

Name (Mr., Ms., Master) (Please use BLOCK LETTERS).....Surname.....

Date of Birth: Age..... Race:Nationality.....Religion.....

Marital Status.....Occupation.....Education Level: ☐ Lower than Bachelor's degree: ☐ Bachelor's degree
☐ Master's degree or higher

Registered Address.....

Home Telephone Mobile PhoneE-mail address

Contact Address.....

History of Drug/Food Allergy ☐ No Known allergy ☐ Yes (Please specify).....Type of Allergic Reaction.....

Praram 9 Hospital requests permission to take a photograph for the purpose of maintaining the patient's medical record:
☐ Permitted ☐ Not Permitted

Legal Representative / Proxy for Health Decisions (in the event that the patient is unable to make medical decisions):
☐ None ☐ Yes, Name.....Surname.....Relationship to Patient:.....Contact Number.....

**Terms and Consent for Telemedicine and Online Clinic Services
Praram 9 Hospital Public Company Limited**

For the purpose of this document, the following terms shall have the meanings set forth below:

“Telemedicine” refers to the transmission or communication of medical knowledge and content by licensed medical practitioners, via electronic means, from one location to another, for the purpose of providing consultation, advice, or medical care, under the responsibility of the transmitting practitioner, and with the mutual consent of both the care provider and care recipient.

“Healthcare facility” means a public and/or private healthcare establishment legally constituted in accordance with applicable laws.

“Telemedicine service” or “Remote medical care” refers to the practice of medicine conducted through telemedicine.

“Care provider” means a licensed medical practitioner delivering services through telemedicine.

“Care recipient” means the patient or individual receiving telemedicine services.

“Online clinic” means a healthcare facility providing telemedicine services in compliance with applicable regulations.

1. Scope of Services

1.1. Telemedicine and online clinic services are provided via the hospital's official website or application and shall include, but are not limited to, the following:

- a. General medical consultation and advice via telecommunication platforms.
- b. Delivery of prescribed medication to the designated address of the recipient.
- c. Dispatch of medical personnel for the collection of specimens at the recipient's location for laboratory analysis.
- d. Other healthcare-related services as may be determined by the hospital.

1.2. Exclusions:

Telemedicine is not suitable for patients requiring urgent or emergency medical attention, patients unable to

care for themselves, or minors below the age of legal consent. Such individuals should seek immediate care at a hospital or emergency facility.

- 1.3. Issuance of medical certificates is subject solely to the discretion of the physician, or verification of the recipient's identity via the telemedicine service system, in accordance with information technology standards stipulated by relevant state authorities.

2. Obligations of the Care Recipient

The care recipient agrees to:

- 2.1. Provide complete and accurate personal and health-related information, including national identification number, contact details, emergency contacts, and relevant medical history.
- 2.2. Warrant the accuracy and truthfulness of all information provided.
- 2.3. Use the service solely for lawful purposes and in compliance with all applicable laws and regulations. Make timely payment for all services in accordance with the hospital's terms and conditions.

3. Acknowledgement of Facts and Medical Decisions

- 3.1. Licensed healthcare professionals, in performing their duties in accordance with medical standards and ethics, shall be legally protected against unfair allegations.
- 3.2. The practice of medicine is based on the best available medical science at the time but cannot guarantee the prevention, cure, or diagnosis of all illnesses.
- 3.3. All medical treatments inherently involve risks and potential complications.
- 3.4. Limitations of technology may result in incomplete, inaccurate, or delayed diagnostic information.
- 3.5. Healthcare professionals shall retain the right to determine the most appropriate medical procedures, including referrals, in the best interests of the patient.
- 3.6. Any withholding of material medical information by the patient may negatively impact the quality and safety of treatment.

4. Intellectual Property

All intellectual property arising from or related to this service shall remain the exclusive property of Praram 9 Hospital Public Company Limited.

Any reverse engineering, decompiling, decoding, or unlawful use of the system shall constitute a breach of contract and may result in legal action.

5. Disclaimer of Liability

All intellectual property arising from or related to this service shall remain the exclusive property of Praram 9 Hospital Public Company Limited.

Any reverse engineering, decompiling, decoding, or unlawful use of the system shall constitute a breach of contract and may result in legal action.

6. Indemnification

The care recipient agrees to protect the confidentiality of access credentials and shall indemnify the hospital and its staff against any damages arising from unauthorized access, misuse, or breach of these terms, whether by negligence or intentional misconduct.

7. Force Majeure

Neither party shall be held liable for failure to perform obligations arising from causes beyond reasonable control, including but not limited to natural disasters, war, terrorism, pandemics, regulatory changes, utility outages, or labor disputes.

8. Amendments to Terms

The hospital reserves the right to amend these terms and conditions at any time. Amendments shall become effective upon publication on the hospital's official communication channels, unless otherwise specified. Continued use of the service shall be deemed acceptance of such amendments.

9. Severability

If any provision of this document is deemed invalid, unlawful, or unenforceable, the remaining provisions shall remain valid and enforceable under Thai law.

10. Personal Data Protection

By signing this consent form, the patient (or legal representative) acknowledges receipt of the Patient Rights and Responsibilities Statement, and confirms awareness of the right to inquire regarding treatment, alternatives, risks, and potential complications.

10.1. Consent to Medical Examination and Treatment

- ☐ I voluntarily consent
☐ I do not consent

To undergo medical and/or dental examination and treatment as an outpatient by the authorized medical personnel of Praram 9 Hospital.

10.2. Consent to Collection and Processing of Personal Data

By signing this document, I confirm that I have read and understood the hospital's Personal Data Protection Policy and hereby consent to the collection, use, disclosure, transfer, and processing of my personal data for:

- (1) Purposes outlined in the hospital's Privacy Policy and/or purposes beneficial to the patient.
 (2) Compliance with applicable laws, including but not limited to preventive medicine, occupational health, healthcare provision, medical diagnosis, communicable disease control, drug and device regulation, social security, public health, and matters of public interest.

10.3. Consent for Insurance and Contractual Processing

- ☐ I voluntarily consent
☐ I do not consent

To Praram 9 Hospital using and disclosing my personal data (including medical records, diagnosis, treatment, and expenses) to insurance providers, contractual partners, or employers for the purposes of claims, reimbursements, or settlement of medical expenses. I acknowledge that, should such parties deny payment, I shall remain personally responsible for all expenses incurred.

10.4. Consent for Marketing and Communications

- ☐ I voluntarily consent
☐ I do not consent

To Praram 9 Hospital contacting me regarding medical benefits, promotions, product or service offerings, or surveys related to hospital services. I understand that I may withdraw this consent at any time via the hospital's designated communication channels.

11. Final Declaration

I have read, fully understood, and agree to the above Terms and Conditions for Telemedicine and Online Clinic Services.

- ☐ Consent
☐ Do not consent

Attending physician	Patient or patient's representative	Witness
..... (.....) DateTime..... (.....) DateTime..... (.....) DateTime.....

In Case of Legal Representative Consent

If the patient is unable to provide consent due to legal or medical incapacity, the above information has been Explained to the duly authorized legal representative, who hereby provides consent for outpatient treatment and new patient registration.

Name of Patient's Representative:

Type of Identification Document:

- ☐ National Identification Card
- ☐ Government Officer / State Enterprise Employee Card
- ☐ Driver's License
- ☐ Passport

Please specify the reason why the patient is unable to sign the consent form by him/herself:

- ☐ Patient is under 20 years of age
- ☐ Physical or mental incapacity (specify)
- ☐ Other (please specify)