

Request to disclose deceased person's data

Under the Client Information Act (Act on the Processing of Client Data in Healthcare and Social Welfare), you have the right to request information on a social or health care service provided during the lifetime of a deceased person for the purpose of determining or implementing your important interests or rights. In health care, such situations could include assessing a patient's legal capacity in cases of inheritance disputes, investigating possible medical malpractice in the patient's care, or investigating a possible genetic defect affecting hereditary factors. When requesting data about a deceased person, you must justify your need for accessing the data. Your right to receive information will be assessed on a case-by-case basis.

1. Details of the person requesting the documents

Last name(s)*	
First name(s)*	Personal identity code*
Street address	
Postal code	City
Phone number	Email address

2. Details of the family relationship

When the applicant is a relative, a report on the family relationship must be appended to the application, for example an official certificate stating the family relationship.

Family relationship*

3. Details of the deceased person

Last name(s)*	
First name(s)*	Personal identity code*
Date of death*	

4. Requested documents

Specify the requested documents (place of treatment, period of time)*

5. Justifications

Purpose of use of the data*

6. Select the municipality in whose area the data you are requesting was generated*

Espoo	Ingå	Kauniainen	Lohja	Siuntio	Hanko
Karkkila	Kirkkonummi	Raseborg	Vihti	I don't know	

7. Appendices

The request includes the following appendices (for example an extract from the population register or some other proof of family relationship)

8. How I want the response delivered*

Sent by post

Sent via secure email to the address I entered

I will retrieve the data from the registry at Tekniikantie 15, Espoo. You will be contacted when the documents can be retrieved

9. Filled in by the recipient

Date received

Recipient's name

10. Identity checked

Driver's licence

Identity card, official

Passport

Other, please specify:

Instructions

Fields marked with an asterisk (*) are required.

You can submit the completed form to the Western Uusimaa Wellbeing Services County Registry Office by mail, via secure email, or by delivering it in person.

When sending a letter or using the Turvaposti secure email system, please include the following information in your request:

- Your full name
- Your personal identity code
- A precise description of the information you're seeking and the time frame it encompasses.
- The municipality where you received the service related to your request.

Providing as many details as possible is important for data retrieval because the wellbeing services county maintains dozens of information systems and paper archives at various locations.

Submitting the form by post:

If you mail your form by post, we cannot verify your identity beforehand. In that case, we will send the requested information by mail to the address listed in the Population Information System, or you may pick it up in person at the Registry Office after showing proof of identity.

Postal address for the Registry Office:

Kirjaamo PL 33, 02033 Länsi-Uudenmaan hyvinvointialue

Submitting the form via secure email (Turvaposti):

If you submit the form by secure email (Turvaposti), we cannot verify your identity beforehand.

In that case, we will send the requested information by mail to the address listed in the Population Information System, or you may pick it up in person at the Registry Office after showing proof of identity.

Instructions for sending secure email are available on this webpage:

<https://www.luvn.fi/en/our-client/customer-service/turvaposti-secure-email-system>

Submitting the form in person:

If you prefer to deliver the form in person, please call us first at 029 151 5835 to schedule an appointment. By scheduling an appointment, you can ensure that an employee at the Registry Office has time to process your inquiry at your chosen time. We will verify your identity when you submit the form.

Registry Office Visit Address:

Kamreerintie 2 A
02770 Espoo