

Consent to the utilization of health checkup result for follow-up management

* Please check examinations to which you agree to provision of information.

[☐ General health checkup (including medical care turning point checkup), ☐ Cancer screening, ☐ Health checkup for infants]

This form is used to obtain your informed consent on:

- The **provision of screening result** from the National Health Insurance Service (NHIS) to a public health center as well as of **health management service history** from a public health center to NHIS so that **proper health management service*** can be provided. (*for subjects who have diseases or are suspected of having hypertension, diabetes, dyslipidemia, declined cognitive function, etc. in their general health checkups (including medical care turning point checkup) and lifetime health checkups, and for parents who need comprehensive evaluation and consistent management after receiving the health checkup results of their infants or children);
- The **provision of screening result** from the NHIS to the National Cancer Center (NCC) and/or a public health center so that post-management can be provided to subjects who have abnormal findings or are suspected of having, or had been diagnosed with, cancer;
- The **provision of screening result from the NHIS to the Korea Centers for Disease Control & Prevention (KCDC) and/or a public health center so that post-management can be provided to subjects who are suspected or determined to have pulmonary tuberculosis (TB) based on the result of the general health checkup.**

* Health management service: Health consultation, education, smoking cessation, alcohol abstaining, exercise, nutrition, dementia examination, supporting the cost for in-depth examination for developmental disorder of infants, etc.

- ※ Your personal information will be utilized in the extent of obligation of confidentiality in accordance with the “Personal Information Protection Act” and the “Framework Act of Health Examinations” and will not be provided to other institutions for other purposes other than the original usage.
- ※ If you would like to withdraw your consent, it can be withdrawn through a simple verification procedure as you call to the NHIS Customer Service (1577-1000) or its district branch.

1. Agreement for provision of personal information

- I have been sufficiently informed of the terms below in which my personal information will be provided to the public health center and the NHIS and consent to provide related details that I have been notified of.
 - ① Institutions providing information: public health center, NCC, KCDC and NHIS
 - ② Purposes of providing personal information: To provide healthcare services to those who require self-management and preventive measures and those who have a disease (and suspected of having a disease), to provide post-management based on the cancer screening result, and to provide pulmonary TB-related post-management.
 - ③ Personal information willing to provide
 - NHIS → Public health center
 - Personal identification information, such as name, resident registration number, address, telephone number, e-mail, etc., health checkup results and questionnaire data
 - Public health center → NHIS: Name, resident registration number, health service management details provided by the public health center
 - NHIS → NCC and/or public health center
 - Personal identification information, such as name, resident registration number, address, telephone number, e-mail, etc., cancer screening results and questionnaire data
 - NHIS → KCDC and/or public health center
 - Personal identification information, such as name, resident registration number, address, telephone number, e-mail address, and chest radiography results and pulmonary TB-related questionnaire data
 - ④ Period of retaining and utilizing personal information: 2 years
 - ⑤ You have the right to refuse to agree to provide personal information to the third party, and in this case, you might be excluded as a subject who is offered with health management service of a public health center.

I consent to the terms. ☐ Disagree ☐

2. Sensitive information

- I was notified by the health checkup institution on personal information processing, and with this, they sufficiently explained that my health checkup information and health management service history of the public health center are sensitive information. Therefore, I fully understand and consent to the terms.

I consent to the terms. ☐ Disagree ☐

3. Consent to the process of identification information

- I was notified by the health checkup institution on personal information processing, and with this, they sufficiently explained that the resident registration number is an identification number. Therefore, I fully understand and consent to the terms.

I consent to the terms. ☐ Disagree ☐

I consent to the terms. ☐

Year Month Day				
Consent	Subject name	(Signature)	Resident registration number	-

	(In case of infants) Name of legal representative	(Signature)	Relationship to the subject	
Name of health checkup institution (Number)				