



彰化基督教醫療財團法人
彰化基督教醫院
CHANGHUA CHRISTIAN MEDICAL FOUNDATION
CHANGHUA CHRISTIAN HOSPITAL

Key Information on Hospitalization



Dept. of Nursing, Dept. of Medical Affairs
Drafted 2016-10

Information for In-patients

Index

- Hospital Overview
- Section 1. Environment
- **Section 2. Admission**
- Section 3. Choosing and Changing Ward
- Section 4. Patient Rights
- Section 5. Patient and Family Compliance
- Section 6. Fees during Hospitalization
- Section 7. Application for Various Documents
- Section 10. Other Services
- Section 9. Discharge Procedure and Transfer Application
- Section 10. In-patient Safety Guidelines
- Section 11. Other Notices
- Section 12. Hospital Food

About Us

About Changhua Christian Hospital

Changhua Christian Hospital has grown together with Changhua City and the middle region of Taiwan. In the 21st century, the hospital has a complete medical system to work hard as a corporate citizen for the happiness of Taiwanese people.

Aim: to spread the gospel and serve the people, guided by the spirit of the universal love of Jesus Christ who saved the world.

Mission: Medical care, missionary, service, education, research.

Vision:

Medical care: establish a strong, complete, safe system of healthcare.

Missionary: become a center for the dissemination and education of medical care that encompasses holistic care .

Service: deliver patient-centered service, and show solicitude for underprivileged social groups.

Education: become the benchmark hospital for training medical staff.

Research: become a center for medical research in advanced medical technology.

CCH Motto: Love God, love the earth, love the people, love oneself.

Values: selfless contribution, humble service.

◆Section 1 Intro to Hospital Facilities

Article 1: Tour of the Medical Building Floors

	第一醫療大樓 First Medical Building	第二醫療大樓 Second Medical Building	第三醫療大樓 Third Medical Building	兒童醫院 Children's Hospital
5F	內視鏡中心 Endoscopy Center 消化系中心 Center for Gastroenterology 超音波室 Ultrasonography Room 腸胃功能檢查室 Examination Motility 胸腔檢查治療中心 Chest Examination & Treatment Center 神經電氣生理檢查區 Neuroelectrodiagnostic Section 神經心理檢查室 Neuropsychological Room	五二病房 (532~555) Ward 52 禱告室 Prayer Room 便利商店、醫療器材 Convenience Store & Medical Material	五三病房 (561~596) Ward 53 碘-131治療室 (593、596) I-131 Therapy 靜脈營養治療小組 Parenteral Nutrition Therapy Team 護送中心 Patient Transport Center	兒五病房 (兒501~兒510) Pediatric Ward 5 (請搭23~27號電梯)
4F	四一病房 (401~422) Ward 41	產房 Delivery Room 嬰兒室 Baby Room 體外震波碎石中心 E.S.W.L. Center 美容中心 Cosmetics Center	復健醫學科 Dept. of Physical Medicine & Rehabilitation 物理治療組 Physical Therapy Section 職能治療組 Occupational Therapy Section 語言治療組 Speech Therapy Section 復健輔具研發中心 Center for Assistive Technology	新生兒加護病房 Neonatal I.C.U. 新生兒中重度病房 Intermediate Care Nursery
3F	第一外科加護病房 Surgical I.C.U.-1 第二內科加護病房 Medical I.C.U.-2 急症血液透析室 Acute Hemodialysis Room 心導管室 Cardiac Catheterization Lab. 手術患者家屬等候區 O.R. Waiting Area 成人心臟超音波室 Echocardiogram Lab. 運動、24小時心電圖室 Electrocardiogram Lab.	手術室 Operation Room 恢復室 Recovery Room	手術室 Operation Room 第二外科加護病房 Surgical I.C.U.-2 (請搭16~20號電梯)	兒童加護病房 Pediatric I.C.U. 嬰兒中重度病房 Infant Intermediate Care Unit
2F	門診區 (1~55、161~180診) Outpatient Clinics	門診區 (56~109診) Outpatient Clinics 便利商店 Convenience Store	門診區 (110~160診) Outpatient Clinics	門診區 (201~229診) Outpatient Clinics 兒童門診檢驗室 Pediatric Outpatient Lab.
1F	服務台 Information 掛號收費 Registration & Cashier 轉介服務中心 Referral Service Center 門診藥局 Outpatient Pharmacy 急診藥局 Emergency Pharmacy 影像醫學部 Department of Medical Imaging 商店區 Shopping Area	急診醫學部 Dept. of Emergency Medicine 急診加護病房 Emergency I.C.U. 急診掛號收費 Emergency Registration & Cashier 毒藥物中心 Poison & Drug Control Center	急診觀察室 Observation Unit 急診醫學研究室 Laboratory of Emergency Medicine 彰基院史發展館 CCH Developmental History Museum	服務台 Information 掛號收費 Registration & Cashier 兒童藥局 Pediatric Pharmacy 媒體公關室 CCH Press Room 健兒門診 Well Baby
B1	放射腫瘤部 Dept. of Radiation Oncology 核子醫學科 Dept. of Nuclear Medicine 住院藥局 Inpatient Pharmacy 營養部廚房 Kitchen 臨床試驗藥局 Clinical Research Pharmacy	中央滅菌供應部 Central Sterile Supplies Department 病歷課 Medical Records Division 社會工作部 Social Work Dept. 身障鑑定社會功能評估室 Social Function Assessment Room for Disabled	重症病房患者家屬休息室 I.C.U. Family Rest Area 申報組 Application Section (請搭17~20號電梯) 工務二課 2 nd Division of Engineering Department 通訊組 Telecommunication Section	兒童急診室 Pediatric Emergency Unit 兒童放射線科 Div. of Pediatric Radiology 兒童急診觀察室 Pediatric Observation Unit 兒童牙科 Pediatric Dentistry 高壓氧中心 Hyperbaric Oxygen Therapy Center 收發室 Mail Room
B2	正子造影中心 PET-CT Center 尿失禁暨排尿障礙中心 Urinary Incontinence & Voiding Dysfunction Center 體系營養暨膳食部 Dept. of Nutrition & Dietetics of Healthcare System 工務部 Dept. of Engineering & Construction 職業安全衛生中心 Occupational Safety and Health Department 醫工部 Dept. of Biomedical Engineering 安息室 (太平間) Mortuary	第二停車場 2nd Parking Area	第三停車場 3rd Parking Area	兒童醫院停車場 Children's Hospital Parking Area
B3~B5		第二停車場 2nd Parking Area	第三停車場 3rd Parking Area	兒童醫院停車場 Children's Hospital Parking Area



無障礙停車位
Disabled Parking



無障礙廁所
Restroom for the Disabled



哺乳室
Breastfeeding Room



親子廁所
Restroom for Parents with Infants




















救助袋
Rescue Bag



緩降機
Escape Sling



2016.11製

	第一醫療大樓 First Medical Building	第二醫療大樓 Second Medical Building	第三醫療大樓 Third Medical Building	兒童醫院 Childrens Hospital
15F			營建課 Construction Division 新建工程室 New Construction Dept. (請搭21~22號電梯)	
14F			國際醫療暨VIP病房 (1401~1413) International & VIP Ward (請搭17~20號電梯)	腫瘤中心 Tumor Center 資訊部 Dept. of Information Systems (請搭23~27號電梯)
13F			血液透析室 Hemodialysis Room (請搭21~22號電梯)	兒十三病房 (1301~1309) Pediatric Ward 13 (請搭23~27號電梯) 
12F			燙傷中心 Burns Center (請搭17~20號電梯)	兒十二病房 (1201~1209) Pediatric Ward 12 (請搭23~27號電梯)
11F		連瑪玉學術講堂 Mrs. Marjorie Landsborough Memorial Hall 內科部醫研室 Internal Medicine Conference Room 魏克思研究室 Dr. Wilkerson Conference Room	精神科門診 Psychiatry Clinics (請搭17~20號電梯) 中醫診療室 T.C.M. Consultation & Therapy Room 無菌調劑藥局 Aseptic Compounding Pharmacy (請搭21~22號電梯)	兒童發展中心 Center for Child Development 日間留院 Psychiatry Day Hospital (請搭23~27號電梯)
10F	梅鑑霧禮拜堂 Rev. Campbell Moody Memorial Chapel 員工休間中心 Staff Cafeteria 臨床試驗中心 Center for Clinical Trial 出院準備服務委員會 Discharge Planning Committee  	檢驗醫學部 Dept. of Laboratory Medicine 感控實驗室 Infection Control Lab. 	精神科病房 Psychiatry Ward 精神科職能治療 Psychiatry O.T. (請搭17~20號電梯) 十樓門診治療室 (請搭21~22號電梯) 10F Outpatient Chemotherapy Room 	秘書室 Secretary Office (請搭23~27號電梯) 國際評鑑暨認證推動中心 Steering Centre for Hospital Accreditation and Certification 醫療照護整合推動中心 Healthcare Integrating and Promoting Center  6101會議室 Conference Room 6101
9F	第一內科加護病房 Medical I.C.U.-1 中風及神經加護病房 Stroke and Neurology Critical Care Unit 	第一呼吸照護中心 Respiratory Care Center -1 第二呼吸照護中心 Respiratory Care Center -2	九三病房 (960~991) Ward 93 	兒科部醫研室 Physicians Office  醫務科秘書辦公室 Secretary Unit for Medical Office 兒童超音波檢查室 Pediatric Ultrasound Room 兒童肺功能檢查室 Pediatric Pulmonary Function Room 兒童心臟超音波檢查室 Pediatric Echocardiography Room
8F	八一病房 (801~827) Ward 81	八二病房 (831~856) Ward 82 	八三病房 (860~888) Ward 83 腹膜透析室 Peritoneal Dialysis Room 	兒八病房 (兒801~兒810) Pediatric Ward 8 (請搭23~27號電梯) 
7F	七一病房 (701~726) Ward 71	七二病房 (731~756) Ward 72 	七三病房 (760~785) Ward 73 第三呼吸照護中心 Respiratory Care Center -3 	兒七病房 (兒701~兒710) Pediatric Ward 7 (請搭23~27號電梯) 
6F	六一病房 (601~626) Ward 61	六二病房 (632~656) Ward 62	六三病房 (660~693) Ward 63 	兒六病房 (兒601~兒610) Pediatric Ward 6 (請搭23~27號電梯) 

