MAKATI MEDICAL CENTER

INFORMATION REGISTRATION & GENERAL CONSENT

TO THE PATIENT/REQUESTOR: *YOU HAVE THE RIGHT TO BE INFORMED ABOUT YOUR PERSONAL DATA WHICH WILL BE ENTERED INTO OUR SYSTEM AND THE PURPOSE(S) FOR WHICH THEY WILL BE PROCESSED. KINDLY READ ALL THE INFORMATION ON THIS FORM BEFORE ACCOMPLISHING AND SIGNING IT. IF YOU HAVE QUESTION(S) OR CONCERN(S), PLEASE FEEL FREE TO ASK ANY OF OUR STAFF.* ***TAWAGIN ANG PANSIN NG KLERK O EMPLEYADO NG MAKATI MEDICAL CENTER KUNG HINDI NAKAKAUNAWA NG INGLES.***

Date today(MMM/DD/YYYY)		**ID Presented**			
Patient Name	Last Name First Name Middle Name				
Birthday(MMM/DD/YYYY)		**Sex**	☐ Male ☐ Female	**Contact Number**	
MRN		**Email Address**			

ACKNOWLEDGEMENT

I. Consent for Information Registration and Other Data Processing:

1. I certify that the information above are true and correct.
2. In the course of my treatment or availment of other healthcare services, I consent to the processing (collection, recording, retrieval, use, retention and disposal/destruction) of my personal data, as provided under applicable laws, regulations and the Hospital's policies and guidelines. Such personal data are those relevant to purpose of my diagnoses, treatment, availment of healthcare services and processing of hospital bills, claims, and quality improvement activities for enhancement of patient care.
3. I consent in making my information available to healthcare team members who are involved in the management of my care including hospital's service providers and partners, and to other applicable parties such as regulatory authorities, like Department of Health, PhilHealth; my employer, my Health Maintenance Organization (HMO), and/or insurance provider for the payment of my hospital bills.
4. I am aware that the hospital is equipped with CCTV cameras to ensure safety and security of the patients, the employees and the establishment.
5. I am aware of my rights in relation to the Personal Data that may be collected from me and my next of kin/legal representative, including right to access, correction, and to object to the processing of the same. I may visit https://www.privacy.gov.ph/know-your-rights for more details of my rights on data privacy.
6. I am aware that I may direct my complaints or questions, to the hospital's Patient Relations Department through Patient.Relations@makatimed.net.ph, https://www.makatimed.net.ph or call (+632) 8888 999 local 3034. If my concerns are not acted upon, I may consult MMC's Data Protection Officer at dataprivacy@makatimed.net.ph.

   In case the hospital is unable to address my concerns, I have the right to lodge a complaint before the National Privacy Commission at https://privacy.gov.phfor any privacy concern regarding my personal data.

II. Consent for Procedure(s):

7. I and my immediate family (and/or legal representative) are aware that we will receive education regarding procedure/treatment to be performed in Makati Medical Center. All my questions and concerns will be addressed to my satisfaction before a procedure/treatment will be done.
8. I authorize Makati Medical Center and its staff to perform procedure(s) and treatment(s) necessary. If, during the procedure/treatment, other condition(s) are discovered, and in the best judgement of my physician or surgeon, require an extension of the original contemplated procedure or require additional procedure(s)/treatment(s) or test(s), I understand that this will be explained to me for my concurrence, unless I am not able to express consent and the processing is critical to protect my life and health. I am also aware that the additional procedure(s)/treatment(s) or test(s) may incur cost that will be added to my hospital bill.

9. I am aware that the practice of medicine is not an exact science and that no guarantee or warranty was made as to the result(s) that may be derived from this procedure.
10. I am aware that Makati Medical Center is a teaching facility with medical students and/or trainees. There is a likelihood that medical students and/or trainees maybe assigned to participate in the care process. Their involvements are within the limit of their professional competence, training, and experience, and are appropriately supervised at all times.
11. I understand that a separate informed consent is obtained when the planned care includes surgical or invasive procedure, anesthesia, procedural sedation, use of blood and/or blood products, or other high risk treatment(s)/procedure(s) and/ or when data will be used for research.
12. I agree that any cause of action arising from the aforementioned, patient confinement, diagnostic examination and treatment(s) is filed exclusively in the courts of Makati City.
13. I am aware that the hospital sends out health-related information that may be beneficial to me. I consent to the use of my personal data for MakatiMed's marketing and advertising programs and/or activities in relation to MakatiMed's products, services, events, promotions and offers via email/SMS/direct mail.

    □ Yes □ No
14. The hospital provides a free MakatiMed Patient Identification (ID) Card in lieu of other Photo IDs when availing MakatiMed services.I consent to have my photo taken and use my personal data for the creation of my MMC ID Card.

    □ Yes □ No
15. The consent for items number 13 and 14 will remain in full force until I revoke it in writing.

I acknowledge that I have read this "Information Registration and General Consent" in a language/dialect that I understand, and I can clarify with any hospital staff any question. I can also refer to MMC's website at https://www.makatimed.net.ph for more details on the hospital's Data Privacy Notice. I acknowledge that this Information Registration & General Consent is valid for five (5) years or as deemed necessary.

Signature above Printed Name of Patient/ Legal Representative (Thumb mark if unable to sign)	Date (MMM/DD/YYYY)	Time (0000H)
Relationship to patient (If patient is a minor or incapable to give consent)	Reason why patient cannot sign	

ACKNOWLEDGEMENT

The individual who has given his/her consent appears to be of sound mind and under no threat, fraud or undue influence.

Signature above Printed Name	Designation	Date(MMM/DD/YYYY)	Time(0000H)