



[Patient Label] or

Name: _____

Hospital No: _____

Sex / Age: _____

Consent of Smart TeleHealth & Virtual Care Service

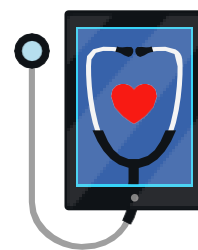
智能健康監測及遙距持續護理服務同意書

I (Name) _____, holder of Hong Kong Identity Card / Identification document No : _____, (Hospital No _____), hereby agree to accept that Evangel Hospital ("the Hospital") will provide the Smart TeleHealth and Virtual Care Service ("the Service"). By signing this form, I understand and agree to the following terms and conditions

本人(姓名) _____ 為香港身份證/識別文件編號: _____ 持有人(醫院編號: _____), 特此同意接受播道醫院(下稱「醫院」)提供的智能健康監測及遙距持續護理服務(下稱「本服務」)。簽署本同意書即表示本人明白並同意以下各條款及條件:

1. I have been informed of the purpose and scope of the Service, and I understand its potential benefits and limitations. 本人已獲悉本服務的目的及範圍, 並明白其潛在裨益及限制。
2. I have been provided with information about the monitoring device(s) that will be used for my care and understand their functions, benefits, potential risks, possible problems or complications, and alternative choices for my medical care through the virtual health care service. I hereby release and hold harmless the Hospital, and its employees, officers, officials, and agents from any and all claims, causes of action, or demands for personal injury or property damage arising out of the negligence of the employees, officers, officials, and agents of the Hospital for any liability arising out of the delivery and/or pickup or use of monitoring device(s). 醫院已向本人提供有關用於護理本人的監測器材的資料, 本人明白其功能、裨益、潛在風險、可能出現的問題或併發症, 以及可替代虛擬健康護理的其他選擇。本人特此放棄及使醫院及其員工、高級人員及代理人因監測器材的交付、領取或使用無須負責支付因其疏忽所導致的任何人身傷害或財產損害的申索、訴訟因由或催繳款項, 並免除其對此承擔的任何責任。
3. I agree to regularly measure my vital signs (blood pressure, oxygen saturation, Heart Rate, Glucose Level* using the provided devices at the designated times as specified below from my home. 本人同意按照同意書以下指明的指定時間在本人住所進行生命體徵(血壓、血氧飽和度、心率、血糖水平)*的定期測量。
4. I understand that Hospital staff will review my health data via the monitoring system during the designated time periods as we agreed. The system will generate cross-system alerts and notifications for the Hospital and my designated family member as specified below if vital sign values fall outside preset parameters. 本人明白醫院工作人員將在雙方議定的時間內從監測系統中查看本人的健康數據。如果生命體徵數值超出預設指標參數, 系統將向醫院及以下指定家屬發送通知。
5. I understand that there are potential risks to telehealth/telemonitoring, including but not limited to : technical failures that could interrupt data transmissions, unauthorized access to my health data and information, and errors or inaccuracies in the data transmission. My healthcare providers will take reasonable security precautions to protect my health data and information. 本人明白遙距醫療/遠程監測存在潛在風險, 包括但不限於: 可能中斷數據傳輸的技術故障、未獲授權人士取閱本人的健康數據及信息, 以及數據傳輸中的錯誤或不準確。本人的醫療服務提供者將採取合理的安全措施保護本人的健康數據及信息。
6. I agree to the collection and transmission of my personal health information and vital signs data from the monitoring device(s) to a secure data centre and the Hospital via internet connections, I understand that this data will be stored in my electronic health record and can be accessed by the Hospital, the health care providers and certain third parties as more fully described in the Hospital's Privacy Policy for diagnosis, therapy, follow-up, education, billing and/or other healthcare operations. 本人同意將本人的個人健康信息及生命體徵數據通過連接互聯網從監測器材安全地傳輸到安全的數據中心及醫院。本人明白這些數據將儲存在本人的電子健康記錄中, 並可供醫院、醫護服務提供者及特定第三方根據醫院的私隱政策進行診斷、治療、跟進、教育、結算及/或其他醫護操作。

7. As with any Internet-based communication, I understand that that there is a risk of security breach. The Hospital is committed to protecting my privacy and the security of my personal health information. All data transmitted through the Service is encrypted and stored securely in compliance with the requirements of the Personal Data (Privacy) Ordinance ("PDPO"). I hereby release and hold harmless the Hospital and all members of my care team from any loss of data or information due to technical failures associated with the Service. 如同任何基於互聯網的通訊，本人明白存在安全風險。醫院會致力於保護本人的隱私及個人健康信息的安全。通過本服務傳輸的所有數據都經過加密並按照《個人資料（私隱）條例》（「PDPO」）的要求進行穩當儲存。本人特此放棄並使醫院及所有醫療團隊成員無須負責支付因該服務的技術故障而導致數據或資料損失的責任。
8. I agree to follow the instructions provided for using and maintaining the monitoring device(s) and understand that improper use or maintenance may affect the accuracy and reliability of the data collected. 本人同意依循所給予的有關使用及維護監測器材的指示，並明白不正確的使用或維護可能影響收集數據的準確程度及可靠程度。
9. I acknowledge and accept responsibility for any loss or damage to the monitoring device(s) that may result from negligence or misuse. I understand that in such cases, I may be liable for the replacement cost of the device(s) and any related consequences, such as temporary service interruption or data loss. 本人承諾並承受由於疏忽或誤用而可能導致監測器材的損失或損壞的責任。本人明白在這種情況下，本人可能需要承擔器材的更換成本以及任何相關後果，例如臨時的服務中斷或數據丟失。
10. I acknowledge that the Service is not a substitute for emergency care and that in case of an emergency, I should call 999 or visit the nearest emergency room. 本人明白本服務並不能替代緊急護理，如遇緊急情況，本人應撥打 999 或前往最近的急診室。
11. All my questions have been answered to my satisfaction. I have read and understood all the above necessary information, limitation and precautions regarding the Service. I hereby consent to the use of the Service in the provision of care and the above terms and conditions. I understand that this consent will become a part of my medical record. 本人的所有問題都已得到信納的解答。本人已閱讀並明白上述有關本服務的資料、限制及預防措施。本人特此同意在護理中使用本服務，並接受上述條款及條件。本人明白此同意書將成為本人醫療記錄的一部分。



* Please delete if inappropriate 請刪去不適用者

Signature 簽署	
Date and Time 日期及時間	
Printed Name of Patient or Patient's Guardian 病人或監護人姓名	
Designated Family Member (Name) 指定家屬（姓名）	
Designated Family Member (Mobile) 指定家屬（手機號碼）	
Designated Measurement Time (1st) 指定測量時間（第一次）	
Designated Measurement Time (2nd) 指定測量時間（第二次）	

Please consult with Evangel Hospital for the latest and most accurate information regarding the Smart TeleHealth and Virtual Care Service consent form. 有關智能遠程健康護理服務同意書的最新及最準確的信息，請向播道醫院查詢。