



Keski-Pohjanmaan sosiaali- ja
terveyspalvelukuntayhtymä

POWER OF ATTORNEY

for acting on someone's behalf within Central
Ostrobothnia Joint Municipal Authority for Social
and Health services Soite

The power of attorney is granted by

First name and surname	Social security number
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The power of attorney is granted to

First name and surname	Social security number
Address	
Zip code and town	Telephone number

The scope of the authorization within Soite

<input type="checkbox"/>	I authorize the above mentioned person to act on my behalf within Soite, e.g. when it comes to booking times, asking for laboratory results etc.
<input type="checkbox"/>	I authorize the above mentioned person to only act on my behalf when it comes to a specific benefits or matters: <input type="checkbox"/> health services <input type="checkbox"/> older people services <input type="checkbox"/> social services <input type="checkbox"/> services for people with disabilities. The authorization pertains to:

The information that is disclosed

The person who is granted the power of attorney may be disclosed the following confidential information within the scope of the authorization (please see the scope above):

- information about benefits and other information about the economic status yes no
- information about the health/care/services yes no

It is prohibited to disclose confidential information to other people besides the person concerned if s/he hasn't specifically given her/his permission for disclosing that information.

Validity of the power of attorney

<input type="checkbox"/> The authorization is valid indefinitely	<input type="checkbox"/> The authorization is valid till: _____ day month year
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Signature of the person who grants the power of attorney

Date	The signature of the person who has granted the power of attorney and his/her name in block letters

Witnesses

Date	Date
Signature	Signature
Name in block letters	Name in block letters

Instructions – Power of attorney for acting on someone’s behalf within Central Ostrobothnia Joint Municipal Authority for Social and Health services Soite

To the patient

Power of attorney may be granted by a person who is of age and has legal capacity. If the patient has problems with memory loss, is intellectually disabled or otherwise incapable of understanding the significance of power of attorney, the Local Register Office (Maistraatti) must be contacted to get a guardian appointed for him/her.

Through the power of attorney the patient may also authorize a private producer of service, e.g. a producer of home care, to act on his/her behalf.

Through a continuing power of attorney (edunvalvontavaltuus) a person can make sure in advance that his/her affairs will be taken care of even if s/he is later incapable of doing so himself/herself e.g. because of deteriorating health. The Local Register Office (Maistraatti) has more information on this.

Cancelling the power of attorney

The person who has granted the power of attorney has to inform the Central Ostrobothnia Joint Municipal Authority Soite in writing about cancelling the power of attorney.

To the unit within Central Ostrobothnia Joint Municipal Authority

The fact that an authorization has been given, is noted on the SUOSTU-page under the phrase "Valtakirjan olemassaolon kirjaaminen" (note about the existence of power of attorney). The power of attorney is archived in the patient's folder.