Point 2: Instructions and rules of ward and other public facilities

1. Facilities in the ward include: wheelchairs, drip stand, water dispenser, ice machines, dryers, insulation for hot food, public TV. The instructions and rules of these facilities are posted near these facilities.
2. Use of telephone: telephone in the ward can only be used within the hospital network. It cannot receive calls or call out to outside the hospital.

Extension number = **(Building number + ward number)**

Medical Building	First Medical Building	Second Medical Building	Third Medical Building	Children's Medical Building	Chunghua Road Campus
Building number	6	6	6	1	2
Ward number	701	731	761	501	501
Extension number	6701	6731	6761	1501	2501

Point 3: There are convenient stores on 1F, 2F and 5F for quick shopping and food choices. ATMs are on 1F and 2F of the Lobby, and 2F clinic area in Children's Medical Building.

Medical Building	Second Medical Building	Third Medical Building	Children's Medical Building	Chunghua Road Campus
Shopping	1F, 2F, 5F	1F	1F	1F
ATM	1F, 2F	3F	2F	1F
Public telephone	Level 1 Lobby			1F

Point 4: See instructions of the NHI ward signs and locations from the hospital of admission and its office.

Point 5: Hospital service operators:

Service Line	Telephone Number	Service Hours
Nanguo Campus Operator	04-7238595	24 hours
Chunghua Road Campus Operator	04-7238595	24 hours
Emergency Operator	04-7255123	24 hours
Automated registration line	04-7285152	24 hours
Telephone registration line	04-7225132	AM8:00~PM20:30
Admission Center	04-7238595 ext.5200	AM8:00~PM17:30
Help Desk	04-7238595 ext.3100	AM8:00~PM21:30
Compliments line	04-7238595 ext.3920	AM8:00~12:00 PM13:30~17:30
Complaints line	04-7238595 ext.3925	

*The non-24 hour services above refer to Monday to Friday. The service hours on Saturday ends at 12pm. Not available on Sunday.

Point 6: 1. Train Station→Hospital:

- a. Take the Chang Hua Bus 『Train Station-Chuanghua Christian Hospital』 Line
【This line runs Mon-Sat, service unavailable on Sundays and after 12 noon on Saturdays】; a standard ticket is approximately 24 NTD, a discounted ticket is approximately 12 NTD 《If there are any changes, prices will be determined according to what is posted by Chang Hua Bus》. The hospital's bus stop area is located by the Emergency Dept exit. The bus schedule can be found on the outpatient timetable.
- b. Take a taxi; fee will cost approximately 150 NTD 《Actual cost will be determined by the meter in the taxi》。

2. Driving to the Hospital:

- a. Departing from the South - Provincial Highway 1 (National Route 1) : Take the Wang Tian Interchange, cross the Da Du Qiao and merge onto Zhongshan Road. Turn left at the Xuguang intersection and then you will arrive.
- b. Departing from the North - Provincial Highway 1 (National Route 1): Take

the **Changhua Interchange**, turn left onto Zhong Yang Road Bridge, then turn left onto Zhongshan Road. Turn right at the Xuguang intersection and then you will arrive.

C. Departing from the South - Provincial Highway 2 (National Route 3): Take the **Shen Gang Interchange**, turn right at Xiandong Road, then turn right onto Zhangxin Road. Then turn right onto Jinma Road. Cross the Xiaoyang Road underpass and then turn right at the Xuguang intersection and then you will arrive.

d. Departing from the North - Provincial Highway 2 (National Route 3): Take the **Kuai Guan Interchange**, connect to Provincial Highway No. 74 and head toward Changhua City. Continue down Zhongshan Road and then turn right at the Xuguang intersection and then you will arrive.

e. A map of the travel routes can be found on the outpatient timetable.



Point 7: Transportation to the Hospital:

1. From the train station:

- Chang Hua Bus. Take the “Train Station-Chuang Hua Christian Hospital” Line (available Monday to Saturday morning; not available Saturday afternoon and public holidays). Adult ~\$26; Child ~\$13. (see Chang Hua

- Bus for actual price). The bus stop is next to the exit of the Emergency Department. Bus timetable is also printed on the clinic timetable.
- b. Taxi. Fee around \$150. (see meter for actual price).
2. Drive to the Hospital:
- a. Freeway No. 1 southbound: get off at Wangtian Interchange. Drive onto Dadu Bridge. Turn left at the Jhongshan Road-Xuguang Road Intersection.
- b. Freeway No. 1 northbound: get off at Chuang Hua Interchange. Turn right onto Central Bridge. Turn left onto Jhongshan Road. Turn right at the Jhongshan Road-Xuguang Road Intersection.
- c. Transportation Map is printed on the Clinic Timbetable.
3. Chuang Hua Christian Hospital <-> Chunghua Road Campus: shuttle bus is also available. See timetable at the main entrance or the information center.

◆Section 2, Admission

Point 1: Admmission Procedure

1. Outpatient: If your physician has informed you to stay in the hospital for treatment, examination or surgery, within 4 hours after you have been contacted, please bring your national health insurance IC card and national ID card to examination room 100 on Level 2.
2. Documents required:
 1. NHI insured patients: National Identity Card, national health insurance IC card (Major Illness/Injury Certificate).
 2. Patients of Occupational Illness/Injury: Labor Insurance Occupational Injury Hospitalization Application.
3. The patient should arrive at the hospital on the designated date and time. Go to examination room 100 on Level 2 for admission procedure.
 1. The patient signs “General Admission Consent Form” at reception and prepares for admission.

2. The patient reports to the ward. Nursing staff explains the environment and other precautions during the stay.
4. Examination Room 100 Level 2 Admission Center Service Hours:
 - ※Monday to Friday: 08:00-17:30.
 - Saturday: 08:00-12:00.
 - ※Go to the First Medical Building Level 4 Ward 1 Reception Office outside the normal working hours.
5. ER Patients: once the physician at the ER authorizes hospitalization, the hospital will promptly arrange a bed for the patient. Admission procedure will be carried out at the clinic cashier.
6. After admission procedure is completed, patient's NHI IC Card will be handed over to the Inpatient Cashier Section for safekeeping. NHI IC Card will be returned to the patient at the Inpatient Office when making the payment. (Regulations Governing the National Health Insurance Medical Care Article 10)

Point 2: When you have received admission notice or have completed admission procedure, you should report to the Admission Center or the nurse station of your ward. If you do not report within 4 hours, the hospital reserves the right to cancel the ward arranged for you.

Point 3: The hospital arranges ward bed according to the vacancy on the day of admission. General Insured Bed (NHI Bed) are of first priority.

Point 4: The wards in our hospital are categorized by the number of beds in each ward. These are single bed room, two bed room and NHI room.

