



Has arrived:

Wellbeing services county of Central Ostrobothnia Soite

Request for information

Patient register for health care

Controller: Wellbeing services county of Central Ostrobothnia Soite

You can use this form when you wish to request for an individual medical journal from the health care services.

According to 12 § in the Act on the Openness of Government Activities (621/1999), everyone has the right of access to a document pertaining to themselves. Unless otherwise provided in an Act, every individual has the right of access to information contained in an official document and pertaining to themselves, subject to the restrictions provided in section 11, subsections 2 and 3.

A note is always made in the patient register when patient information is given out.

The person whose information is requested

Name (including any name changes):

Personal identity code:

Choose the municipality from which you request information:

- Kokkola
- Kälviä
- Lohtaja
- Ullava
- Kannus
- Toholampi
- Lestijärvi
- Halsua
- Kaustinen

Veteli

Perho

The information that is requested:

Information is requested from the time period:

Delivery address (street address, postal code, municipality):

Phone number:

Further necessary information:

The signature of the person who has requested the information

Date

The signature of the person who has requested the information and name in block letters

Guardian

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