Helsinki

# Power of attorney for acting on behalf of another person in Maisa



Social Services, Health Care and Rescue Services Division

Clear form ☐

With this power of attorney, an adult and legally competent person can authorise another adult and legally competent person to act on their behalf in the electronic Maisa client portal, in which health care and social welfare client and patient information constitute a single entity. A legally competent person refers to a person who is 18 or older and has not been declared incapable by a court decision. The power of attorney gives the right to act on behalf of another person in Maisa in health care and social welfare services. One power of attorney document can be used to authorise one person.

## Client's details

| |
|---|
| Last name |
| First name |
| Personal identity code |
| Telephone number |

## I appoint the following person to act on my behalf:

| |
|---|
| Last name |
| First name |
| Personal identity code |
| Email |
| Telephone number |

## Extent of the Maisa authorisation

**Full rights:**

The person I have authorised has the same rights as me.
The person I am authorising can act on my behalf to the same extent as myself and can see the same information as me in the Helsinki social services customer register and health care patient register as well as the HUS patient register.

**Scheduling and messages:**

The authorised person may schedule and cancel appointments for me and send messages concerning me to a professional. I may not see all the messages the appointed person has sent. I am aware that the authorised person can see all my appointments, including the reason for the appointment. However, the authorised person cannot view my other client and patient data.

**Reading rights only:**

The authorised person may view all my client and patient information but cannot send messages or forms to professionals or schedule appointments for me.

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# Power of attorney for acting on behalf of another person in Maisa

Social Services, Health Care and Rescue Services Division



I authorise the above person to act on my behalf to the following extent in Maisa:

☐ Full rights

☐ Scheduling and messages

☐ Reading rights only

I am aware that I can cancel the authorisation by notifying a social welfare or health care unit orally or in writing.

Validity of the authorisation

☐ until further notice

☐ for a fixed period until __.__._____

Place and date

**Authorising person's** signature and name in block letters

**PLEASE NOTE:** If the authorised person lives outside Uusimaa, their information in the Digital and Population Data Services Agency (DVV) system must first be added to Maisa's background system (client and patient information system Apotti) before they can be appointed as a person acting on someone's behalf in Maisa.

I have understood and I accept with my signature that my information in the DVV system will be added to Maisa's background system (Apotti).

Place and date

**Authorised person's** signature and name in block letters

**To be filled in by the recipient**

Date of receipt of the power of attorney __.__._____

Person turning in the power of attorney ☐ authorising person ☐ authorised person ☐ other person

ID used to verify the identity of the person turning in the power of attorney

☐ driving licence ☐ identity card ☐ passport

☐ other, please specify _____

If the power of attorney was turned in by a person other than the authorising person or by post:
Date when the validity of the power of attorney was verified from the authorising person by phone or on site at a later time

__.__._____