Double bed room NHI co-payment price 1500~3800 NTD/day, Obstetrics Premium Room NHI co-payment price 2500~3800 NTD/day

Single bed room NHI co-payment price 1900~7000 NTD/day, VIP International medical care s room NHI co-payment price 9000~12000 NTD/day

※ Charging standards for facilities and the supplies in the acute patient wards:

Ward type	Basic facility	Non-NHI Price	NHI Co-payment Price
VIP International medical care s	Telephone, 1 sofa set, small tea table, fridge, TV, DVD, internet facility	12000~14000	9000~12000
Premium single bed(with sofa)	Telephone, 1 sofa set, small tea table, fridge, TV, DVD, internet facility	6025~7825	4200~6000
Premium single bed	Telephone, 1 folding bed, fridge, TV, internet facility	4325~4625	2500~2800
Obstetrics Premium single bed	TV, fridge, internet, toiletries, small living room	5625~6825	3800~5000
Obstetrics VIP single bed	TV, fridge, internet, toiletries, night gown	4025	2200
Double bed (Premium 1)	TV, fridge, internet, 1 folding bed	4825~5425	3000~3600
Double bed (Premium 2)		3925~4425	2100~2600
Double bed (Premium 3)		3325~3425	1500~1600
NHI room (3-4ppl)	Telephone, 1 folding bed	1626	0

※ Non-NHI price includes ward fee, nursing fee and examination fee. **Dispensing fee is not included.**

※ Charging standards for facilities and the supplies in the chronic patient wards:

Ward type	Basic facility	Non-NHI Price	NHI Co-payment Price
Premium single bed	TV, fridge, telephone, electric bed, chair, sofa	4497	2500
Common single bed	TV, fridge, telephone, electric bed, 1 extra bed	2635	1500
Common single bed	TV, fridge, telephone, electric bed, 1 extra bed	2340	1200
Premium double bed	TV, fridge, telephone, electric bed, 1 extra bed	2040	900
Common double bed	TV, fridge, electric bed, 1 extra bed	1440	300
Hospice single bed	TV, fridge, telephone, electric bed, 1 extra bed, large sofa, large tea table set	3825	2000
Hospice double bed	TV, fridge, telephone, electric bed, 1 extra bed, small sofa, small tea table set	1626	0

※ Non-NHI price includes ward fee, nursing fee and examination fee. **Dispensing fee and caretaker fee are not included.**

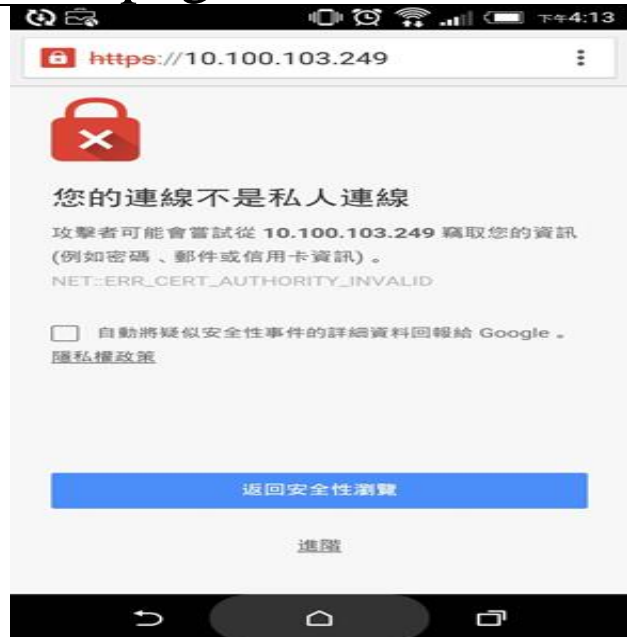
Patient/Visitor Wi-Fi Setup Info

Select the network
named:
CCH-patient

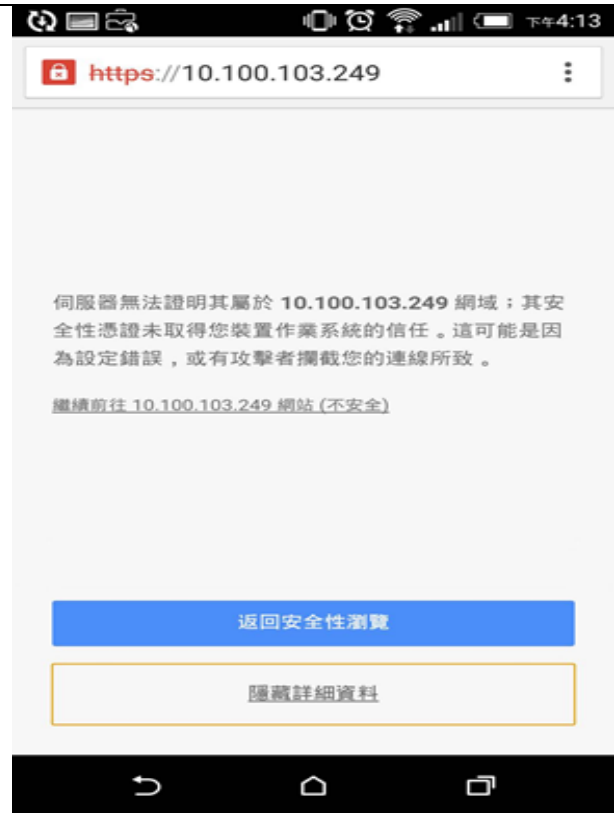


Open any browser to be automatically directed
to the sign-in page

If you encounter the
"your connection is
not private" message,
please select,
"proceed" to
continue.



If you encounter the error, "The server cannot authenticate IP address 10.100.103.249", please select "proceed to 10.100.103.249" to continue.



When you arrive at the Changhua Hospital Terms of Use page, use the patient's account number and password, Google, or Facebook login to sign in. Internet access will then be available for use.



◆Section 3 Choosing and Changing Ward

Point 1: NHI insured patients staying in NHI ward (for 3-4 patients) do not need to pay for co-payment.

Point 2: NHI insured patients staying in non-NHI ward (including single bed, double bed and premium wards) must make co-payment based on the days stayed.

Point 3: The days stayed in insured ward start from the day of admission but do not include the day of discharge (Regulations Governing the National Health Insurance Medical Care Article 21). Alternative standards are applied to non-NHI wards. The hospital will inform of this clearly to the patient and/or the family members. The alternative standards comply with the standards promulgated by healthcare competent authority.

Point 4: If you are a NHI-insured patient, and wish to stay in NHI ward which requires no co-payment, the hospital will provide you with NHI ward in priority based on the NHI regulations (Regulations Governing the National Health Insurance Medical Care Article 20). However, if there is no available NHI ward, the hospital will notify you the availability of non-NHI ward and the amount of co-payment. We will only arrange your stay in a non-NHI ward with your prior consent.

Point 5: During your stay in the ward, if you wish to change to another ward of different grade, feel free to make an application at the nurse station. The hospital will arrange your request based on ward availability.

Point 6: Patients may not transfer between wards of the grade. If patients wish to transfer to a ward of different grade, they must register and apply at the nurse station.

◆Section 4 Patient Rights, Patient Obligations

Changhua Christian Hospital

Patients' Rights

1. All inpatients shall have equal access to appropriate medical service regardless of type of illness, sex, ethnicity, place of residence, social standing, and age.
2. Every hospital employee is required to display name badge or personal identification. Patients reserve the right to refuse medical services proffered by unidentifiable personnel who fails to display identification.
3. Upholding the concept of “patient-centered medical care”, the staff physicians are obligated to explain to the hospitalized patient or the accompanying family information regarding the patient’s condition, major laboratory and diagnostic findings, treatment plan, prognosis, alternative treatment options, and risks of therapeutic measures.
4. The hospital encourages all patients to question and seek explanations from staff physicians or other hospital personnel to clarify any issue concerning the services they provide.
5. If the patient is to undergo surgical treatment, the hospital requires the patient, the patient’s spouse, the patient’s immediate relation, or a significant other to sign consent for the operation and anesthesia, after the staff physician has explained the reason for the operation, the success rate of the operation, and its potential complications and risks. The operation and anesthesia will proceed only after consent has been obtained from the patient, the patient’s spouse, immediate relation, or significant other. However, if urgently required for the salvage of patient’s life, the operation may proceed without consent, as dictated by law.
6. The hospital is obligated by law to protect the privacy of the patient in regard to the patient’s condition, state of health, and any other private information. The patient may request the hospital to withhold information of patient’s hospitalization from the public.
7. The hospital may appropriately disclose the patient’s condition to the patient’s immediate relation or accompanying family upon request. If the patients wishes to withhold such information from a specified family member, a written request may be submitted to the nurse station or the attending physician
8. In accordance with policies on palliative end-of-life medical care, Changhua Christian Hospital has made available the following declaration forms to safeguard your autonomy : “Advance Directive for Palliative End-of-Life Care and Life- Sustaining

Treatment”, "Withdrawal of Consent for Palliative End-of-Life Care and Life- Sustaining Treatment”, "Do-Not-Resuscitate and Do Not Give Life- Sustaining Treatment Consent Form", “ Withdrawal of Consent for Do-Not-Resuscitate and Do Not Give Life- Sustaining Treatment “, "Appointment of Durable Power of Attorney" , and " Termination of Appointment “. Forms may be obtained and signed at nurse stations. Such declarations allow physicians to withhold aggressive therapies or resuscitation and provide only palliative, supportive therapeutic measures to relieve pain and discomfort, according to the wishes of patients with incurable terminal illnesses.

9. To advocate perpetuation of life through altruistic actions and to support national health policies, Changhua Christian Hospital has made available the "Organ Donation Consent Form" for hospitalized patients. Such form declares the patient's wish regarding organ donation and fully informs the patient's family of the decision.
10. Since Changhua Christian Hospital is a teaching hospital, patients are earnestly requested to cooperate in teaching activities for the promotion of medical education and cultivation of qualified medical personnel. But patients reserve the right to refuse laboratory exams, tests, or any activity unrelated to their treatment. Such refusal shall not have any impact on the attitude of the hospital staff towards the patients or the quality of care they provide.
11. Any comment concerning the hospital’s services may be submitted to the hospital (by telephone:886-4-7238595 extension 3925, email to d3925c@cch.org.tw, or filling out the “Patient’s Comments” form at the Information Desk).

