I fully understand the contents written below, and agree to the collection and use of personal information in accordance with the Personal Information Protection Act.

1. Purpose of Collection and Use of Personal Information: **To access “Dankook University Hospital SOP/Form”** as per request by the External Customer.
2. Items of Personal Information to be Collected and Used: **Name, Affiliation, E-mail and Role.**
3. Period to Retain and Use of Personal Information: **5 years from the date of the Agreement**
4. Provision of Personal Information to the Third Parties: Personal Information shall not be provided to the Third Parties.
5. Right to Refuse: **The External Customer has the right to refuse the collection and use of personal information,** however, he or she shall be prohibited access to “Dankook University Hospital SOP/Form” if refusing to provide its personal information.
6. **Dankook University Hospital shall not use the collected information without the consent of the External Customer** for anything other than the original purpose aforementioned, and shall not provide it to the Third Parties.

I hereby confirm that I shall provide **personal information (name, affiliation, e-mail and role)** for the access to “Donkook University Hospital SOP/Form”.

I Agree  I disagree

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Name |  | Role/Company |  | Signature |  | Date (DD-MMM-YYYY) |