

## Notification about change of municipality providing basic health care

Print out and complete two copies of this form. Deliver one form to your current health station and the other to a health station in the new municipality. Complete separate forms for each family member switching health care providers.

You can start using the new health station's services three weeks after delivering the notification to the new health station. If you send the notifications by post, you can start using the new health station's services four weeks after sending them.

**When you select a new health station from a municipality other than your place of domicile, your dental care, child health clinic, rehabilitation, mental health and substance abuse services as well as short-term ward care will also be moved to the new municipality.** The change does not apply to pupil and student health care, whose provider is determined by the study place. Long-term institutional care and home health care will also be provided in your place of domicile. When you switch health stations, you will have to wait at least a year before you can switch again.

An underage child's notification must be signed by both parents/guardians.

### Client

Last name	
First names	Personal identity code
Street address	
Postal code	City/town
Telephone	E-mail address

### Municipality and health station

Current municipality providing care
Current health station providing care
New municipality providing care
New health station providing care

### Further information

--

### Signature (An underage child's notification must be signed by both parents/guardians.)

Place and date	Place and date
Signature and name in block letters	Signature and name in block letters