

彰化基督教醫院
閱覽人體研究病歷資料保密切結書
Changhua Christian Hospital
Non-disclosure Agreement for Browsing of Human Clinical Study
Medical Record Information

立切結書人_____ (以下簡稱本人) 自 西 元 _____ 年 ____ 月 ____ 日
起 至 西 元 _____ 年 ____ 月 ____ 日 止 , 於彰化基督教醫療財團法人彰化基
督教醫院(以下簡稱貴院), 執行之人體研究監測、稽核、查核之業務。執行業務
期間, 向 貴院申請閱覽人體研究受試者之醫療、病歷及個人資料等機密資訊,
本人確認並切結下列事項:

I, _____, will conduct work related to monitoring, auditing and inspection of
human clinical trials from MM/DD/YYYY to MM/DD/YYYY at the Changhua
Christian Hospital (henceforth known as CCH). During this period, I will apply to
CCH for browsing and reading of confidential information on the human clinical trial
subjects, including healthcare, medical record and personal information. I have
confirmed to abide the following:

一、申請閱覽人體研究計畫編號: _____ (IRB 編號: _____) 之受
試者病歷及試驗相關資料。本人對於使用資料期間所知悉有關 貴院之機密
或任何不公開之物品、文件、磁片、光碟、資料、訊息、圖表、分析報表、
電子檔案及其傳輸資料與作業機密之相關文書等, 均應善盡保密義務; 未經
病患簽署受試者同意書, 不得洩露、幫助、告知、交付、複製、節錄或以其
他任何方式攜出、移轉或交付予第三人; 不得以任何方式對資料正本添註、
塗改、圈點、污損、更換、抽取、拆散、重組、竊取或作其他記號, 並就其
內容負永久保密之責, 不因離職而終止。

1. Application for the browsing of subject medical records and trial information.
Human clinical trial protocol number: _____ (IRB number: _____). I
am hereby responsible for the protection of confidentiality of any privacy
information from CCH that I came across during this period, including items,
documents, diskettes, optical disks, information, message, charts and graphs,
analysis reports, electronic file transmissions and confidential operations.
Without the consent from patients, I may not disclose, assist, inform, submit,
copy, cite or through any methods to deliver, transfer or refer the above

information to third parties; I may not in any ways make alterations to the above information (notations, revisions, circling, damage, replace, extract, disassemble, reassemble, steal or make markings of any other kind), and shall bear permanent responsibility to the confidentiality of the contents, which shall not terminate even after cessation of my duties.

二、本人同意 貴院在本人使用 貴院電子病歷系統時，進行電腦軌跡紀錄，若本人行為有違反個人資料保護法之虞，本人將配合 貴院調查。

2. I hereby agree to CCH conducting computer trace recording during my time in using CCH's electronic medical record system. I will also agree to cooperate in your investigation in suspicion of my violation of personal information protection act.

三、本人若違反本切結書事項或相關法令，導致第三人或 貴院之權益受損且經查證屬實，確係本人之行為導致該損害之發生，本人除願接受 貴院相關規定處理外，並願負一切民事、刑事及行政責任，如 貴院或第三人因此受有損害，本人願負損害賠償責任。

3. In the event of my violation of the matters denoted in this agreement or other related legislatures which lead to the damage to third parties or the rights of CCH, and have been validated and proven to be caused by my behaviors, I hereby agree to accept the processing of CCH, and will bear any civil, criminal and administrative responsibilities. If my behaviors have led to any damages to the third parties or CCH, I agree to be responsible for any damage compensations incurred.

四、為恐口說無憑，特立此書為證。

4. This agreement has been issued as the proof of my compliance.

此致

彰化基督教醫院

To

Changhua Christian Hospital

立切結書人：

(親簽)

身分證字號：

服務單位：

Signee: (personal signature)

ID number :

Service unit:

西 元 年 月 日

Anno Domini Year Month Day