

年 月 日

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|------|--------|----|----|----|----|---|
| 常務理事 | 事務(局)長 | 部長 | 次長 | 課長 | 係長 | 係 |
|      |        |    |    |    |    |   |

家族 日帰り 人間ドック利用申込書

Family members: Comprehensive Outpatient Medical Examination Application

このわくの中をご記入ください。

Provide the information requested in the area enclosed by the lines.

|  |    |  |     |  |   |
|--|----|--|-----|--|---|
| 健康保険証の記号・番号<br>Code & No of Insurance card   |    | ふりがな   |     | 被保険者との続柄<br>Relation with the person insured |   |
| Code   | No | 受診する被扶養者の氏名<br>Name of dependent undergoing examination                                |     |  |   |
| 被扶養者の自宅住所<br>Home address of dependent   |    | (下記被保険者住所と同じ場合は省略)<br>(Not required if the same as the insured person's address below) |     |  | 被扶養者の生年月日<br>Date of birth of the dependent |
| 電話番号 TEL   |    | ( )  |     |  | 昭和 年 月 日<br>Y M D                           |
| 利用施設名<br>Name and prefecture of the examination facility   |    | 医療機関コード<br>Facility code   | ( ) |  | 受診予定日<br>Scheduled date of examination      |
| TEL ( )  |    | ( )  |     | 平成 年 月 日<br>Y M D                            |   |
| ・上部消化管(胃)検診の種類に○をしてください。<br>Circle the type of upper digestive tract (stomach) examination you are scheduled for.  |    |  |     | レントゲン検査 X-ray examination                    |   |
|  |    |  |     | 内視鏡検査 Endoscopy                              |   |
|  |    |  |     | 受診しない No screening required                  |   |
| 被保険者の勤め先事業所名称<br>Name of insured person's place of employment  |    |  |     |  |   |
| 事業所の事務担当部署名・氏名<br>Names of person and section responsible for administration at your establishment   |    | 電話番号<br>TEL  | ( ) |  |   |
| <p>○個人情報の取扱いについて Handling of personal information</p> <p>※裏面の当組合「人間ドック利用時の個人情報の取扱いについて」をご確認、同意いただき、以下の『□』にチェックを入れてお申込みください。<br/>*Before submitting the application, read the Society's Policy on Handling of Personal Information for Comprehensive Medical Examinations on the back of this form, then check the box below to indicate your consent.</p> <p><input type="checkbox"/> 当組合の個人情報の取扱いに同意します。<br/>I consent to the Society's Policy on Handling of Personal Information.</p> |    |  |     |  |   |
| <p>上記のとおり人間ドック利用申込みを致します。<br/>As indicated above, I am applying to use the comprehensive medical examination service.</p> <p>平成 年 月 日<br/>Heisei Y M D</p> <p>住所 Address<br/>氏名 Name</p> <p>被保険者 Insured person</p> <p>東京証券業健康保険組合理事長 殿<br/>Tokyo Securities Industry Health Insurance Society Chairman of the board</p>   |    |  |     |  |   |

以下の内容をご確認のうえ、お申込みください。

Be sure to read the following notes before submitting your application:

- Contact the contracted medical care institution yourself to make an appointment. Notify the medical care institution when scheduling your appointment if you wish to receive a gynecological exam at the same time.
- Schedule your appointment for a date at least one week after the day you submit this application. You will not receive subsidies if your application is submitted less than one week before the examination date, and you will be required to pay all charges for the examination at the medical care institution on the date of the examination. You will also not receive subsidies if you undergo a comprehensive medical examination without submitting an advance application to the society.
- No tickets or other documents are issued to applicants after they apply. On the day of the examination, show your health insurance card at the medical care institution and follow the instructions given.
- You can pay the cost of any optional examinations at the medical care institution on the day of the examination.
- If your health insurance card code or number has changed due to job transfer, retirement, or other reason, you must apply using your new health insurance card code or number. Also note that subsidies do not cover the cost of examinations provided after loss of eligibility for Society health insurance.
- You may apply for subsidies only once per fiscal year.

— 備考 Note —

受付日

## Policy on Handling of Personal Information for Comprehensive Medical Examinations

The Tokyo Securities Industry Health Insurance Society handles personal information on those who receive comprehensive medical examinations and specified health diagnoses as outlined below. The comprehensive medical examination facilities contracted with the Society to provide these services provide a broad range of examinations, including examinations other than legally required examinations.

The Society will receive a report from the medical care institution on your examination results, together with an invoice for the cost of the examination. Please read and consent to the following items before submitting your application.

### 1. Purpose of use (for more information, go to the Tokyo Securities Industry Health Insurance Society website at <http://www.shoken-kenpo.or.jp>)

- (i) To provide appropriate service to those examined
- (ii) To enable appropriate management and administration of the examination services
- (iii) To provide the specified health diagnostic services that health insurance societies are required to provide
- (iv) To comply with all applicable laws, regulations, and administrative requirements
- (v) To enable accurate billing of business establishments for use of the services
- (vi) To better manage the health of those who use the examination services

The Society will contact those who use the examination services and obtain their consent before using personal information for any reason other than those stated above.

### 2. Provision of personal information to third parties

Except for the uses described below, no personal information will be provided to any external party without advance consent. The information provided will be the minimal information required to provide the medical service, unless those who use the examination services request otherwise

- (A) To provide medical care in partnership with other medical care institutions and other facilities
- (B) To seek out further opinions and advice from outside doctors and other professionals for the purpose of providing medical care
- (C) To respond to inquiries from other medical care institutions or other facilities for the purpose of providing medical care
- (D) To explain the patient's medical condition to family members or interested parties when providing medical care
- (E) To use examination results to better manage the services as specified under applicable laws, regulations, and codes

### 3. Subcontracted services

The Society subcontracts certain services to outside service providers. It contracts with these service providers and monitors their policies and practices for personal information handling. The major subcontracted services are as follows: Checkup services; checkup data entry; stratification and storage of specified health diagnosis data; delivery services; document storage and disposal

### 4. Rights of those using the services

Individuals whose personal information is managed by the Tokyo Securities Industry Health Insurance Society are entitled to demand the disclosure, correction, deletion, cessation of use, or similar actions with regard to their personal information. Please contact the Privacy Helpdesk for more information.

Tokyo Securities Industry Health Insurance Society  
Chief Privacy Officer: Director-General  
Privacy Administrator: Manager, Health Management Department  
Privacy Helpdesk: General Affairs Department, General Affairs Division  
03-3666-8431

- Before submitting your application, check the box on the application form to indicate that you consent to the personal information policies described above.
- Note that withholding this consent will make it more difficult to review the services used and settle charges related to the services you receive. This, in turn, may affect whether the Society can subsidize your use of the healthcare services.
- Please inform the Society if you are reluctant to consent to any of the above purposes of use. Note that you may withhold your consent on specific policies and purposes while consenting to the remainder, even after indicating consent by ticking the box.