

Appendix 1: Types of personal information held by the Health Insurance Society, etc.

Type of personal information		Content of personal information
Insured persons	Insured person eligibility information	Code/number, name, date of birth, gender, date of attaining eligibility, date of loss of eligibility, standard monthly remuneration, remuneration record, presence/absence of dependents
	Voluntarily and continuously insured person eligibility information	Code/number, name, date of birth, gender, date of attaining eligibility, date of loss of eligibility, standard monthly remuneration at time of loss of eligibility, presence/absence of dependents
	Information on insured persons' receipts	Whether the party is the insured person or a dependent, examination/treatment category, insurer no., code/number, benefit ratios, the year and month in which care was provided, prefecture code, medical care institution code, name, gender, date of birth, special notes, whether work-related, name and address of medical care institution, department consulted, name of injury or illness, date consultations commenced, outcome of illness/injury, actual number of days of consultations, final points, public expenditure points, amount of partial cost sharing, amount contributed by patient, amount contributed for outpatient treatment, amount contributed for inpatient treatment, high-cost medical care benefits, amount contributed for prescription drugs, public expenditure portion of amount contributed for prescription drugs, number of days of treatment associated with meal costs, public expenditure portion of number of days of treatment associated with meal costs, final amount for treatment associated with meal costs, public expenditure portion of final amount for treatment associated with meal costs, inpatient meal standard expenses, public expenditure portion of inpatient meal standard expenses, consultation details, images (of receipt)
	Information on insured persons' health examinations	Code/number, name and address of insured person/dependent/employer person responsible, date of birth, telephone number, employer name, employer's employee code, cost of examination, examination benefit type code, items not examined, type of examination, date of examination, name of examining institution, address of examining institution, images (X-rays), content of consultation/guidance, medical opinion, name of health nurse/nurse, records of purchase of emergency medicines/home medical supplies, previous illnesses, family previous illnesses
	Information on cash benefits paid to insured persons	Code/number, name, date of birth, address, telephone number, remittance account, name of medical care institution where consultation took place, year and month of consultation, name of injury or illness, salary income, basic pension no., pension amount, medical care costs, date prosthetic equipment was fitted, purchase price of prosthetic equipment, previous year's income (only for tax-exempt persons), transportation expenses, name of certifying medical care institution, period unable to work, salary received during period unable to work, attendance at workplace during period unable to work, (expected) date of childbirth, number of children born, name(s) of child(ren) born, relationship, year/month/date of death, cause of death (name of illness), details of certified copy of removal from family register, cost of funeral (for funeral expenses only), claimant address/telephone no./remittance account
	Insured person judo therapy information	Code/number, name, date of birth, name of judo therapist, judo therapist registration no., images (of application form), year and month of treatment, cost of treatment, name of injury or illness, remittance account of judo therapist

Dependents	Dependent eligibility information	Name, date of birth, gender, relationship to insured person, occupation (or name of school), average monthly income, cohabiting or living apart
	Information on dependents' receipts	Same as information on insured persons' receipts
	Information on dependents' health examinations	Same as information on insured persons' health examinations
	Information on cash benefits paid to dependents	Name, date of birth, relationship to insured person, remittance account, name of medical care institution where consultation took place, year and month of consultation, name of injury or illness, previous year's income (only for tax-exempt persons), medical care costs, date prosthetic equipment was fitted, purchase price of prosthetic equipment, (expected) date of childbirth, number of children born, name(s) of child(ren) born, relationship, year/month/date of death, cause of death (name of illness), details of certified copy of removal from family register
	Dependent judo therapy information	Code/number, name, date of birth, name of judo therapist, judo therapist registration no., images (of application form), year and month of treatment, cost of treatment, name of injury or illness, remittance account of judo therapist, name/date of birth of dependent, relationship to insured person

Of the information above, information on eligibility and cash benefits to which individual numbers are attached is treated as identifying personal information.