Patient's Obligations

1. Patients and their family members should respect the rights of the hospital staff and refrain from inappropriate behavior (such as sexual harassment, verbal abuse, physical violence, etc.).
2. Patients and their family members should give true identities and provide truthful information regarding patient's health, medical history, adverse drug reactions, medications, travels, current infections, etc.
3. Comply with medical team's wait list assignment for care services, prioritized according to the urgency of each patient's condition.
4. The patient is obligated to be informed about condition, laboratory and examination results, treatment plan, prognosis, alternative treatments and treatment risks, and decide treatment option based on the information received.
5. Patients should voluntarily question the physician or other medical staff and request clarification for any uncertainty regarding information given by the medical staff.
6. Participate and cooperate with the medical team in treatment planning. Any need to change treatment plan should be thoroughly discussed with the medical team.
7. Comply with other hospital regulations, necessary information, cautions, and operating procedures as required by disease therapy or facility management.
8. Except for guide dogs for the blind, no animals are allowed in the hospital facility.
9. Hazardous objects or prohibited materials are not allowed in the hospital facility.
10. Patients are obligated to pay medical bills.

Changhua Christian Hospital

Letter of Intent for Hospice Palliative Care & Life-Sustaining Treatment

* Basic Information

Patient Medical Record Number: _____ ☐ Male ☐ Female
Patient Name: _____ Bed Number: _____
Patient Date of Birth: ROC _____ Y _____ M _____ D

In the event that I, _____, suffer from serious injury or illness and am diagnosed by a physician as incurable, and there is medical evidence shows that the prognosis is fatal within the near future, then in accordance with my rights as stated in article 4, article 5, article 6, and paragraph 1, item 2 of article 7, I will execute the following decision:

- ☐ Consent to **receiving** mitigatory and supportive medical care to relieve me of physical, mental and spiritual pain and to improve my quality of life.
- ☐ Consent to **refusing** Cardiopulmonary resuscitation and other emergency treatments when I am dying or showing no vital signs.
- ☐ Consent to **refusing** procedures which could maintain my vital signs to extend the dying process without curative effect.
- ☐ Consent to adding the abovementioned remarks to my national health insurance certificate (insurance IC card).

■ Number of checked off consents: _____. (Please be sure to fill out this line.)

Date of Consent: ROC _____ Y _____ M _____ D (Required)

Informed Consent: I understand that the hospital will, per my medical treatment needs, utilize the contact information listed in this consent form to contact me.

Decisionmaker (Self): _____ Date of Birth: ROC _____ Y _____ M _____ D
National ID Number: _____ Phone Number: _____
Residential Address: _____

Representative: ☐ **Legal Representative:** (If the decisionmaker is underage but requires form)

☐ **Medical Surrogate Agent:** (If the **medical surrogate agent** is filling out the form for the decisionmaker, the letter of proxy for the medical surrogate must be attached)

Signature: _____ Date of Birth: ROC _____ Y _____ M _____ D
National ID Number: _____ Phone Number: _____
Residential Address: _____

On-site Witness (1) (Signature): _____ Date of Birth: ROC _____ Y _____ M _____ D
National ID Number: _____ Phone Number: _____
Residential Address: _____

On-site Witness (2) (Signature): _____ Date of Birth: ROC _____ Y _____ M _____ D
National ID Number: _____ Phone Number: _____
Residential Address: _____

※ Based on the announcements posted by the Ministry of Health and Welfare

Notes: First Copy (Original): After the decisionmaker has signed off on this original form, it will be sent to the 1st floor Service Desk where staff will mail out the form for you, or you may personally mail the form to the Ministry of Health and Welfare (No. 36, Tacheng St, Datong District, Taipei City, Taiwan 103) or the Taiwan Hospice Organization (No. 45, Minsheng Rd, Tamsui District, New Taipei City, Taiwan 251).

Second Copy (Photocopy): (1) If the patient is hospitalized at this hospital, this copy will be retained in the patient's medical record. (2) If the patient is not hospitalized at this hospital, the decisionmaker may keep it for personal reference after their signature has been provided.

Third Copy (Photocopy): Regardless of whether or not the patient is hospitalized at this hospital, the decisionmaker may retain this copy for personal reference after their signature has been provided.

1. Article 4 of the Hospice Palliative Care Act states:
Terminal illness patients may write a letter of intent for the choice of HPC or LST.
The letter of intent in the preceding paragraph, shall at least include the following matters, and be signed by the decision maker:
 - I. Name, ID no. and domicile or residence of the decision maker.
 - II. The will of the decision maker on HPC or LST choice and the specific content
 - III. Date when the letter of intent is written.
 The decisionmaker should possess the capacity to make judicial acts when providing a signature and should do so with two or more witnesses present. Those belonging to the institution in charge of executing the decisionmaker's choice on hospice/palliative care and life-sustaining treatment may not serve as witnesses.
2. Article 5 of the Hospice Palliative Care Act states:
A person with age of twenty (20) years or above and has the legal capacity may prewrite such letter of intent referred in article 4.
The letter of intent in the preceding paragraph, the decision maker may designate a medical surrogate agent in advance, give details of the designation in writing. The agent may sign on his/her behalf expression of his/her will become impossible.
3. Article 6 of the Hospice Palliative Care Act states:
The decision maker may withdraw the expression of will in writing at any time on his/her own or by the medical surrogate agent.
4. Article 6-1 of the Hospice Palliative Care Act states:
With the consent expressed in the letter of intent by decision maker or the medical surrogate agent as set forth in the article 4 paragraph 1 or article 5, the central competent authority shall note this will in the national health insurance certificate (hereinafter "NHI card"). The note shall have the same legal effect as that of the letter of intent. However, the decision maker or the medical surrogate agent, who withdraws the will as set forth in the preceding article, shall inform the central competent authority to annul the note.
The signed letter of intent in the preceding paragraph, shall be saved as a scanned electronic file in the database of the central competent authority by a medical care institution, the health authority or a corporation designated by the central competent authority before the will be noted in the NHI card.
When the will noted in the NHI card is inconsistent with the written expression of the decision maker during the process of clinical treatment, the decision maker's expression shall prevail.
5. Article 7 of the Hospice Palliative Care Act states:
Non-applying CPR or LST shall be complied with followings:
 1. Be diagnosed to by terminal illness patient by 2 physicians.
 2. A signed letter of intent is required. However, a letter of intent signed by a minor shall obtain the consent of his/her legal representative. When a minor is unable to express his/her will, the legal representative shall sign the letter of intent.
 The physicians in the preceding paragraph, subparagraph 1, shall be qualified specialist physicians.
If a terminal illness patient, who has become unconscious or failed to express clearly his/her will, has not signed the letter of intent of the preceding paragraph, subparagraph 2, his/her closed relative may replace by signing a consent. For those who do not have closed relatives, a medical advice for the best interest of the terminal illness patient would be issued instead after the examination of the hospice palliative care team. The consent or the medical advice shall not contradict the expressed desire of the terminal illness patient before being unconscious or unable to express his/her will.
The closed relative in the preceding paragraph includes the following:
 1. Spouse.
 2. Adult children and grandchildren.
 3. Parents.
 4. Siblings.
 5. Grandparents.
 6. Great grandparents, great grandchildren or third-degree collateral relative by blood.
 7. First-degree direct relation by marriage.
 For those terminal illness patients who fulfill those set forth in paragraph 1 to paragraph 4 about non-applying CPR or LST, the originally CPR or LST treatment may be terminated or withdrawn.
The consent of the closed relative in paragraph 3 may be done by one person; if there is no unanimity among several closest relatives, a priority list in accordance with the listing of the paragraph 4 shall be set up. If a consent of one with lower priority is against the will of one with higher priority, the one with higher priority shall show his/her will in written before the non-application, termination or withdrawal of CPR or LST.

Changhua Christian Hospital

Declaration of Withdrawal of the Letter of Intent for Hospice Palliative Care & Life-Sustaining Treatment

*** Basic Information**

Patient Medical Record Number: _____ ☐ Male ☐ Female
 Patient Name: _____ Bed Number: _____
 Patient Date of Birth: ROC _____ Y _____ M _____ D _____

I _____ (or representative _____) signed the Letter of Intent for Hospice Palliative Care & Life-Sustaining Treatment on ROC _____ Y _____ M _____ D, but am now declaring withdrawal of my expression of will by signing off on this letter of declaration.

Informed Consent: I understand that the hospital will, per my medical treatment needs, utilize the contact information listed in this consent form to contact me.

Decisionmaker (Self) : _____

National ID Number: _____ Phone Number: _____

Residential Address: _____

Representative: (Not necessary if the decisionmaker provided their own signature)

☐ **Legal Representative**

☐ **Medical Surrogate Agent**

Signature: _____

National ID Number: _____ Phone Number: _____

Residential Address: _____

R _____ O _____ C _____ Y _____ M _____ D _____

Notes:

1. Article 6 of the Hospice Palliative Care Act states:

The decision maker may withdraw the expression of will in writing at any time on his/her own or by the medical surrogate agent.

