



个人资料保护法

同意书(医疗)

1. 根据新加坡个人资料保护法，中华医院征求您的同意来收集、使用、披露您的个人资料。
2. 中华医院收集、使用您的个人资料主要是以下但不限制以下目的：(a) 提供医疗和咨询服务;(b) 进行研究、分析及开展活动以改进我们的服务;(c) 法律和/或审计用途。
3. 中华医院尊重您的隐私也将确保您的个人资料处理和保存符合个人资料保护法的要求。
4. 如果您对中华医院的个人资料收集、使用和披露或者这张表格所述有任何疑问，[您可](mailto:chunghua@singaporetcm.com)以发电邮到 chunghua@singaporetcm.com 以联络中华医院的资料保护专员。
5. 我同意中华医院(直接或经过第三方服务供应商)联络或传送医院服务资料给我，通过 电话、简讯(不同意请打勾✓)
6. 为了上述目的，我了解并同意中华医院收集、使用我的个人资料。如果我在新加坡“拒绝来电登记资料库”(DNC)中登记了我的新加坡的电话号码并希望取消之前给予中华医院的同意，我将尽快并提供足够时间书面通知中华医院。

姓名：-----

身份证/工作准证/护照号码：-----

签名：-----

日期：-----

由中华医院职员完成：

职员姓名：-----

总院/分院：-----

日期：-----



Personal Data Protection Act Consent Form (Medical)

1. In compliance with the Personal Data Protection Act ("PDPA"), Singapore Chung Hwa Medical Institution (SCHMI) seeks your consent to collect, disclose and use your personal data.
2. SCHMI will collect and use your personal data for purpose(s) including, but not limited to: (a) Provide medical services; (b) Research, analysis or activities to improve our service; (c) Legal and/or audit purposes.
3. SCHMI respects your privacy and assures that your personal data will be kept securely according to PDPA.
4. If you have any enquiries about how SCHMI collect, disclose and use your personal data or the PDPA consent form, please email to chunghwa@singaporetcm.com to clarify with our Data Protection Officer.
5. I hereby give my acknowledgement and consent to SCHMI (directly or via a third party) to disseminate any SCHMI information to me, via
 Phone, SMS (Tick ✓if you **do not agree**)
6. I have read, understood and agreed with the above-mentioned clauses. In an event that I have registered my Singapore telephone numbers(s) with the Do Not Call Registry (DNC) and wish to withdraw my consent to SCHMI in respect of receiving telephone calls and/or SMS, I will provide sufficient notice to SCHMI as soon as practicable.

Name :

NRIC/ Work Permit No. /Passport No. :

Signature :

Date :

To be completed by Singapore Chung Hwa Medical Institution staff,

Staff Name :

Branch :

Date :