

## REQUEST FOR CLARIFICATION OF THE PROCESSING OF PATIENT INFORMATION

Section 18 of the Act on the Electronic Processing of Client Data in Social and Health Care Services

If the patient suspects that their patient information has been processed inappropriately or if, after viewing their access log data, they think that their patient information has been used or disclosed without sufficient grounds, they may make a request for clarification of the processing of their patient information.

The request for clarification may only cover the previous two years. Special grounds are required for accessing log data covering a longer period of time (section 18 of the Act on the Electronic Processing of Client Data in Social and Health Care Services).

I request clarification of a patient register's access log data for the register stated below:

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Grounds for the request:

Explain as precisely as possible the factors based on which you suspect that your patient information has been processed inappropriately and on the grounds of which you request clarification. If you suspect a specific person, please include the name of that person in the request for clarification.

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The period of time for which I request clarification:

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The data subject does not have the right to use or disclose the log data received by them for any other purpose.

The request must be submitted in writing to a Pihlajalinna clinic as persons requesting their personal data must prove their identity with a photo ID. You may either print the form yourself or pick it up at a clinic.

Name

Personal identity code

Address

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Telephone number \_\_\_\_\_

Email address \_\_\_\_\_

Date and place \_\_\_\_\_

Signature\*) \_\_\_\_\_

Print name\*) \_\_\_\_\_

\*) 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: \_\_\_\_\_

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