2. Article 7 of the Hospice Palliative Care Act states:

Non-applying CPR or LST shall be complied with followings:

1. Be diagnosed to be terminal illness patient by 2 physicians.

2. A signed letter of intent is required. However, a letter of intent signed by a minor shall obtain the consent of his/her legal representative. When a minor is unable to express his/her will, the legal representative shall sign the letter of intent.

The physicians in the preceding paragraph, subparagraph 1, shall be qualified specialist physicians.

If a terminal illness patient, who has become unconscious or failed to express clearly his/her will, has not signed the letter of intent of the preceding paragraph, subparagraph 2, his/her closed relative may replace by signing a consent. For those who do not have closed relatives, a medical advice for the best interest of the terminal illness patient would be issued instead after the examination of the hospice palliative care team. The consent or the medical advice shall not contradict the expressed desire of the terminal illness patient before being unconscious or unable to express his/her will.

The closed relative in the preceding paragraph includes the following:

1. Spouse.
2. Adult children and grandchildren.
3. Parents.
4. Siblings.
5. Grandparents.
6. Great grandparents, great grandchildren or third-degree collateral relative by blood.
7. First-degree direct relation by marriage.

For those terminal illness patients who fulfill those set forth in paragraph 1 to paragraph 4 about non-applying CPR or LST, the originally CPR or LST treatment may be terminated or withdrawn.

The consent of the closed relative in paragraph 3 may be done by one person; if there is no unanimity among several closest relatives, a priority list in accordance with the listing of the paragraph 4 shall be set up. If a consent of one with lower priority is against the will of one with higher priority, the one with higher priority shall show his/her will in written before the non-application, termination or withdrawal of CPR or LST.

※ Based on the announcements posted by the Ministry of Health and Welfare

Notes: First Copy (Original): After the decisionmaker has signed off on this original form, it will be sent to the 1st floor Service Desk where staff will mail out the form for you, or you may personally mail the form to the Ministry of Health and Welfare (No. 36, Tacheng St, Datong District, Taipei City, Taiwan 103) or the Taiwan Hospice Organization (No. 45, Minsheng Rd, Tamsui District, New Taipei City, Taiwan 251).

Second Copy (Photocopy): (1) If the patient is hospitalized at this hospital, this copy will be retained in the patient's medical record ° (2) If the patient is not hospitalized at this hospital, the decisionmaker may keep it for personal reference after their signature has been provided.

Third Copy (Photocopy): Regardless of whether or not the patient is hospitalized at this hospital, the decisionmaker may retain this copy for personal reference after their signature has been provided.

Consent to DNR Order and Refusal of Life-Sustaining Treatments

* Basic Information

Patient Medical Record Number: _____ ☐ Male ☐ Female
 Patient Name: _____ Bed Number: _____
 Patient Date of Birth: ROC _____ Y _____ M _____ D _____

If I, the patient, _____, suffer from serious injury or illness and am diagnosed by a physician as incurable, and there is medical evidence showing that the prognosis is fatal within near future and am also thereby unconscious or lacking disposing capacity and do not have a medical surrogate agent, then in accordance with my rights as stated in item 3 of article 7 in the Hospice Palliative Care Act, I will execute the following decision:

- ☐ Consent to a **DNR** order and **refusing** other emergency treatments if I am terminally ill, dying, or show no vital signs.
☐ Consent to **refuse** medical procedures which could maintain my vital signs to extend dying process without curative effect.

■ Number of checked off consents: _____. (Please be sure to fill out this line.)

Date of Consent: ROC _____ Y _____ M _____ D (Required)

Informed Consent: I understand that the hospital will, per my medical treatment needs, utilize the contact information listed in this consent form to contact me.

Consenting Party (Signature): _____ Relationship to Patient: _____

National ID Number: _____ Phone Number: _____

Residential Address: _____

Date of Birth: ROC _____ Y _____ M _____ D _____

Notes:

Article 7 of the Hospice Palliative Care Act states:

Non-applying CPR or LST shall be complied with followings:

1. Be diagnosed to by terminal illness patient by 2 physicians.
2. A signed letter of intent is required. However, a letter of intent signed by a minor shall obtain the consent of his/her legal representative. When a minor is unable to express his/her will, the legal representative shall sign the letter of intent. The physicians in the preceding paragraph, subparagraph 1, shall be qualified specialist physicians. If a terminal illness patient, who has become unconscious or failed to express clearly his/her will, has not signed the letter of intent of the preceding paragraph, subparagraph 2, his/her closed relative may replace by signing a consent. For those who do not have closed relatives, a medical advice for the best interest of the terminal illness patient would be issued instead after the examination of the hospice palliative care team. The consent or the medical advice shall not contradict the expressed desire of the terminal illness patient before being unconscious or unable to express his/her will. The closed relative in the preceding paragraph includes the following:
 1. Spouse.
 2. Adult children and grandchildren.
 3. Parents.
 4. Siblings.
 5. Grandparents.
 6. Great grandparents, great grandchildren or third-degree collateral relative by blood.
 7. First-degree direct relation by marriage.

For those terminal illness patients who fulfill those set forth in paragraph 1 to paragraph 4 about non-applying CPR or LST, the originally CPR or LST treatment may be terminated or withdrawn.

The consent of the closed relative in paragraph 3 may be done by one person; if there is no unanimity among several closest relatives, a priority list in accordance with the listing of the paragraph 4 shall be set up. If a consent of one with lower priority is against the will of one with higher priority, the one with higher priority shall show his/her will in written before the non-application, termination or withdrawal of CPR or LST.

※ Based on the announcements posted by the Ministry of Health and Welfare

Christian Changhua Hospital

Declaration of Withdrawal of the Consent to Refuse Cardiopulmonary Resuscitation and Life-Sustaining Treatments

* Basic Information

Patient Medical Record Number: _____ ☐ Male ☐ Female

Patient Name: _____ Bed Number: _____

Patient Date of Birth: ROC _____ Y _____ M _____ D

In regards to the Consent to DNR Order and Refusal of Life-Sustaining Treatments that was signed on ROC _____ Y _____ M _____ D, by signing this form, I am hereby declaring that ☐ I am withdrawing my expression of will ☐ I do not consent to said form, which was authorized by _____, a family member of lower priority (_____ of the patient).

Informed Consent: I understand that the hospital will, per my medical treatment needs, utilize the contact information listed in this consent form to contact me.

Authorizing Party (Signature): _____ Relationship to Patient: _____

National ID Number: _____ Phone Number: _____

Residential Address: _____

Date of Birth: ROC _____ Y _____ M _____ D

Notes:

Article 7 of the Hospice Palliative Care Act states:

Non-applying CPR or LST shall be complied with followings:

1. Be diagnosed to be terminal illness patient by 2 physicians.
2. A signed letter of intent is required. However, a letter of intent signed by a minor shall obtain the consent of his/her legal representative. When a minor is unable to express his/her will, the legal representative shall sign the letter of intent.

The physicians in the preceding paragraph, subparagraph 1, shall be qualified specialist physicians.

If a terminal illness patient, who has become unconscious or failed to express clearly his/her will, has not signed the letter of intent of the preceding paragraph, subparagraph 2, his/her closed relative may replace by signing a consent. For those who do not have closed relatives, a medical advice for the best interest of the terminal illness patient would be issued instead after the examination of the hospice palliative care team. The consent or the medical advice shall not contradict the expressed desire of the terminal illness patient before being unconscious or unable to express his/her will.

The closed relative in the preceding paragraph includes the following:

1. Spouse.
2. Adult children and grandchildren.
3. Parents.
4. Siblings.
5. Grandparents.
6. Great grandparents, great grandchildren or third-degree collateral relative by blood.
7. First-degree direct relation by marriage.

For those terminal illness patients who fulfill those set forth in paragraph 1 to paragraph 4 about non-applying CPR or LST, the originally CPR or LST treatment may be terminated or withdrawn.

The consent of the closed relative in paragraph 3 may be done by one person; if there is no unanimity among several closest relatives, a priority list in accordance with the listing of the paragraph 4 shall be set up. If a consent of one with lower priority is against the will of one with higher priority, the one with higher priority shall show his/her will in written before the non-application, termination or withdrawal of CPR or LST.

※ Based on the announcements posted by the Ministry of Health and Welfare

Changhua Christian Hospital Termination of Appointment

* Basic Information

Patient Medical Record Number: _____ ☐ Male ☐ Female

Patient Name: _____ Bed Number: _____

Patient Date of Birth: ROC _____ Y _____ M _____ D

I hereby terminate the appointment of _____ as my medical surrogate agent.

Informed Consent: I understand that the hospital will, per my medical treatment needs, utilize the contact information listed in this consent form to contact me.

