

OBJECTION RELATED TO THE PATIENT'S CARE AND/OR TREATMENT

(Section 10 of the Act on the Status and Rights of Patients 785/1992)

Patient	Family name and all given names	Person	nal identity code	
whose care or treatment	Street	Teleph	none number	
the objection				
concerns	Zip code	City/to	wn	
Date and place of treatment				
or treatment				
Reason for the objection (on a	malpractice or a procedural error	р	rescription of medications	
separate at- tachment if	patient record entries	in in	appropriate conduct	
required)	- autification and attaches	□.		
	certificates and statements		ompliance with secrecy provisions	
	access to information	S	omething else	
Has the place of care been con-	□ no			
tacted or given feedback on the			aiof abvaision	
incident	yes, whom: ward nurse		nief physician	
	attending physician	p	atient ombudsman	
		S	omeone else, whom:	
What happoned w	whore and when?			
What happened, where and when?				
What action would the person filing the objection like the health care unit's management to take?				
Sections 10 and	the Act on If, when processing the objection, it emerges that the patient's care or treatment may result in liability for malpractice referred to			
15 of the Act on the Status and				
Rights of Patients	court, cancellation or limitation of rights to exercise a profession, or a disciplinary procedure referred to in the legislation on health care professionals or some other statutory disciplinary procedure, the patient must be provided with advice on how to			
	initiate the matter before the competent authority or body.			
	An objection must be resolved within a reasonable delay after it was filed, and any correspondence associated with the objection will not be included in your patient records. A decision made on an objection may not be appealed.			
	I give my consent to a copy of the response to the objection being sent to the patient ombudsman.			
Data simustrus	In, date	Signature		
Date, signature and name in				
block capitals	/ 20	/ 20 Name in block capitals		
Mailing address:	Health care services for prisoners	Response to the	Director of Health care services for prisoners Health care services for prisoners	
. g	c/o National Institute for Health and Welfare Mannerheimintie 166, PO Box 30, FI-00271 Helsinki	objection will be provided by:	c/o National Institute for Health and Welfare Mannerheimintie 166, PO Box 30, FI-00271	
		provided by.	Helsinki	