercise the following rights with the Hospital: (1) access or review, (2) request copies, (3) request corrections or additions, (4) request to stop collection, processing, or use, and (5) request deletion. However, TVGH may reject such requests if required by law or necessary for operations.
3. 若本人行使上述權利，導致本院無法提供相關服務，本院不負賠償及相關責任。
TVGH shall not be liable for any compensation or related responsibilities if I exercise the aforementioned rights renders TVGH unable to provide relevant services.
4. 本人可自由選擇是否提供個人資料，但若資料不實、冒用、或無法確認身份，本院有權暫停服務。
I am free to provide your personal information. However, if the information is false, misused, or unverifiable, TVGH has the right to suspend services.
5. 本人瞭解此同意書符合《個人資料保護法》及相關法規，並同意由本院保存以供日後查驗。
I understand that this consent form complies with the Personal Data Protection Act and related regulations, and I agree that TVGH will retain it for future reference.
6. 本人同意本同意書及一切與本院服務有關之行為與交易，均依中華民國（臺灣）法律處理。如有爭議，應由臺灣士林地方法院為第一審管轄法院。英文翻譯僅供參考，若中文與英文內容不一致時，以中文為準。
I agree that this consent form, and all actions and transactions related to TVGH's services, shall be governed by the laws of the Republic of China (Taiwan). Any disputes shall fall under the jurisdiction of the Taiwan Shilin District Court. The English translation is for reference only. In the event of any discrepancies between the Chinese and English texts, the Chinese version shall prevail.

本人已詳閱本文件，充分了解內容及權利義務，願意接受所勾選之服務，提供相關病歷資料，並同意支付申請服務所需費用。

I have carefully read this document and fully understand its contents and related rights. I agree to receive the selected services, provide the necessary medical records, and pay the required fees.

立同意書人簽名 Signature of Consent :	與病人之關係 Relationship to Patient :
日期 Date: / /	(年/月/日 YYYY/MM/DD)

如有任何疑問，敬請立即洽詢本中心專員。

Should you have any questions, please contact our IMSC staff immediately.