



Has arrived:

Wellbeing services county of Central Ostrobothnia Soite

## Request for information by an interested party

Controller: Wellbeing services county of Central Ostrobothnia Soite

A petitioner, an appellant and any other person whose right, interest or obligation is concerned in a matter (a party) shall have the right of access, to be granted by the authority which is considering or has considered the matter, to the contents also of a document which is not in the public domain, if the document may influence or may have influenced the consideration of his or her matter. 11 § of the Act on the Openness of Government Activities.

The person who is given information is not allowed to use or give the information for another purpose. Such a breach of the secrecy provision is punishable in accordance with the relevant regulations in the Criminal Code. A note is always made in the customer/patient register when patient information is given out.

### The register that information is requested from

Patient register for health care

Customer register for social services

### The person whose information is requested

Name, including any name changes:

Personal identity code:

The information that is requested:

Information is requested from the time period:

## Reasons

The information is used for:

How is the information protected (obligatory):

## Information about the person who is requesting information

Name:

Personal identity code:

Delivery address:

Phone number:

Further necessary information:

Date

The signature of the person who is requesting the information and name in block letters

Relative  Guardian

Guardian, an excerpt from the register of guardianship affairs is attached  A representative  
the person has chosen

Other , what:

## **Power of attorney given by a person of full legal capacity for requesting information**

I give the following person power of attorney to request the above-mentioned information about me.

Name of the person who has been given power of attorney:

Personal identity code of the person who has been given power of attorney:

Date

The signature of the person who has given the power of attorney and name in block letters

### **The request is sent to the address**

Keski-Pohjanmaan hyvinvointialue Soite

Arkisto

Mariankatu 16 - 20, 67200 Kokkola