

個人資料保護聲明
Notice of Personal Information Protection

親愛的學生您好：

Dear all colleagues,

我們尊重並致力保護您的個人隱私及個人資料，因應國立臺灣師範大學辦理本學年入學健康檢查需要，依個人資料保護法第8條規定，告知您以下事項：

National Taiwan Normal University(“NTNU”) respects and aims to protect your privacy and personal information, and we hereby inform you of the follows in accordance with Article 8 of the Taiwan Personal Information Protection Law (“PIPL”).

1. 蒐集目的：為辦理本校學生健康檢查，提供學生健康檢查服務。

Purposes of Collection: To organize check-up and to provide all colleagues health check-up service.

2. 個人資料類別：辨識個人者(姓名、電話號碼、行動電話、電子郵件信箱、照片等)；政府資料中之辨識者(身分證統一編號、護照號碼、居留證號碼等)；個人描述(性別、出生年月日等)。

Personal Information Categories:(Full name, phone numbers, mobile phone numbers, email address, photo); (ID number, passport number, ARC number);(gender, date of birth).

3. 個人資料處理、利用之期間、地區、對象及方式：

Time, Area, Target, Way for Use and Processing of Personal Information:

(1)期間：辦理健康檢查業務所必須之執行期間。

Time: During the health check-up is held

(2)地區：僅限本校、委外醫療院所及辦理健康檢查活動之所在地。

Area: Only for contracting out hospital and the venue for health check-up

(3)對象：本校及委外辦理健康檢查之醫療院所。

Target: contracting out hospital

(4)方式：電子文件傳輸及紙本遞送。

Way: Electronic document delivery and paper delivery

4. 依個人資料保護法規定得行使之權利與方式就您的個人資料，您有權：

Rights under the PIPL, with regard to your own personal information, subject to the applicable laws, you are entitled to:

(1)查詢或請求閱覽、及請求製給複製本。

Make inquiries or request for a review, and request for duplications.

(2)請求補充或更正，惟依法您應作適當之釋明。

Request for supplements or corrections, but you should provide appropriate explanation according to the laws.

(3)請求停止蒐集、處理或利用，以及請求刪除，但因本校執行健康檢查業務所必須者，依法得拒絕您的請求。

Request for discontinuation of collection, processing or use of your own personal information, and request for deleting the same, but NTNU may not follow your request in accordance with the laws in case that is necessary for NTNU to perform its duties or conduct its business.

5. 不提供個人資料所致權益之影響：如不同意提供資料，將無法參加本校辦理之健康檢查。

Consequences for Non-provision of Information: Failure to provide necessary personal information may result in no health check-up service for you.

本人已熟讀詳知上述內容並同意參加健康檢查

I have read and understood the above and agree to register for the health check-up service

簽名(請以繁體中文簽名) Please Sign Full Traditional Chinese Name _____

日期 Date _____

本表於註冊時請繳回健康中心