

AUTHORISATION FOR ANOTHER PERSON TO USE THE HEALTH CARE E-SERVICES OF THE CITY OF ESPOO ON MY BEHALF

Patient/Client

Name	Phone number	Personal identity code
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The patient/client mentioned above must personally bring this form to a health care unit!

I authorise another person to use the health care e-services of the City of Espoo on my behalf. This authorisation applies to the following e-services:

Health care appointment booking (the authorised person can also fill in your medical history)

Self-care and Health File (information related to your health and communication with health care professionals)

SMS reminders

Medical history (information and forms that you can send online)

I authorise the following person to use the above-mentioned e-services on my behalf:

Name	Phone number	Personal identity code
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This authorisation is valid:

For a fixed period of time until ____ . ____ . 20 ____ .

I am aware that I can cancel this authorisation by informing a health care unit of the City of Espoo of the cancellation in writing.

I am aware that when the person I authorise to act on my behalf uses the appointment booking service, they will be able to see my appointment information, including the reasons for my appointments.

I am aware that after I have authorised another person to use the self-care service on my behalf, this person will be able to see my permanent diagnoses, prescriptions, the vaccinations I have been given and my treatment plan that have been entered in the patient information system of the City of Espoo. The authorised person will also be able to see the messages and laboratory test results that are sent through the self-care service.

Information about this authorisation will be entered in the health centre's patient information system.

Signature and date

Place and date	Signature of the person giving the authorisation and name in block letters
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