

National Healthcare Group (NHG) 'SHARE A POT' CONSENT FORM

PART I – CONSENT TO UNDERGO FUNCTIONAL ASSESSEMENTS

I agree to participate in the 'Share a Pot' Programme, which includes the following surveys and functional assessments ("Tests"):

1. Personal particulars survey
2. Lifestyle survey
3. Short Physical Performance Battery (SPPB), grip strength test, functional reach test, clinical frailty scale

The Tests will be conducted by NHG and/or the partners, and/or their respective volunteers and staff. I understand that the Tests may not detect or rule out medical risk factors or conditions and are not intended to be substitutes for professional medical consultation or diagnosis. If I'm concerned about the results, I should see a doctor for further diagnosis.

PART II – COLLECTION, USE AND DISCLOSURE OF PERSONAL DATA

I agree that the National Healthcare Group (NHG) and/or its partners may collect, use and disclose my personal data, including without limitation my particulars, contact information, Test results, whether collected by NHG before or after the date of this form ("collectively the "Personal Data") for the following purposes ("Purposes") in accordance with the Personal Data Protection Act 2012:

1. Programme Participation and Follow-Up

- providing the Tests and follow-up;
- managing and implementing follow-up actions arising from the Test results, including for contacting me for further tests, health/functional screening or other follow-up actions (if applicable);
- providing medical treatment or patient care (if applicable);
- referral to community programmes/activities;

2. Administration / Relationship Management

- verifying my identity;
- administering the Programme;
- responding to, handling and processing queries, requests, applications, complaints and feedback from me;
- any other purpose for which I have provided my Personal Data;
- contacting me with my contact information for any of these Purposes;

3. Research and Survey

- approved research, statistical and planning purposes;
- conducting surveys and programme evaluation;

4. Audit/Compliance

- complying with audit requirements (if applicable);
- complying with any applicable laws, regulations, codes of practice, guidelines or rule, or to assist in law enforcement and investigations conducted by any governmental and/or regulatory authority.

**PART III – TO BE FILLED BY PERSON
CONSENTING**

**PART IV – TO BE FILLED BY TRANSLATOR /
SURVEYOR**

Explained in _____ by _____

Full Name, Signature of Participant

Name, Signature of Translator / Surveyor

Tel: _____

Date: _____

国立健保集团 (NHG) 《大家喝》 同意书

一、同意接受身体功能测试

我同意完成《大家喝》项目之之以下调查表与身体功能测试（“测试”）：

1. 个人资料表
2. 生活方式表
3. 简短身体功能量表、手握力测试、身体前屈测试、衰弱量表

测试会由 NHG 与 NHG 的合作伙伴的员工及义工执行。我明白测试不能检查或排除所有的危机或病情，也无法取代专业的医疗咨询或诊断。如果我对测试结果感到疑惑，我应该主动看医生作进一步的诊断。

二、收集、使用，及披露资料

依照 2012 年《个人资料保护法令》，我明白 NHG 和 NHG 的合作伙伴可以于以下目的收集、使用，并且披露我的个人资料、联络方式，与测试结果等（包括在以下日期前由 NHG 所收集的）（“私人资料”）。

1. 参与项目、跟进行动

- 提供测试和跟进
- 根据测试结果，管理、执行跟进行动，包括联络我作更仔细的检查、健康/身体功能检查，或者其它跟进行动（如需）
- 提供治疗或护理（如需）
- 介绍参加其他社区活动

2. 执行项目、关系管理

- 确认我的身份
- 执行项目
- 回复、应付，及处理我的询问、请求、申请、投诉，和意见
- 我提供私人资讯的任何其它理由
- 由于以上目的，通过我所提供的联络方式联络我

3. 研究、调查

- 进行所受允许的研究、统计，和规划
- 研究调查及项目评估

4. 审计、法规

- 满足审计需求（如需）
- 遵守有关法律法规、业务法规、条理或规则，或者协助政府当局或管理机构的执法行动及调查。

三、由同意者填写

四、由翻译者/调查员填写

<p>_____</p> <p style="text-align: center;">参与者姓名、签名</p> <p>电话: _____</p>	<p>翻译语言: _____</p> <p>_____</p> <p style="text-align: center;">翻译者/调查员姓名、签名</p> <p>日期: _____</p>
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