Designator:

Signature

National ID Number:

Residential Address:

Phone Number:

R O C _____ Y _____ M _____ D

* Basic Information

Patient Medical Record Number: _____ ☐ Male ☐ Female

Patient Name: _____ Bed Number: _____

Patient Date of Birth: ROC _____ Y _____ M _____ D

- 一、In order to save patients (recipients) with organ disorders, the authorizing party, _____, consents that once the patient (subject) _____ has been declared brain dead, the patient (subject) will unconditionally donate his/her organs to patients in urgent need of organ transplants (recipients).
- 二、The authorizing party consents that in judging whether or not the patient (subject) _____ has reached brain dead status, in the event that the patient is declared to have not yet reached brain dead status, then the hospital's relevant physicians will give their best efforts to treat and save the patient. Saving the patient's life will not become less of a priority because this consent has been signed.
- 三、The authorizing party consents to the donor patient (subject) donating the organs and tissue listed below (please check off all that apply):
- ☐ Heart ☐ Liver ☐ Lung ☐ Kidney ☐ Pancreas
- ☐ Appendicular Skeleton ☐ Cornea (Enucleation) ☐ Blood Vessels
- ☐ Other _____

Informed Consent: I understand that the hospital will, per my medical treatment needs, utilize the contact information listed in this consent form to contact me.

Name of Authorizing Party: _____

Relationship: _____ of Patient (Subject)

Residential Address: _____ Phone Number: _____

Date: ROC _____ Y _____ M _____ D Time: _____ Hr _____ Min

Signature of Witness 1: _____

Date: ROC _____ Y _____ M _____ D Time: _____ Hr _____ Min

Signature of Witness 2: _____

Date: ROC _____ Y _____ M _____ D Time: _____ Hr _____ Min

Notes:

I. In accordance with article 6 and article 8-1 of the Regulations on Human Organ Transplants, the authorizing party must be one of the closest of kin to the donor; closest of kin is defined as one's spouse, child (who has reached adulthood), grandchild (who has reached adulthood), parent, sibling, grandparent, great grandparent, or collateral descendant by blood relation or a relative by marriage.

II. If the authorizing party is not the patient (subject), then the authorizing party should indicate their relationship to the patient in the space stating: Relationship: _____ of Patient (Subject).

III. Explanation of Witness Signatures

1. In the event that the patient (subject), patient's relatives, or relevant party possesses clear disposing capacity but is incapable of personally providing a signature, a fingerprint may be used in place of a handwritten signature. There must however, be two witnesses on site to witness the patient's signing of the documents, and said witnesses must also provide their signatures in the Signature of Witness spaces. Employees of external insurance companies, abbot staff (pastor, counselor), or social workers may serve as witnesses.

2. If the patient (subject), patient's relative, or relevant party signs off on this consent form, the lines designated for witness information may be left blank.
 3. In the event of an emergency where the patient (subject) is incapable of providing a signature, and no relatives or relevant parties are on site, 1 qualifying physician must indicate the need for examination or treatment within the patient's medical record.
- IV. Prior to surgical procedures, applying anesthesia, or beginning other invasive treatments and tests, the attending physician or physician performing the procedure will request the patient (subject) (or other parties with the proper authority) to provide consent, as well as provide an informed consent for the patient to sign off on. There will be two copies of the forms; one will be given to the patient (subject) for safekeeping and one will be retained in the medical record.

◆Section 5, Patient and Family Compliance

Point 1: Hospital diet is part of the medical care. Physician will give prescription of the diet. Department of Nutrition in the hospital will provide the food. Tube feeding is covered by NHI. Other food expenses are paid by the patient based on the number of meals. Regular diet is 190 NTD/day. Treatment diet or special diet has alternative price. The hospital also provide vegetarian, noodles and other special requests (food restriction). If you wish to change the type of meals or cancel the meals, please notify the nurse station before the following times:

Breakfast: before 05: 00 am

Lunch: before 10: 30 am

Dinner: before 03: 30 pm

See Section 12 “Hospital Food” for details in food expenses.

Point 2: If a patient wishes to leave the ward during the period of stay, the patient must inform the nurse to ensure treatment quality. Patient who wishes to leave the hospital must acquire permission from the physician and complete a Request for Leave Form at the nurse station. NHI insured patients are not allowed to stay overnight outside of the hospital (Regulations Governing the National Health Insurance Medical Care Article 16). Patient who does not return within 4 hours after due time, or leaves the hospital and stayed overnight outside hospital is regarded as automatically discharged.

Point 3: To maintain a quiet ward environment and safety of patients and their properties for the sake of patient care and treatment, the hospital enforces the following measures. Both staff and non-hospital staff are expected to follow these measures. We thank you for your cooperation.

- ★ Personnel entering during off-visiting hours (from 10pm to 6am) must provide either staff ID if they are staff or permit if they are family members of a patient.
- ★ Public announcement is made the first time at 9pm to remind the family members to leave the hospital. The second time takes place at 9:30pm and all visitors are expected to leave the hospital by then.

- ★ Family members without permit please leave the ward by 10pm.
- ★ Personnel wishing to enter during off-visiting hours (from 10pm to 6am) but do not have permits must provide proof of identification to security. Personnel can only enter after the security has confirmed identification.
- ★ Alcoholics are not permitted in the hospital.

Point 4: Patients should wear appropriate clothing during their stay.

Point 5: Patients should remain quiet and not making loud noises in the hospital, especially during night time for other patients' rest.

Point 6: Smoking and betel nuts are not permitted in the hospital. Mobile phones are not allowed in certain areas.

Point 7: To maintain ward safety, cooking in the ward, washrooms or sink is not allowed. Warming food using thermal pots at the kitchen is allowed. However, other unauthorized electronic devices or dangerous goods are not allowed (in case of sabotaging medical care).

Point 8: To protect the safety of your properties, please do not bring luxurious items to the hospital.

Point 9: No pets are allowed in the hospital to prevent infectious diseases and maintain a quiet environment.

Point 10: Dangerous goods and illegal items are inhibited.

Point 11: Patients should inform the situation of their illness and history of allergy to the physician and other medical staff for them to provide appropriate medical care.

Point 12: Patients should comply with the medical staff to receive medical care plan. If the patients cannot receive the medical care plan, they must inform the medical staff for alternative medical care.

Point 13: During your stay in the hospital, please do not take any medication not provided by the hospital. If you have taken other medications, please inform the medical staff.

Point 14: To protect patient rights and health, please inform the nurse station if you find suspicious person marketing any products in the hospital.

Point 15: Rubbish are categorized as general waste, recycle, food waste and battery in the kitchen. Please contact nurse to clean up any biomedical waste.

Point 16: Notices for ICU visitors

- (1) Only two visitors every time for each patient. Children below 12 years old are not allowed inside. Before entering ICU, the visitors must wash their hands thoroughly to prevent cross-infection.
- (2) To ensure the health of patient and family members, anyone with respiratory tract infection must wear a facial mask, and is asked to refrain from visiting the hospital unless necessary.
- (3) Visitors should turn off their mobile phones before entering ICU in case of life monitor interference, which may affect interpretation of patient condition and patient safety.
- (4) Please keep one family member standing by at the ICU patient family lounge in B1 level to be informed of the patient condition.
- (5) There is one admin staff at the ICU patient family lounge who handles all issues of the lounge. The lounge service fee is 100 NTD per day. To contact the admin office, phone 04-7238595 ext. 6001, 6011.

ICU Visiting Hours:

Building	Level	Ward	Visiting Hours
First Medical Building	3	Second Internal Medicine ICU	10:30~11:00 19:30~20:00
	3	First Surgery ICU	10:00~11:00 20:00~20:30

	4	Neonatal ICU	10:30~11:00 20:00~20:30
	4	Infant Intermediate Care Unit	10:30~11:00 20:00~20:30
	4	Neonatal Intermediate Care Unit	10:30~11:00 20:00~20:30
	9	First Internal Medicine ICU	10:30~11:00 19:30~20:00
	9	Neurology ICU	10:30~11:00 19:30~20:00
Second Medical Building	1	ER ICU	10:30~11:00 19:30~20:00
	9	First respiratory care center	10:00~11:00 20:00~21:00
	9	Second respiratory care center	10:00~11:00 20:00~21:00
Third Medical Building	3	Second Surgery ICU	10:00~10:30 20:00~20:30
	7	Third respiratory care center	10:00~11:00 20:00~21:00
	12	Burn center	11:30~12:00 19:00~19:30
Children's Medical Building	4	Pediatric ICU	10:30~11:00 20:00~20:30

◆Section 6, Fees during Hospitalization

Point 1: Hospital diet is part of the medical care. Physician will give prescription of the diet. Department of Nutrition in the hospital will provide the food. Tube feeding is covered by NHI. Other food expenses are paid by the patient based on the number of meals. Regular diet is 190 NTD/day. Treatment diet or special diet has alternative price. The hospital also provide vegetarian, noodles and other special requests (food restriction). If you wish to change the type of meals or cancel the meals, please notify the nurse station.

(Meals are designed by dietitians of the Department of Nutrition. Meals are cooked in high temperature for sterilization. Please feel free to enjoy.)

