

## POWER OF ATTORNEY

for acting on someone's behalf within Central  
Ostrobothnia Joint Municipal Authority for  
Social and Health Services Soite

Has been received, date: \_\_\_\_\_

### The power of attorney is granted by

First name and surname	Social security number
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### The power of attorney is granted to

First name and surname	Social security number
Address	
Zip code and town	Telephone number

### The scope of the power of attorney within Soite

<input type="checkbox"/>	I authorize the above mentioned person to act on my behalf in Soite's health services, e.g. when it comes to booking appointments, asking for laboratory results etc.
<input type="checkbox"/>	I authorize the above mentioned person to only act on my behalf when it comes to a specific benefit or matter: <input type="checkbox"/> in health services: <input type="checkbox"/> in primary health care <input type="checkbox"/> in specialized health care <input type="checkbox"/> in social services: <input type="checkbox"/> in older people services <input type="checkbox"/> in services for people with disabilities <input type="checkbox"/> in services for working age people  The power of attorney applies to:
<input type="checkbox"/>	Electronic transactions in Omapalvelu, which is part of the client data system in social services in Soite: <input type="checkbox"/> in older people services <input type="checkbox"/> in services for people with disabilities <input type="checkbox"/> in services for working age people

### The information that is disclosed

The person who is granted the power of attorney may be disclosed the following confidential information within the scope of the power of attorney (please see the scope above), with the exception of the information that is in Omapalvelu, which is part of the client data system in social services in Soite:	
- information on benefits and other information on the economic status	<input type="checkbox"/> yes <input type="checkbox"/> no
- information on health/care/services	<input type="checkbox"/> yes <input type="checkbox"/> no
It is forbidden to disclose confidential information to other people besides the person concerned if s/he hasn't given her/his permission for disclosing that specific information.	

### Validity of the power of attorney

<input type="checkbox"/> The power of attorney is valid until further notice	<input type="checkbox"/> The power of attorney is valid till: _____ day _____ month _____ year
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### Signature of the person who grants the power of attorney

Date	Signature of the person who grants the power of attorney and the name in block letters

### Witnesses

Date	Date
Signature and name in block letters	Signature and name in block letters

### Instructions - Power of attorney for acting on someone's behalf within Central Ostrobothnia Joint Municipal Authority for Social and Health Services Soite

#### To the patient/client

A person who is of age and has legal capacity may grant a power of attorney. If a patient/client has problems with his/her memory, is intellectually disabled or otherwise incapable of understanding the significance of a power of attorney, the Local Register Office (Maistraatti) must be contacted in order to get a guardian appointed for him/her.

**Through a power of attorney** (edunvalvontavaltuus) a person may make sure in advance that his/her affairs will be taken care of even if s/he is later incapable of doing so himself/herself e.g. because of deteriorating health. You may ask the Local Register Office (Maistraatti) for more information.

If you wish different persons to handle different services/benefits, a separate power of attorney must be drawn up for each service/benefit.

#### Canceling a power of attorney

The person who has granted a power of attorney has to inform the Central Ostrobothnia Joint Municipal Authority Soite in writing about cancelling the power of attorney (there is a separate form for cancelling a power of attorney).

#### The power of attorney is sent to Soite's registry office (arkiston kirjaamo). The address is:

K-P:n sosiaali- ja terveystalvelukuntayhtymä Soite  
Arkiston kirjaamo  
Mariankatu 16 - 20  
67200 Kokkola

#### Instructions to units within Central Ostrobothnia Joint Municipal Authority

The fact that a power of attorney has been granted, is noted on the SUOSTU page in the medical records system under the phrase "Valtakirjan olemassaolon kirjaaminen" (note about the existence of a power of attorney) and in the social services client database on the page "Luvat" (authorizations).