



Chung Shan Medical University Hospital

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

Name : _____ Medical Record No : _____

Date of Birth: _____ (Y/M/D) Male Female

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. Departure date : _____ (DD/MM/YYYY)

3. Flight No. : _____

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

4. Personal Information Utilization Agreement

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 Chung Shan Medical University Hospital.

a. I agree disagree 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.

b. I agree disagree 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.

5. 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.

6. 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) testing for Coronavirus Disease-2019 (COVID-19), and should bear the related expenses

General NTD\$4,000 Urgent NTD\$6,000

a. Regular test NTD\$4,000 including registration Fee ,Diagnostic Fee ,Laboratory Fee and Report) ; Receiving the report after 5PM the next day of the test.

b. Rapid test NTD\$6,000 including registration Fee ,Diagnostic Fee ,Laboratory Fee and Report) ; Receiving the report after 5PM the same day.

This to

Chung Shan Medical University Hospital

Sign: : _____ (Signature) ID number/ARC number or passport: : _____

Relationship with the Patient _____ Consent signer 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.