Point 2: NHI Patient Co-payment:

1. Although you may be covered by NHI, according to the regulations you still have to make co-payment at a specific rate shown below:

Critical care room	Within 1-30 days	Between 31-60 days	61 days onwards	
Co-payment rate	10%	20%	30%	
Chronic disease room	Within 1-30 days	Between 31-90 days	Between 91-180 days	181 days onwards
Co-payment rate	5%	10%	20%	30%

2. The maximum co-payment for hospital stays below 30 days is **32,000 NTD**. There is no co-payment limit on stays above 30 days. (All national health insurance regulations are subject to the guidelines set forth by the National Health Insurance Bureau)
3. Non health insurance related items must be paid by the patient..

Point 3: According to the NHI regulations, the following are not covered by NHI and the patient must pay at own expense (National Health Insurance Act

Article 39 & 58):

- 1, Treatment for addiction, cosmetic surgery, orthodontics not for treating injuries, preventive surgery, assisted reproduction, sex reassignment surgery and vaccination. Patients who are sent to the hospital by law due to alcoholism, domestic violence and sexual violence, and diagnosed as non-covered by NHI.
- 2, Patent medication, prescribed medication.
- 3, Designating physician or nurse.
- 4, Blood, unless deemed necessary by physician for transfusion for acute patients.
- 5, Human subject clinical trial.
- 6, Day-patient. Not including patients with mental disorder.
- 7, Meals besides tube feeding. Ward co-payment.
- 8, Transportation. Registration. Identification documents.
- 9, Dentures, prosthetic eyes, glasses, hearing aids, wheelchairs, clutches and other non-active treatment equipment.
- 10, Other services or medications promulgated by the competent authorities.

Point 4: The hospital will inform the patient in advance of the services not covered by NHI, and will acquire permission and a completed consent form from the patients. However, situations in which the patients are in acute stage, and the patient or the family members cannot be contacted are not included.

Point 5: If you have financial problems, you can contact the nurse station or office for financial assistance. We will refer you to social workers to evaluate your situation. You can also contact the Department of Social Work by phone 7238595 ext. 3127 or 4555.

Point 6: Expenses during patient stay (non-NHI covered and co-payment) are billed every Tuesday and Friday. After receiving the bill, please pay at the office

within 3 days. The charging standards for non-NHI covered expenses are set by the hospital.

Point 7: If you are an NHI-insured patient, when the physician decides that you may be discharged, please follow the discharge procedures. Patients who are notified but refused to leave the hospital will have to pay for the treatment at own expense (Regulations Governing the National Health Insurance Medical Care Article 16).

Point 8: If you stay in NHI ward (no co-payment), and if your family member requires a quilt, a washing fee of 100 NTD/quilt is applicable.

◆Section 7, Application for Various Documents

Point 1: Discharge Summary. Please apply for Discharge Summary before leaving the hospital at the ward nurse station.

Patients or legal guardians who come back to apply for Discharge Summary after being discharge must bring the original copy of National Identification Card. For minor patients, the legal guardians must bring the original copy of National Identification Card and Household Registration of the minor. If a representative is asked to apply for it, the representative must bring an authorization document signed by the patient and the representative, as well as the National Identification Cards of the patient and the representative. These documents will be photocopied. The representative will be asked to complete the “Medical Record Application and Authorization Form” at Level 1 “Referral Service Center”. A basic service fee of 200 NTD is applicable. If applied for more than 10 copies, each extra copy will cost 5 NTD. The hospital will usually provide the Summary within three working days, and definitely not over 14 days at the latest.

Point 2: General Certificate of Diagnosis. Please apply for Discharge Summary before leaving the hospital at the ward nurse station. Please carry

patient's National Identification Card or House Registration when applying. Also present these documents when fetching the Certificate. If applying after being discharge, the patient himself or herself must bring National Identification Card or House Registration. If asking for a representative to apply for the Certificate, the representative must bring the National Identification Cards, Household Registrations and stamps of both parties, as well as complete the "Medical Record Application and Authorization Form. The physician will order it during clinic hours. The first copy costs 100 NTD, second and further copy costs 50 NTD each. Registration fee is charged separately. The hospital will provide the Certificate on the day.

Point 3: Various Examination Reports. Please apply for Discharge Summary before leaving the hospital at the ward nurse station.

Patients or legal guardians who come back to apply for Discharge Summary after being discharge must bring the original copy of National Identification Card, as well as Household Registration for minor patients. If asking for a representative to apply for the documents, the representative must bring the National Identification Cards, Household Registrations and stamps of both parties, which will be photocopied, as well as complete the "Medical Record Application and Authorization Form at Level 1 "Referral Service Center". A basic service fee of 200 NTD is applicable. If applied for more than 10 copies, each extra copy will cost 5 NTD. The hospital will usually provide the documents within three working days. Application for X-ray, CT Scan, MRI CDs requires registration to the outpatient clinic and a fee of 200 NTD. The hospital will provide the CDs on the day.

Point 4: Chinese Birth Certificate. Please bring the National Identification Cards for both parents or Household Registration and Childhood Healthcare Booklet to Ward 4-1 Office reception in First Medical Building. The Certificate will be provided on the day. The first three copies are free of charge. Every extra copy costs 100 NTD.

English Birth Certificate. Please bring the National Identification Cards for both parents or Household Registration and Childhood Healthcare Booklet, plus an English name, to Ward 4-1 Office reception in First Medical Building. The Certificate will be ready in 3 working days. Every copy costs 300 NTD.

Stillbirth Certificate. Please bring the National Identification Cards for both parents or the original copy of Household Registration, and apply at the nurse station in the delivery room. The Certificate will be provided on the day. The first three copies are free of charge. Every extra copy costs 100 NTD.

Point 5: Death Certificate. The Certificate may be applied for patients who passed away within two days after discharge from the hospital. Family and relatives must notify the stakes between them and the patient during application. Also family and relatives must prepare a death time document (which contains the time and location of death, and stamped by two family members) and original copy of patient's National Identification Card. Bring these to the Medical Record Room in B1 of the First Medical Building. The first three copies are free of charge. Every extra copy costs 50 NTD. Registration fee is charged separately.

Point 6: Application for Domestic Foreign Caretaker. During hospital stay, please bring the patient's National Identification Card and a photo for application at the nurse station. Every application costs 800 NTD. The application will be submitted by the hospital to the county or city long-term care and management center for assessment and referral. The employer will receive notification at home.

Point 7: Copies of receipt and proof of payment. The hospital will provide you a formal receipt when clearing your bill before discharge. If you require

copies for commercial insurance or other reasons, please apply at the office before leaving the hospital. If you apply after discharge, the patient or an authorized person must bring the original copies of patient's documents for application. The first three copies cost 50 NTD altogether. Every extra copy costs 10 NTD. The copies will be ready on the day.

Point 8: Disability Assessment Form Application and Procedure: During hospital stay, patient should ask family members to prepare two 2 inch photos of the patient, obtain a Disability Assessment Form from the local village/town office, give the form to physician for assessment, completion and stamp, and submit the completed application form to the B1 Department of Social Work for processing.

Point 9: The document in Point 8 can be applied by family or relatives when the patient has passed away or cannot communicate clearly. However, application cannot be processed if the patient or the legal guardian states clearly against the application and any records on medical history.

***If you have any questions regarding application, please contact First Medical Building Level 1 Cashier, ext.5029.**

◆Section 10, Other Services

Point 1: To provide better living quality during your stay at our hospital, you are welcome to use the following facilities and services:

1. Medical aids loan: the hospital provides some medical aids such as wheelchairs, walkers, mucus extractor etc. for loaning. Please contact the Second Medical Building B1 Department of Social Work (ext.3128) for borrowing and fees.
2. Facilities for patients and family:

Building	Level	Shops
First Medical	1	Convenient store, medical

Building		supplies, health foods
	2	Convenient store
	5	Convenient store
Third Medical Building	1	Medical supplies, convenient store
Education and Research Building	1	Starbucks
Education and Research Building	4	Optical shop
Chunghua Road Campus	1	Medical supplies

2. Hair washing: hair washing tools are prepared at each nurse station. If you require hair washing service in your ward, please contact the nurse station.

