

編號 (Reference No.):

Mpox 個案隔離治療通知書及提審權利告知 (範例)

Notice for Isolation Treatment and Right to Petition for Habeas Corpus Relief (Mpox)

姓名： Name	身分證號/護照號碼： Citizen ID No. /Passport No
聯絡電話： TEL	地址： Address

_____先生/女士 您好：

Dear Mr. / Ms. _____,

您經醫師診斷疑似/罹患 M 痘(Mpox)，為保護您及其他人的健康，請您自____年__月__日起至____年__月__日止，於_____隔離治療機構接受隔離治療，並遵守隔離規定：

As you are suspected of having Mpox after a doctor's assessment, to protect the health and safety of your friends, family members and the public, please undergo isolation in the hospital/institution for treatment during the period from ____/____/____ (YYYY/MM/DD) to ____/____/____ (YYYY/MM/DD), and comply with rules of isolation as below.

- 一、應依指示於隔離病室或單獨之病室接受治療，不得任意離開。
- 二、違反隔離治療指示者，將依「傳染病防治法」第 44 條、第 45 條及同法第 67 條處新臺幣 6 萬至 30 萬元不等罰鍰。
- 三、對本通知如有不服，應於本通知單送達之次日起 30 日內，依訴願法第 58 條第 1 項規定，繕具訴願書經原行政處分機關向訴願管轄機關提起訴願。
 1. Please stay in either the isolation room or individual room for treatment as instructed. Do not leave the room arbitrarily.
 2. Those who flout the isolation regulations will violate Articles 44, 45 and 67 of the Communicable Disease Control Act, and be fined ranging from NT\$60,000 to NT\$300,000.
 3. If you disagree with this notice, please prepare an administrative appeal pleading and file the administrative appeal to the agency which the administrative action was made to transfer to the agency with jurisdiction of administrative appeal within 30 days from the next day of the receipt of this notice in accordance with the provisions of Paragraph 1, Article 58 of the Administrative Appeal Act.

另為保障您的權益，特告知您以下事項(請簽收附件 1 提審權利告知):

To protect your rights and interests, we hereby inform you of the following (please complete the Proof of Receipt, Annex 1)

- 一、您或您的親友有權利依照提審法的規定，向地方法院聲請提審。
- 二、不論您是否聲請提審或訴願，執行人員將隨時評估您是否有隔離治療之必要，若無隔離治療之必要時，縣(市)政府將即解除隔離治療之處置；縣(市)政府至遲每隔三十日。將重新鑑定，評估您是否有繼續隔離治療之必要。
- 三、如您有任何提審相關疑義，可與所轄衛生局聯繫。
 1. You have the right to petition to the local court for relief in accordance with the Habeas Corpus Act.
 2. Whether you have submitted an appeal or a petition or not, the responsible person will evaluate if you require isolation treatment at any time. If isolation treatment is not required, the isolation order will be lifted by the local health authority. The local health authority will assess whether you need to be isolated for treatment every 30 days at the latest.
 3. If you have any questions about “Right to Petition for Habeas Corpus Relief”, please contact the local health authority.

通知書開立機關
Competent authority

機關戳章
Agency
stamp

通知書開立時間： 年 月 日 時 分

Time of notice: _____ : _____, _____ (yyyy) _____ (mm) _____ (dd)

Mpox 個案隔離治療通知書及提審權利告知送達證明

附件 1

Proof of Receipt of Notice for Isolation Treatment and Right to Petition for Habeas Corpus Relief (Mpox)

Annex

本人_____已於 年 月 日 時 分

收悉_____縣(市)政府 Mpox 個案隔離治療通知書，並了解本人或本人之親友有權利依提審法規定向地方法院聲請提審。

I have received the “Notice of Isolation Treatment and Right to Petition for Habeas Corpus Relief” on ____/____/____ (YYYY/MM/DD) and also understood that my relatives, friends and I have the right to petition the district court for trial in accordance with the Habeas Corpus Act.