

Personal Information Held by
Tokyo Securities Industry Health Insurance Society

Category of personal information		Contents of personal information
Insured person	Regarding eligibility of insured person	ID, health insurance certificate code and number, name, date of birth, gender, date of acquisition of eligibility, date of loss of eligibility, standard monthly remuneration amount, records of remuneration, existence of dependents, type of occupation, address, information about workplace (its name, address, telephone number and the name of the employer), reason of loss of eligibility, date of start and end of maternity leave / childcare leave, classification in long-term care insurance, date of change of registered data, reason for change of registered data, Social Security and Tax Number
	Regarding eligibility of insured person with optional and continued coverage	ID, health insurance certificate code and number, name, date of birth, gender, date of acquisition of eligibility, date of loss of eligibility, standard monthly remuneration amount as of the date of loss of eligibility as an employee, existence of dependents, address, telephone number, bank account, classification in long-term care insurance, date of change of registered data, reason for change of registered data, Social Security and Tax Number
	Records of health insurance claims and benefits	classification (insured / dependent), name, gender, date of birth, category of treatment, insurer number, health insurance certificate code and number, ratio of insurance benefit, year and month of visit, prefecture code, medical institution code, special remarks, name and address of medical institution, clinical department, diagnostic name, date of first diagnosis, outcome, number of days of medical care(*), medical fee points(*), amount of partial cost-sharing(*), amount of high-cost medical care benefit, number of days of inpatient dietic treatment(*), inpatient dietetic treatment fee(*), standard payment amount for dietetic treatment(*), contents of treatment, image data of claims * When the patient is eligible for public funded medical care benefits, we obtain and hold information about those benefits.

Insured person	Records of health checkup	<p>ID, health insurance certificate code and number, classification (insured / dependent), name, date of birth, gender, relationship with the insured person, address, telephone number, information about workplace of insured person (its name, address and telephone number), name of the contact personnel, employee ID, course, health checkup fee, date of checkup, information of health checkup facility (its name, address and telephone number), checkup items and results, canceled checkup items, image data (chest x-ray, abdominal ultrasound scan, fundus examination), record of health guidance and counseling, findings, medical history, family history, life style, subjective symptoms, marital status, medication status, names of person in charge and staff (physicians, public health nurses, dietitians, nurses, and radiology technicians), amount paid by the examinee, bank account number, amount claimed for assistance</p>
	Records of benefits in cash	<p>health insurance certificate code and number, name, date of birth, address, telephone number, bank account, information about workplace (its name, address and the name of the employer), income in the previous year (in the case of residents tax exempt), date of acquisition of eligibility, date of loss of eligibility, employment income, basic pension number, disability pension number, pensionable period and amount, name of medical expense subsidies, information about medical institution (its name, address and telephone number), year and month of visit, diagnostic name, inception date of injury or illness, cause and course of injury or illness, number of days of medical care, period of hospitalization, contents and cost of treatment, date the patient began wearing medical equipment, payment for medical equipment, cost of transportation, period of inability to engage in labor and the status of the insured's attendance and salary during that period, type of occupation, date (or excepted date) of delivery, number of births, name and relationship with the insured person of child born, name of doctor/midwife, condition of the childbirth (live birth or stillbirth), date of death, cause of death (name of disease), funeral expenses</p> <p>When the receipt of benefits is delegated to an agent, we obtain and hold his/her name, address, telephone number and payee's bank account.</p>

Insured person	Records of judo healing	<p>health insurance certificate code and number, name, date of birth, gender, address, name and registration number with the MHLW of judo healing practitioner, information about judo healing institute (its name, address and telephone number), date of treatment, contents and cost of treatment(*), diagnostic name, cause and course of injury, amount of partial cost-sharing(*), payee's bank account</p> <p>* When the patient is eligible for public funded medical care benefits, we obtain and hold information about those benefits.</p>
	Regarding eligibility of dependent	ID, health insurance certificate code and number, name, date of birth, gender, relationship with the insured person, occupation (school name), amount of income, amount of income of insured's spouse, regarding household (same / different), address, reason for recognition as dependent, date dependency commenced, date dependency ended, Social Security and Tax Number
Dependent	Records of health insurance claims and benefits	See the same section for insured person.
	Records of health checkup	See the same section for insured person.
	Records of benefits in cash	<p>health insurance certificate code and number, name, date of birth, relationship with the insured person, income in the previous year (in the case of residents tax exempt), insured person's bank account, information about medical institution (its name, address and telephone number), year and month of visit, diagnostic name, inception date of injury or illness, cause and course of injury or illness, number of days of medical care, period of hospitalization, contents and cost of treatment, date the patient began wearing medical equipment, payment for medical equipment, cost of transportation, date (or excepted date) of delivery, number of births, name and relationship with the insured person of child born, condition of the childbirth (live birth or stillbirth), name of doctor/midwife, date of death, cause of death (name of disease), funeral expenses</p> <p>When the receipt of benefits is delegated to an agent, we obtain and hold his/her name, address, telephone number and payee's bank account.</p>

Dependent	Records of judo healing	<p>health insurance certificate code and number, name, relationship with the insured person and name of insured person, date of birth, gender, address, name and registration number with the MHLW of judo healing practitioner, information about judo healing institute (its name, address and telephone number), date of treatment, contents and cost of treatment(*), diagnostic name, cause and course of injury, amount of partial cost-sharing(*), payee's bank account</p> <p>* When the patient is eligible for public funded medical care benefits, we obtain and hold information about those benefits.</p>
Regarding welfare service (directly managed clinic)	<p>ID, health insurance certificate code and number, name, date of birth, gender, address, telephone number, classification (insured / dependent), relationship with the insured person, date of acquisition of eligibility, information about the health insurance the patient has (name and address of the insurer), information about the patient's workplace (its name, address and telephone number), date of medical treatment, clinical department, diagnostic name, symptoms, treatment, names and dosages of prescription drugs, date of examination, image data (chest x-ray, abdominal ultrasound scan, fundus examination), shooting date</p> <p>In the case of injury or illness caused by an act of a third party, we obtain and hold information about the insurer of the assailant (its name, address, telephone number and name of contact personnel).</p> <p>When a third party authorized by the patient requests the patient's medical records, we obtain and hold information about the requestor (name, address, telephone number and date of birth).</p>	
Regarding healthcare services	<p>ID, health insurance certificate code and number, name, age, grade, gender, address, telephone number, date of birth, mail address, information about the workplace (its name, address, telephone number, the name of the employer and the name of the health manager), name of facility and date of use, relationship with the insured person, fees, information about medical institution (its name, address and telephone number), date of vaccination, bank account, destination, purpose of travel, length of stay, names of drugs distributed</p> <p>When the receipt of benefits is delegated to an agent, we hold his/her name, address, telephone number and payee's bank account.</p>	

Regarding injury or illness due to an act of a third party	health insurance certificate code and number, name, address, information about workplace (its name, address, and telephone number), relationship with the insured person, accident details, information about the assailant (his/her name, date of birth, address, telephone number, workplace and its contact information, occupation, automobile insurance contract state)
--	--