4. Free hospital wheelchair loan from Point A to B:

a. Procedure:

b. Follow the sign by the automatic loan station at the car park:

c. How to use wheelchairs and other notices:

d. Loan sites:

Building	Level	Site	Service Type
First Medical Building	L1	Lobby Entrance	Staff service
	L2	Outpatient Chemotherapy Room	Staff service
	L4	Ward 4-1	Staff service
	L6	Ward 6-1	Staff service
	L7	Ward 7-1	Staff service
	L8	Ward 8-1	Staff service
Second Medical Building	L1	ER Security	Staff service
	L2	Examination Room 90	Staff service
	L5	Ward 5-2	Staff service

	L6	Ward 6-2	Staff service
	L7	Ward 7-2	Staff service
	L8	Ward8-2	Staff service
	B2	Next to the 2B Elevator 12	Self service
	B3	Next to the 2A Elevator 15	Self service
	B4	Next to the 2A Elevator 15	Self service
	B5	Next to the 2A Elevator 15	Self service
Third Medical Building	L1	Emergency observation ward	Staff service
	L5	Ward 5-3	Staff service
	L6	Ward 6-3	Staff service
	L7	Ward 7-3	Staff service
	L8	Ward 8-3	Staff service
	L9	Ward 9-3	Staff service
	L13	Hemodialysis Room	Staff service
	L14	VIP International Medical Care Ward	Staff service
	B2	Next to the 3B Elevator 21	Self service
	B3	Next to the 3B Elevator 21	Self service
	B4	Next to the 3B Elevator 21	Self service
	B5	Next to the 3B Elevator 21	Self service
Building	Level	Site	Service Type
Children's Medical Building	L1	Lobby Information Center	Staff service
			Self service

	L5	Ward C5	Staff service
	L6	Ward C6	Staff service
	L7	Ward C7	Staff service
	L8	Ward C8	Staff service
	L12	Ward C12	Staff service
	L13	Ward C13	Staff service
	B1	Children emergency observation ward	Staff service
	B2	Next to the CA Elevator 25	Self service
	B3	Next to the CA Elevator 25	Self service
	B4	Next to the CA Elevator 25	Self service
	B5	Next to the CA Elevator 25	Self service
Chunghua Road Campus	L1	Security	Staff service
	L3	Second Recovery Ward	Staff service
	L4	Third Recovery Ward	Staff service
	L5	First Recovery Ward	Staff service
	L6	Jean Murray Landsborough Memorial Ward	Staff service

Point 2: The hospital provides the following services:

1. Caregiver Service: the hospital provides caregivers to look after patients. Caregiver for patients of ordinary illness charges 1100 NTD and 2200 NTD for 12 hours and 24 hours, respectively. Caregiver for patients using respirator and/or isolated patients charges 1300 NTD and 2400 NTD for 12 hours and 24 hours, respectively. If you need to hire a

caregiver for assistance, contact nurse station.

2. Funeral Service: the hospital has outsourced funeral providers. If require 如 any services, contact nurse station or Service Section (ext.: 3084).

3. Ambulance: discharge or transfer to other hospital may use the ambulance service. Contact nurse station for more information.

4. Taxi: contact ER security (ext.: 5148) for assistance.

5. Parking is available on Basement 2-5, and B3-6 of the Education and Research Building.

Parking Fees:

a. 30 NTD / hour. From the 2nd hour, every 30 minutes cost 15 NTD.

b. Discount parking time. Parking between 10 and 24 hours cost a maximum of 300 NTD. Parking between 7pm to 8am costs a maximum of 130 NTD.

c. Vehicles entering the car park for less than 10 minutes do not need to pay.

d. No. 4 Parking Lot needs prior booking. Application for 3 days of parking costs 500 NTD, and 7 days of parking costs 1000 NTD. This is applicable to the vehicle with the number plate provided in application only. The vehicle may freely enter and leave the parking lot anytime during this period. Contact No. 4 Parking Lot Booth at the Education and Research Building for more information.

e. No.3 Parking Lot needs prior booking and is only for the use for VIP International Medical Care Ward. Application for 1 day parking costs 200 NTD, 3 days of parking costs 500 NTD and 7 days of parking costs 1000 NTD. This is applicable to the vehicle with the number plate provided in application only. The vehicle may freely enter and leave the parking lot anytime during this period. Contact No. 3 Parking Lot Booth for more information.

d. For inpatients in the Chunghua Road Campus, Wanfang Parking Lot

offers 1 hour of free parking daily. Please bring the Wanfang Parking sensor card to the ward nurse station for free parking.

◆Section 9, Discharge Procedure and Transfer Application

Point 1: National Health Insurance Act Article 41 states that the insured subject is no longer eligible for insurance coverage if the subject has been diagnosed fit and has been notified to be discharged but refused to do so. Any medical expenses after notification are not covered by NHI.

Point 2: The hospital provides 24 discharge service (including holidays). You may apply for discharge freely. If your physician thinks you are not fit to be discharged yet you still decide to apply to leave the hospital, based on the regulations (Medical Care Act Article 52) you or your family member has to sign the “Against-advise Discharge Application Form” before discharge.

Point 3: Before discharge, nurse will inform of the details on home care advices and information on return visit to the clinic, as well as relevant information on long-term care organizations.

Point 4: Ward officer will contact you by phone to pay at the office, where you will also receive prescription and registration appointment form. After you have completed the payment, return the “Discharge Assessment Form” to nurse station, then go to Level 1 pharmacy to retrieve prescribed medications. Discharge process is henceforth completed.

1. Discharge Hours:

After receiving discharge authorization from physician, ward officer will contact you by phone to apply for discharge. Please complete the application process and leave the hospital by noon. Discharging in afternoon may affect admission and treatment of other patients. If you need to wait for family members for pick-up after payment, you can choose to wait at the public lobby.

2. If the hospital cannot make a confirmed diagnosis or provide thorough treatment due to limitation in equipment or specialized skills, the patient will be recommended to transfer to other hospital. The hospital will provide a medical summary for transfer as well. However, in case of patients needing urgent medical care, the hospital will provide appropriate treatment before transfer.

Point 5: If the physician made a diagnosis and recommended transfer to other hospital for treatment, the hospital will notify the patient to be discharged and assist the patient with transfer. The patient may bring the Transfer Form and Medical Summary to hospitals or organizations of appropriate level for further care.

◆ **Section 10, In-patient Safety Guidelines**

These guidelines are established to ensure you have a safe stay in the hospital!

Point 1: Make sure medical staff fully understand your questions.

Point 2: Make sure the physician knows what kind of drugs you have shown allergic reaction to.

Point 3: Make sure the physician, nurse and medical staff have been given sufficient medical information for your medical problem and treatment method.

Point 4: Make sure the nurse always confirm your identity before giving you the medications, and explain the effects of the medications.

Point 5: Make sure medical staff wash their hands before treating you.

Point 6: Make sure you are receiving medical care without any questions or hesitations.

Point 7: If you have question, do not hesitate to ask or provide any suggestions to the hospital.

Point 8: To prevent falling. Please contact the nurse station if you find wet floor to prevent falling.

Point 9: Please proactively provide information to your medical staff on your personal health condition, history of illness, history of allergic reaction and any changes to the disease or during the treatment for medical care evaluation.

Point 10: Please inform medical staff if the patient shows abnormal signs or changes in symptoms (such as change of conscious, panting etc.).

—

Point 11: If you have noticed a change in the patient, yet the medical staff did not provide appropriate attention or responses, you may use the ward telephone and dial 7885 for special assistance.

◆ **Section 11, Other Notices**

1, Sexual Harassment Prevention

The hospital sees its duty to provide a friendly medical environment which respects human rights and gender equality. All actions and behaviors of sexual harassment or abuse are condemned. Offenders are accountable to a fine between 10,000 and 100,000 NTD. Offenders which exploit their authority or opportunity are accountable to a further 50% fine.

2, List of Medical Consultation Service Units

Location	Room	Unit	Contact extension	Service
L1 Lobby	Pharm	Medication Consultation	3158	Consultation on

	acy	Room		medication
L2 Clinics	Examination Room 27	Chronic Kidney Disease Health Education Center	3227	Health education on chronic kidney diseases
	Examination Room Examination Room 31	Nutrition Consultation Room	3231	Consultation on nutrition
	Examination Room 39	Diabetes Case Management Center	3239	Health education on diabetes
	Examination Room 42	Cancer Screening Window	3242	Consultation and screening for 4 kinds of cancer
	Examination Room 53	Start-Again Cancer Patient Center	3253	Consultation on cancer
	Examination Room 90	Pre-operation Explanation Center	5290	Pre-operation explanation
	Examination Room 140	Antepartum Room	7240	Consultation on pregnancy
	Examination Room 141	Obstetrics Consultation Room	7241	Health education on obstetrics
	Examination Room 143	Gynecology Consultation Room	7243	Health education on gynecology
	Examination Room	Genetic Consultation Room	7244	Consultation of hereditary diseases

	144			
	Examination Room 172	Outpatient Health Education Center	7272	Health education on internal medicine and surgery, consultation on smoke cessation
	Examination Room 176	Tumor Center	6068/7276	Consultation on tumors
Second Medical Building	B1	Department of Social Work	3127	Counseling, consultation on family matters, financial and social aspects. Assessment of disability. Medical aids loan.
Children's Medical Building L1	Pharmacy	Children Pharmacy	1155	Consultation on medication
Children's Medical Building L2	Examination Room 227	Children's Clinic Health Education Center	1227	Health education for children
Third Medical Building	L11	Counselling & Psychotherapy Room	7168	Counseling
Education and Research Building	L2	Chinese Medicine Pharmacy	4227	Consultation on Chinese medication
	L3	Health Management Center	4352	Consultation on health examination
	L10	Telehealth Consultation Center	7256652	Consultation on healthcare for public
Ascendant building	L2	Community Health Promotion Center	4533	Community health promotional services such as holding medical seminar, simple health examination etc.

★If you have any questions regarding any explanation in this booklet, please inquire nurse station★