

Has arrived:

Wellbeing services county of Central Ostrobothnia Soite

Request for checking log data

The quest is based on: The Act on the Openness of Government Activities 621/1999 § 10 and

§ 11, the Act on the Processing of Client Data in Healthcare and Social Welfare 703/2023 § 11

The controller Wellbeing services county of Central Ostrobothnia Soite

I wish to check if information that has been saved in Soite's patient/customer data system

about me or

about a child who I am the guardian of has been used appropriately and based on a treatment relationship.

Log data can be checked, at the most, from the previous two years, if there no particular reason for a checking it from a longer time period. As a rule, the right to check log data is personal, and another person cannot use it with a power of attorney. In situations where a patient who has reached majority cannot decide about their own care, the right of close relations or a legal representative to check the log data from the patient register is determined on a case by case basis.

Information about the registered patient/customer whose log data is requested

Family name and given names:

Personal identity code:

Address (street address, postal code and municipality):

Telephone number:

□ Patient register for health care □ Customer register for social services

I wish to check the log data concerning me from the previous two years or from a shorter time period.

The time period:

Particular reasons are required if you wish to check log data from a longer period. I wish to check log data from a longer time period.

The time period:

The reasons if data is requested from a longer time period than the previous two years:

Information about the person requesting information

Date and place

Signature and name in block letters

I would like the information to be sent to me

by encrypted e-mail, e-mail address:

by mail

Obligation to observe secrecy and purpose limitation

I understand my secrecy and non-disclosure obligation concerning secret personal data in accordance with what is prescribed about these obligations in the Act on the Openness of Government Activities (22-23 §). I commit to protecting any information that may be given to me from unauthorized access, I will not pass on secret information to anyone and I will not use the information against persons or parties whose legal protection is provided through regulation about secrecy.

If the request concerns a 12-17-year old child/adolescent, the request must contain the child's/adolescent's consent

I give my consent to my log data being checked

Date and place

Handwritten signature and name in block letters

The request is sent to the address

Keski-Pohjanmaan hyvinvointialue Soite

Arkisto

Mariankatu 16 - 20, 67200 Kokkola