



Wellbeing services county of Central Ostrobothnia Soite

Written:

## **Letter of attorney to act on behalf of**

With this letter of attorney, a person of age can authorize another person with legal capacity to act on their behalf in Soite's social and health care services, including electronic services. One letter of attorney form can be used to authorize one person.

A letter of attorney can be issued by an adult who has legal capacity to do so. If the client is unable to understand the meaning of the letter of attorney, the Digital and Population Data Services Agency should be contacted to appoint a trustee. With a letter of attorney, a person can arrange the management of their affairs themselves in advance in case they later become unable to manage their affairs due to, for example, a weakened state of health. [Additional information about Digital and Population Data Services Agency.](#)

### **Information about the person issuing the letter of attorney**

Name:

Social security number:

### **I appoint the following person to act on my behalf**

Name:

Social security number:

Address (street address, postal code, post office):

E-mail address:

Phone:

## Scope of the authorization I give

### Full rights:

The person I authorize can do transactions on my behalf to the same extent as myself, and they can view the same information in Soite's social care client registers and health care patient registers. Documents concerning me can be handed over to them and they can use electronic services to do business on my behalf.

### Or limited rights:

I limit the ability to do transactions on my behalf to the following services:

- Electronic transactions in the social care service's Omapalvelu service
- Electronic transactions in the health care service's My Healthcare service.
- Inquiries about appointments and laboratory results
- Renewing and canceling a prescription, summarizing prescriptions, ensuring the safety of medical treatment
- A certain benefit or matter within the social and health care services, which:

## Validity of the letter of attorney

- The letter of attorney is valid until further notice
- The letter of attorney is valid (until ddmmyyyy):

I am aware that, if I wish, I can cancel the authorization by giving written notice about this, e.g. with the Revocation of letter of attorney form or a free-form written notification.

**Signature of the person issuing the letter of attorney**

Date

Signature and identification of the person issuing the letter of attorney

**Witnesses**

Date

Signature and identification of the witness

Date

Signature and identification of the witness

The form is sent to the address

Wellbeing services county of Central Ostrobothnia Soite

The archive

Mariankatu 16 - 20, 67200 Kokkola