

CONSENT TO MANAGE CERTAIN TASKS ON BEHALF OF THE CLIENT/PATIENT

Information about **the giver of the consent** (client/patient)

Surname	Given names
Social security number	Phone

Information about the receiver of the consent

Surname	Given names
Social security number	Phone
Address	

The consent applies to

<input type="checkbox"/> Managing the patient's care within health care (e.g. appointments, getting results from the laboratory etc.) <hr/>
<input type="checkbox"/> Managing the client's tasks with the authorities within social care (which service tasks etc.): <hr/>

The consent is valid

until further notice temporarily until ____/____20____ and applies to the Social- and health sector in Vaasa.

I am aware that I can cancel the consent at any time, by declaring this in written form to the social and/or health care offices.

The information about the consent will be saved in the patient and/or client data systems.

Date and signature of the giver of the consent

Place:	Date ____/____20____
Signature	
Clarification of signature	