Authorisation to act on behalf of someone else when consulting oral health services

A client of Oral Health Services can authorise someone else to act on their behalf. To do so, the client must grant written authorisation to the person they have appointed to act on their behalf. The client must also personally deliver their written consent to a Western Uusimaa oral health care unit.

The authorisation will take effect as soon as the name and personal identity code of the authorised person have been added to the client information of the person who granted the authorisation and to the Oral Health Services patient register. Both parties may cancel the authorisation at any time by personally delivering the change/cancellation notification below to an oral health care unit.

The authorised person commits to keep the contact information up to date. The authorisation may be granted for a fixed period or until further notice. The authorisation does not apply to electronic services. There is a separate form for authorising a person to use electronic services on one's behalf.

Patient information

Last name	
First names	Personal identity code
Telephone number	

Authorised person's information

Last name	
First names	Personal identity code
Telephone number	

Consent

This consent applies to the following patient record information:

☐ All information on appointments and treatments in oral health care

☐ Treatment information from the following time period: _____

☐ My information may be disclosed over the phone

Period of validity of the consent

This consent will remain valid

☐ Until further notice (for two years) ☐ for a fixed period of time until (dd/mm/yyyy) _____

Date and signature

Place and date	Signature (and name in block letters) of the person giving their consent

Notification of changes to or cancellation of the authorisation to act on behalf of someone else

Changes and date of entry into force

☐ Cancellation of the authorisation

☐ Changing the period of validity to a fixed period of time, ending on (dd/mm/yyyy) _____

The cancellation will take effect as soon as the name and personal identity code of the authorised person have been removed from the patient information of the person who granted the authorisation. The change to the period of validity will take effect as soon as the change has been made to the patient register information of the person who granted the authorisation.

Date and signature

Place and date	Signature (and name in block letters) of the person submitting the change or cancellation notification

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