



Keski-Pohjanmaan sosiaali- ja
terveyspalvelukuntayhtymä

Central Ostrobothnia Joint Municipal Authority for Social and Health services Soite

Power of attorney for acting on someone's behalf

A person who has full legal capacity may grant power of attorney to another person who has legal capacity, so that that person may act on his/her behalf in Soite's social services and health care services. One form for power of attorney can be used to grant one person the power of attorney.

Information about the person granting the power of attorney

First name and surname:

Social security number:

I grant the following person power of attorney to act on my behalf

First name and surname:

Social security number:

Address:

E-mail address:

Telephone number:

The scope of the power of attorney

Full rights:

The person I have granted power of attorney to is allowed to act on my behalf in the same scope as I and is allowed to see the same information in the client registers for social welfare and the patient registers for health care services. The person may hereby be given documents about me.

Full rights including electronic services

OR

Limited rights:

I limit the scope of the power of attorney to the following services:

- Electronic transactions in the client data system Omapalvelu in social services
- Electronic transactions in the Omahoito service in health care services
- Asking about appointments and laboratory results
- A specific benefit or matter in social services or health care services:

I am aware that I may take back the power of attorney e.g. by filling in the form Valtakirjan peru-
minen or alternatively, with a freely formulated written notice to a unit in social services or health
care. The power of attorney is processed within seven working days.

Validity of the power of attorney

- The power of attorney is valid until further notice
- The power of attorney is valid until (ddmmyyyy):

Signature by the person granting the power of attorney

Date

Signature by the person granting the power of attorney and name in block letters

Witnesses

Date

Signature and name in block letters

Date

Signature and name in block letters

To the patient/client

A power of attorney may be granted by a person who is of age and who has legal capacity. If a patient/client is incapable of understanding the significance of a power of attorney, the Digital and Population Data Services Agency must be contacted in order to get a guardian appointed for him/her.

Through a continuing power of attorney, 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. [Digital and Population Data Services Agency](#) (in Finnish or Swedish).

The power of attorney is sent to Soite's archive at the address

K-P:n sosiaali- ja terveystalvvelukuntayhtymä Soite

Arkiston kirjaamo

Mariankatu 16 – 20, 67200 Kokkola

A unit in Central Ostrobothnia Joint Municipal Authority for Social and Health services Soite

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). The power of attorney is taken into use in the electronic systems in accordance with the power of attorney given.