

**Changhua Christian Hospital**  
**Non-disclosure Agreement for Browsing of Human Clinical Study**  
**Medical Record Information**

I, \_\_\_\_\_, will conduct work related to monitoring, auditing and inspection of human clinical trials from MM/DD/YYYY to MM/DD/YYYY at the Changhua Christian Hospital (henceforth known as CCH). During this period, I will apply to CCH for browsing and reading of confidential information on the human clinical trial subjects, including healthcare, medical record and personal information. I have confirmed to abide the following:

1. Application for the browsing of subject medical records and trial information. Human clinical trial protocol number: \_\_\_\_\_ (IRB number: \_\_\_\_\_). I am hereby responsible for the protection of confidentiality of any privacy information from CCH that I came across during this period, including items, documents, diskettes, optical disks, information, message, charts and graphs, analysis reports, electronic file transmissions and confidential operations. Without the consent from patients, I may not disclose, assist, inform, submit, copy, cite or through any methods to deliver, transfer or refer the above information to third parties; I may not in any ways make alterations to the above information (notations, revisions, circling, damage, replace, extract, disassemble, reassemble, steal or make markings of any other kind), and shall bear permanent responsibility to the confidentiality of the contents, which shall not terminate even after cessation of my duties.
2. I hereby agree to CCH conducting computer trace recording during my time in using CCH's electronic medical record system. I will also agree to cooperate in your investigation in suspicion of my violation of personal information protection act.
3. In the event of my violation of the matters denoted in this agreement or other related legislatures which lead to the damage to third parties or the rights of CCH, and have been validated and proven to be caused by my behaviors, I hereby agree to accept the processing of CCH, and will bear any civil, criminal and administrative responsibilities. If my behaviors have led to any damages to the

third parties or CCH, I agree to be responsible for any damage compensations incurred.

4. This agreement has been issued as the proof of my compliance.

To

Changhua Christian Hospital

Signee: (personal signature)

ID number :

Service unit:

Anno Domini

Year

Month

Day