

## **REQUEST TO ACCESS LOG DATA**

section 18 of Act on the Electronic Processing of Client Data in Social and Health Care Services (2007/159)

I request to be informed as to register stated below:	o who has processed my patient information in the patient information
The request may only cover to covering a longer period of ti	the previous two years. Special grounds are required for accessing log data me.
The period of time for which	I request the data:
The delivery method for the	aforementioned data:
As an encrypted email to	the email address provided below.
As a printed copy to the	address provided below
The data subject does not ha purpose.	ve the right to use or disclose the log data received by them for any other
•	ed in writing to a Pihlajalinna clinic as persons requesting their personal dat happened as a clinic.
Name	
Personal identity code	
Address	
Telephone number	
Email address	
Date and place	
Signature*)	
Print name*)	

<sup>\*)</sup> The signature and printed name of the data subject or their legal representative. The signature of the legal representative or guardian is required when a minor is unable to make decisions about their care due to their age and development level. The signature of the legal guardian is required when an adult is not capable of assessing the significance of the request.



## Filled in by the clinic:

The identity of the maker of the request must be verified from a photo ID.		
Methods for verifying identity:		
☐ Driving licence ☐ Passport ☐ An identity card issued by the police		
Other, what:		
The name and clinic of the person processing the request form:		
The date when the form was received:		
If the request was made by a legal representative or guardian:		
The personal identity code of the legal representative:		
☐ The legal representative's right to make the request has been confirmed at the clinic		
The method for confirming the legal representative's right:		