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| **馬偕紀念醫院 病人個人資料更改申請表** **Information revise form** |
| 病歷號:Chart no. | 申請人(Applicant): 本人(self) 家屬(family) | 申請日期:Date of application: |
| 姓名(原):Name(Original): | 姓名(新):Name(Update): |
| 身分證字號(原):ID number (Original): | 身分證字號(新):ID number (Update): |
| 出生年月日(原):Birthday (Original)(yyyy/mm/dd): | 出生年月日(新):Birthday (Update)(yyyy/mm/dd): |
| 電話(Tel): | 手機(Cell phone): | 申請人簽名(Signature): |
| 病歷課: | 批價組: |

□同意(Yes) □不同意(No) 依個人資料保護法第5條至第9條、16條、20條等規定，本人是否同意醫院以信件、e-mail、簡訊、傳真、電話等聯絡方式，通知醫師停診或代診、衛教、健檢、病友會、院訊、門診表、醫療新知、教學活動、關懷及滿意度等相關資訊，如不同意連絡通知，本院將無法通知前述資料。

According to 5-9, 16, 20, etc. of the Personal Data Protection Law, do I agree that the hospital inform about DR. duty off or substitute, medical consultation, patient association, hospital information, outpatient form, medical news, teaching activities, care, satisfaction and other related information by letter, email, fax,message, telephone, etc .....if you do not agree to contact notice, our hospital will not be able to notify the aforementioned information.

說明：若您個人資料須修正，請攜帶健保卡及身分證(戶口名簿、居留證)並填寫本表交與批價人員更改。

Explain：1.Please notify us immediately if there is any change your personal particulars.

2.If you change your name or ID number,please show the National Health Insurance Card and ID card (or residence permit).