

With this power of attorney, a legally competent person can authorise another legally competent person to act on their behalf in health care at a service point or by phone. One power of attorney document can be used to authorise one person. A separate power of attorney is required for acting on behalf of another person in the electronic Maisa client portal.

The power of attorney can be turned in at a service point of the health care and social welfare services of the City of Helsinki or given to an employee of the Social Services, Health Care and Rescue Services Division when using a service.

Definitions used in this power of attorney:

Client refers to the client of the health care services. The client is the authorising person, i.e. the person who has given another person permission to act on their behalf in health care services either on site or by phone.

Authorised person or person acting on behalf of another person refers to the person who has been granted permission by the authorising person to act on their behalf in health care services.

Legally competent person refers to a person who is 18 or older and has not been declared incapable by a court decision.

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 authorisation to act on the behalf of another person

When granting someone else permission to act on your behalf in health care services, you need to specify what matters they can take care of for you.

I give the person I have authorised to act on my behalf in health care services rights to the following extent:

Extent of rights	On site	By phone
Full rights The person I have authorised has the right to act to the same extent as I can. This means they can book and cancel appointments on my behalf, fill in and sign forms and applications on my behalf, and obtain health information about me even when I am not present. The person I have authorised has the right to obtain medical records or decisions concerning me that are necessary for acting on my behalf without a separate written request for information. However, a separate written request for information may be required on a case-by-case basis (e.g. extensive requests for information).		

If you do not give the authorised person full rights, specify below which rights you are giving them	On site	By phone
Scheduling and cancelling appointments The person I have authorised may obtain information on my booked appointments, book appointments on my behalf by phone or in person on site, and cancel appointments booked for me. I am aware that the authorised person may be informed of the reason for the appointment.		
Applications and forms The person I have authorised may fill in, sign and submit forms and applications on my behalf.		
Right to obtain information Health information about me may be disclosed by phone or at meetings to the person I have authorised even when I am not present. Such information may include future appointment times as well as my diagnoses, results, and decisions received.		
Right to obtain records The person I have authorised has the right to obtain medical records or decisions concerning me that are necessary for acting on my behalf without a separate written request for information. However, a separate written request for information may be required on a case-by-case basis (e.g. extensive requests for information).		

If you want to limit or further specify the extent of your authorisation, please fill in one of the two options below:

a) I want the authorisation to apply only to the following health care services, functions or matters (e.g. oral health care)

b) I want the authorisation to apply to all health care services, functions or matters except the following (e.g. oral health care)

I am aware that I can cancel the authorisation by notifying a health care services unit of this 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

The power of attorney will be processed within seven working days of its receipt by the Social Services, Health Care and Rescue Services Division of the City of Helsinki. The power of attorney will enter into force at the earliest when its authenticity has been verified from the authorising person.

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 _____._____._____