

CANCELLATION OF AUTHORISATION

I have authorised another person to use health care e-services on my behalf. I now cancel that authorisation.

Patient/Client

Name	Phone number	Personal identity code
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I cancel the authorisation I have given to another person to use the health care e-services of the City of Espoo on my behalf. This cancellation applies to the following e-services:

- Health care appointment booking (including medical history and travel vaccinations)
- Self-care and Health File
- SMS reminders
- Medical history

I cancel the following person's authorisation to use the above-mentioned e-services on my behalf:

Person who has acted on the patient's/client's behalf

Name	Phone number	Personal identity code
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Information about this cancellation will be entered in the health centre's patient information system.

Signature and date

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