

Japan Medical & Health Tourism Center (JMHC)
JTB Corp.

Agreement form for providing the medical information to the third party

I _____ agree with that Japan Medical & Health Tourism Center(JMHC), JTB Corp. , Accredited Medical Travel Assistance Company, provides my medical information for the purpose of the second opinion consultation, the medical examination and the treatment to the third party.

1. The third party that is provided the medical information by JTB(JMHC).

The medical institute that I expect to have the second opinion consultation, the medical examination and the treatment.

Among the medical institutions suggested by JTB (JMHC), the medical institutions I have permitted.

2. Medical information provided to the third party

(1) Medical report

(2) Medical examination report

(3) Images (CT, MRI, PET-CT, PET-MRI, X-ray film, Ultrasonography, Gastroscopy, Colonoscope, etc.,)

(4) Medical interview sheet provided by JTB(JMHC)

(5) Passport Copy

3. Purpose of use by the third party

For the medical practice such as the second opinion consultation, examination, treatment, etc.,

Date of agreement _____

Name of patient : _____

Guarantor : _____

(Relation to the patient) : _____

※The Private Information you provide us may be used only for our reply to your inquiry, request and for our management of history, JTB JMHC do not offer to others.