

Confidential under section 24(25) of the Act on the Openness of Government Activities

## Request for information concerning health care patient data

Name (including previous names)	Personal identity code
Address	
Postal code and city	Telephone number
Name and telephone number of guardian* / legal guardian** (and data delivery address if it is other than address above)	
<p>* Add the child's consent for a child aged over 15 as an attachment to the request</p> <p>** Attach a document proving guardianship to the request</p>	

<p>Request for data (select the appropriate format):</p> <p>Request for patient record data (0 €) <input type="checkbox"/> *</p> <p>Request for digital X-ray images on a <input type="checkbox"/> CD (€28.50) OR <input type="checkbox"/> USB flash drive (32 GB) (€28.50) **</p> <p>Request for isotope images on a CD (€28.50) OR USB flash drive (32 GB) (€28.50) **</p> <p>Electronic image transfer (0 €), please select below the party to whom the image is to be transferred:  <input type="checkbox"/> KYS <input type="checkbox"/> HUS <input type="checkbox"/> Terveystalo <input type="checkbox"/> Pihlajalinna <input type="checkbox"/> PK Terveys <input type="checkbox"/> Mehiläinen</p> <p>*A fee may be charged for a request made by the data subject in accordance with section 34 of the Act on the Openness of Government Activities (see the Siun sote price list, price includes VAT).</p> <p>**If you order X-ray images that require two different CDs/memory sticks, you will be charged €28.50 per CD/memory stick.</p> <p>I am requesting information concerning the following health centre, dental clinic, child health clinic or specialised medical care unit</p>
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<p>I am requesting data from my following patient documents (as clearly as possible, specify the documents to which your request for information applies (e.g. disease, disability, treatment period, time period))</p>	
<p>Date, signature and name in block letters*</p>	
<p>*A form delivered by post<sup>1)</sup> must be dated and signed. If the signature is missing, the requested copies cannot be delivered.</p>	
<p>Form delivery address<sup>1)</sup></p> <p>Patient records archive North Karelia wellbeing services county - Siun SOTE Tikkamäentie 16 80210 Joensuu</p>	<p>Received (recipient fills in)</p>

A patient has the right to access documents concerning themselves (section 12 of the Act on the Openness of Government Activities 621/1999).  
Patient records are confidential (section 4 of The Act on the Processing of Client Data in Healthcare and Social Welfare 703/2023). The recipient is responsible for the proper handling and disposal of the provided documents.

<sup>1)</sup> You can send the request directly to the wellbeing services county's patient records archives using the electronic form at <https://miunpalvelut.fi/>. The use of the service requires identification.