

With this power of attorney, a fully competent individual may authorise another fully competent individual to access social and health care services on their behalf, including electronic services. Maisa is a client portal, in which the social and health care client and patient data form a single whole. A power of attorney is required for both social welfare and health care services when access takes place via electronic means, even if only one of these services is used. One power of attorney may be used to authorise one individual.

Client's last name	First name	Personal identification number
Telephone number		

I hereby authorise the following person to represent me

Last name	First name	Personal identification number
Email address		Telephone number
Grounds: <input type="checkbox"/> authorised representative's power of attorney <input type="checkbox"/> patient's trustee		

The extent of my authorisation

Full rights:

My representative may access services on my behalf to the same extent as I, and they will be able to view the same information in Helsinki's social welfare client database and health care patient records, as well as HUS's patient records, as I.

Appointments and messages:

My representative may arrange and cancel appointments, send messages regarding me to professionals and fill in forms on my behalf. I may not be able to see all the messages sent by my representative. I am aware that my representative may see my appointment information, including the reasons for these appointments. However, my representative may not view my other client and patient data.

Read-only access:

My representative may view all my client and patient data but will not be able to send messages or forms to professionals, nor make appointments on my behalf.

I hereby grant the following rights to the abovementioned person in accessing services on my behalf

- ☐ Full rights
☐ Appointments and messages
☐ Read-only access

I am aware that I may cancel this authorisation by sending a written notification (e.g. Maisa – a power of attorney cancellation form or a written free-form notification) to a social and health care unit, if I so choose. The power of attorney will be processed within seven business days.

Place and date	Authorising person's signature and name in block letters
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