

Arrival date (to be filled in by the authority)

Person to whose care or treatment this objection refers

Name (obligatory information)

Personal identity code (obligatory information)

Address (obligatory information)

Telephone number

Topic of the objection (on a separate attachment, when necessary)

What happened, where and when (on a separate attachment, when necessary)

Proposed Corrections

Date, signature and contact information of the person sending this objection

Place and date
Signature and name in block capitals
Address
Telephone number

Power of Attorney

If the person is unable to submit an objection, someone close or family member may also submit it. A power of attorney is not required, but without it, you will not be able to receive a response containing confidential information.

I authorize	to handle my objection
The address of the authorized	
The telephone number of the authorized	
Place and date	
Authorizer's signature and name in block capitals	

The objection should be sent to the following address:

City of Helsinki Registrar's Office/ Social Services, Health Care and Rescue Services Division, PO Box 10, FI-00099 CITY OF HELSINKI

The objection can be submitted electronically via <https://suojattusahkoposti.hel.fi/> by first identifying yourself using e-banking codes. Send the completed form as an email attachment to the registry office. The address is helsinki.kirjaamo@hel.fi. The signature is confirmed through strong electronic authentication when logging in to the e-mail service.

A solution given due to the objection cannot be appealed (Act on the Status and Rights of Patients, Section 15; Act on the Status and Rights of a Social Welfare Customer, Section 23). The objection does not prevent the application of other correction methods.