

臺北醫學大學附設醫院（病歷資料查詢申請暨委託同意書）

Taipei Medical University Hospital Medical Records Application & Power of Attorney

申請須知(Application Requirements)

為保障病人權力與隱私，申請資料請備妥相關證件To protect patient rights and privacy, valid identification is required.：

(一)本人申請Self：身分證證明文件正本 Original identification（身份證、駕照、具照片之健保卡、護照等證件）National ID, Driver's License, Health Card, or Passport)

(二)代理人申請By Agent：

(1)病人身份證正本Patient's original ID (2)代理人身份證正本 ※供查驗，影本留存 Agent's ID

(Originals are required for verification; copies will be retained)

(3)病人親自簽署之委託同意書。※重度昏迷者免附，申請人請填聲明書。Signed Power of Attorney (POA).

※For patients in a coma, a declaration form is required instead.

(三)法定代理人(申請未成年、受監護宣告者資料)Legal Guardian (Minors/Persons under Guardianship)：

(1)病人身份證正本Patient's original ID (2)與病人之關係證明文件(身份證、戶口名簿、戶籍謄本等正本) Proof of relationship (Household Registration, Court Order, etc.) (3)病人除戶證明正本(除戶謄本或死亡證明書)Proof of deregistration (De-registration Record or Death Certificate)

(四)具繼承權者(申請往生者資料)Successors (Deceased Patient)：

(1)具繼承權者身份證正本Successor's original ID(2)與病人之關係證明文件(身份證、戶口名簿、戶籍謄本等正本) Proof of relationship (Household Registration, Court Order, etc.) (3)病人除戶證明正本(除戶謄本或死亡證明書) Proof of death (Death Certificate or De-registration Record)

※(三)、(四)項如由代理人申請，須備齊前述(二)之文件資料。For applications under Sections (III) and (IV) submitted by an agent, all

documents listed in Section (II) are also required.

*姓名 Name of Patient		*證件號碼 ID No		病歷號碼 Chart No.	
*地址 Address				*電話號碼 Phone No	
委託人姓名 Name of Applicant		*證件號碼 ID No		*電話號碼 Phone No	
*地址 Address					
*申請用途 Purpose of request	☐ 1. 轉診Referral ☐ 2. 參考Reference ☐ 3. 兵役Military ☐ 4. 訴訟Litigation ☐ 5. 保險Insurance ☐ 6. 其他Other_____				

*申請內容 Information Requested	期間或日期 Period (or Dates) Of treatment	份數 Unit	費用 Application Fee	受理單位 (Dept./Unit)
1. 檢驗報告(血型、尿液..) Laboratory Tests (Blood type, Urine, etc.)			※非本國籍無健保身分病人費用另計 Non-citizens without NHI are subjected to different application fee	☐ 關防櫃台(Seal Counter) ☐ 住院病房(Ward) ☐ 門(急)診(OPD/ER)
2. 病理報告 Pathology Report				經手人/時間 eleased by/Time
3. 影像資料 X-ray report(X-ray, MRI, CT)				
4. 門、急診病歷 Outpatient, Emergency Medical Record				
5. 手術紀錄 Operation Record				
6. 出院病歷摘要(1~3天取件) Discharge Summary (pickup in 1-3 days)			10 頁以下： 每頁20元 超過部分， 每頁 5 元	總張數 Total Number of pages
7. 全本病歷(1~14天取件) Complete Medical Record (pickup in 1-14 days)			Up to 10 pages: NT\$20 per page For pages beyond that: NT\$5 per page	
8. 中文出院病歷摘要(3~14天取件) Discharge Summary(Chinese) (pickup in 3-14 days)				
9. 診斷證明書(第2份起) Certificate of Diagnosis Copies				總金額 Total Application Fee
10. 副本收據 Medical Receipt Copy				
11. 其它(請說明) Others(Please specify)				

委託授權聲明 Authorization & Power of Attorney

立授權書人已知悉本授權書所授權查閱之病歷資料內容，可能含有人類免疫缺乏病毒傳染病或其他法定傳染病之資料。被授權人應向立授權書人當面口頭詳細說明，讓立授權書人確定知悉其可能授權之範圍和風險，立授權書人亦可保有相關撤回之權利。

The undersigned acknowledges that the medical records authorized for access under this Power of Attorney may contain information related to Human Immunodeficiency Virus infection or other statutory communicable diseases. The agent shall personally and verbally explain the scope of this authorization and the associated potential risks to the undersigned, so as to ensure that the undersigned fully understands the extent of the authorization granted. The undersigned retains the right to revoke this authorization at any time.

本人Patient：_____ 身分證字號ID No：_____

因Purpose：_____之目的，特授權被委託人Agent：_____

代理本人向台北醫學大學附設醫院申請上揭資料。

For the purpose stated above, I hereby authorize the agent to apply for the above-mentioned medical records from Taipei Medical University Hospital on my behalf.

委託人簽名Patient：_____ 被委託人簽名Agent：_____

領收人簽名Signature of Recipient：_____ 日期Date：____/____/____