

REQUEST TO ACCESS PATIENT DOCUMENTS

I request access to the patient documents concerning me from the following Pihlajalinna treatment providers (clinic/clinics, telephone service and remote service):

I request my patient documents for the following period of time:

My request concerns the following patient documents:

- Copies of medical records Imaging results
 Laboratory results Other materials

Specification of the data requested above (e.g. visits to a specific doctor or in connection with a specific symptom or illness or only the occupational health care data)

- Imaging materials, e.g. X-rays and the related statements

Description of the images being requested, e.g. X-rays/ultrasounds, body part:

Clinic where the imaging was carried out: _____

The first image order is free. We will charge EUR 25 per order for consequent orders of the same images.

- I also request access to any data on visits that I have specified as confidential and/or the data that I have not allowed to be recorded in the shared register. I give my consent to the collection of this confidential visit 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
 As a printed copy to be picked up from a clinic, which clinic: _____

Imaging data will be delivered on a disc by post, or it can be picked up from the clinic where the imaging was carried out.

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 _____

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: _____

Data has been given to the customer at the clinic

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: _____