

Consent to the Collection, Use, and Processing of Personal (Sensitive) Information

- ◇ The Korea Medical Dispute Mediation and Arbitration Agency complies with the privacy provisions under the Personal Information Protection Act and obtains consent to the collection and use of personal and sensitive information as follows, pursuant to the same Act.
- ◇ The collected personal information is used for medical dispute mediation, arbitration, and appraisal of medical malpractice in accordance with the Act on Remedies for Injuries from Medical Malpractice and Mediation of Medical Disputes, and is not used for any purpose other than those for the collection and use of such information hereunder.

[Consent to the collection and use of personal information]

Classification	Item	Purpose of collection	Period of retention
Mediation(arbitration) application	Account number, and account holder	Return of application fee	<u>Permanent</u>
Required documents related to the incident (confirmation of intent to participate, power of attorney, certificate of relations, and certificate of employment)	Name, date of birth, address, and contact details	Dealing with affairs on the mediation and arbitration of medical disputes, and the appraisal of medical malpractice	<u>5 years</u>

Consent
 Do not consent

※ You may decline to provide your consent to the purpose of collection and use of personal information above, but you may be subject to restrictions in the medical dispute mediation and arbitration as well as the appraisal of medical malpractice.

[Details of collection and use of personal information]

We collect and use personal information pursuant to Article 15(1)2 of the Personal Information Protection Act.

Classification	Item	Purpose of collection	Grounds for collection	Period of retention
Mediation (arbitration) application and annex	Applicant information, application details of mediation (arbitration)	Dealing with affairs on the mediation and arbitration of medical disputes, and the appraisal of medical malpractice	Article 7 of the Enforcement Rule of the Act on Remedies for Injuries from Medical Malpractice and Mediation of Medical Disputes	<u>Permanent</u>

[Details of collection and use of sensitive information]

We collect and use sensitive information pursuant to Article 23(1)2 of the Personal Information Protection Act.

Classification	Item	Purpose of collection	Grounds for collection	Period of retention
Mediation (arbitration) application annex	<u>Account of medical malpractice</u>	Dealing with affairs on the mediation and arbitration of medical disputes, and the appraisal of medical malpractice	Article 30-2(5) of the Enforcement Decree of the Act on Remedies for Injuries from Medical Malpractice and Mediation of Medical Disputes	<u>Permanent</u>
Medical records, answer, medical care allowance details, medical care allowance pay statement	<u>Information on patient's health</u>			<u>5 years</u>

[Details of collection and use of unique identifiable information]

We collect and use unique identifiable information pursuant to Article 24(1)2 and Article 24-2(1)1 of the Personal Information Protection Act.

Classification	Item	Purpose of collection	Grounds for collection	Period of retention
Mediation (arbitration) application	<u>Passport number, and alien registration number</u>	Dealing with affairs on the mediation and arbitration of medical disputes, and the appraisal of medical malpractice	Article 30-2(5) of the Enforcement Decree of the Act on Remedies for Injuries from Medical Malpractice and Mediation of Medical Disputes	<u>Permanent</u>

[Information on processing personal information]

The documents related to the case you have submitted will be converted into electronic documents and preserved during the period of retention, and they will be returned or destroyed within one month after the case ends, depending on your will.

I agree to the preservation of electronic documents, and once the case ends
I want all the submitted electronic documents to be returned.
I want all the submitted electronic documents to be destroyed.

* Please write out the request yourself.

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Applicant (or proxy)

(seal or signature)

To Korea Medical Dispute Mediation and Arbitration Agency

※ Please refer to the Privacy Policy on our website (www.k-medi.or.kr) for further information on the handling of personal information.