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**Authorisation to act on my behalf**

# Details of the person giving the authorisation

|  |  |
| --- | --- |
| First and last name | Personal identity code |

# Details of the authorised person

|  |  |
| --- | --- |
| First and last name | Personal identity code |
| Address |
| Postal code and city | Tel. |

# Scope of the authorisation

|  |
| --- |
| I authorise the above person to act on my behalf when dealing with the Finnish Student Health Service (FSHS).The authorised person has the right: |
| 🞎 To enquire about my appointments or to book or reschedule my appointments |
| 🞎 To enquire about my test results |
| 🞎 To take care of matters related to my medicinal treatment, including the Prescription Centre (MyKanta) |
| * Renewing and cancelling prescriptions, requesting a summary of prescriptions, ensuring the safety of medicinal treatment
 |
| 🞎 To request my patient documents |
| 🞎 To take care of my payments |

**Restrictions on the authorisation** (List all the things excluded or included in the authorisation)

**Period of validity of the authorisation**

The authorisation is valid until \_/\_\_20\_\_ (up to 2 years)

**Signature of the person giving the authorisation**

Date \_\_\_/\_\_\_\_20 \_\_\_ Signature of the person giving the authorisation and name in block capitals

 

**Witnesses** (required if the person giving the authorisation cannot visit an FSHS service unit to prove their identity)

|  |  |
| --- | --- |
| Date \_\_\_/\_\_\_ 20\_\_\_ | Date \_\_\_/\_\_\_ 20\_\_\_ |
| Signature and name in block capitals | Signature and name in block capitals |

The authorisation will be filed in the patient registry as an attachment to the patient’s/client’s records.

I am aware that I have the right to cancel this authorisation in writing (separate form).

I am also aware that when booking an appointment, the person I have authorised may provide information such as the reason for my appointment and any preliminary information required for the appointment.

# To be completed by the service unit

A photo ID is required to confirm the identity of the person giving the authorisation / the authorised person. The ID used to confirm the identity:

🞎 Passport

🞎 Photo ID issued by the Police

Service unit of the person processing the authorisation:

Name of the person processing the authorisation: