

**OBJECTION**

Accordance with the Act on the Status  
and Rights of Patients (785/1992)

Postal address: The wellbeing services county of Southwest Finland / Registry, PB 52, 20521 Turku Attachments \_\_\_\_\_

<b>1. Personal details</b>	Surname, first name	Social security number
	Postal address	
	Postal code and place	Telephone
	Contact details for the guardian of an incompetent or a minor patient	
<b>2. Subject of objection</b>	The health care unit	
	Period of time	
	What or who does the objection concern? (E.g. name, title)	
<b>3. Description of events</b>	<input type="checkbox"/> Attachments used	
<b>4. Possible solution</b>		
<b>5. Consent</b>	I give my consent to health care personnel to disclose such information on my health as is necessary for investigation of this objection, without prejudice to what has been decreed on confidentiality of documents and obligation of secrecy of authorities.  <input type="checkbox"/> I give consent <input type="checkbox"/> I do not give consent	
<b>6. Signature</b>	Date	Patient's name and signature
<b>7. Authorization</b>	I authorize _____ to handle my objection.	
	Name and contact details for the authorized	
	Date	Name and signature of the patient (or the guardian)

## INSTRUCTIONS FOR FILING AN OBJECTION

In the accordance with the Act on the Status and Rights of Patients (785/1992), the patient has a right to file an objection concerning the care and/or treatment they have received. The objection is addressed to the health care unit in question and to the person in charge.

The principal cause of action is to file an objection instead of a complaint. If you file a complaint, the Regional State Administrative Agency or Valvira may transfer the complaint to the health care unit to be handled as an objection.

The person in charge is obligated to give a written reply to the objection in a reasonable time. There is no right of appeal for decisions stated in the objection. Filing an objection does not restrict your right to file a complaint.

You can file an objection with a specific form or as a freely written text in which you indicate that you are filing an objection.

### How to fill the form

#### Personal details

Name and contact details of the person whose care or treatment is in question. When applicable, also the name and contact details for a possible guardian.

#### The recipient of the objection

Details of the health care unit, the period of time and the health care personnel. If the objection refers to more than one unit, it is best to file an objection separately for each unit.

#### Description of events

A description of the events leading to the objection in as much detail as possible. Here you can also ask questions or ask for clarifications. You can also write on the other side of the form or use an attachment.

#### A possible solution

As a patient you can suggest a solution for fixing the situation. You cannot file for a financial compensation or change client fees with an objection.

#### Signature and authorization

The patient or the guardian signs the objection. If someone other than the patient deals with the objection, the patient must fill in the authorization details.

An objection that concerns the Wellbeing services county of Southwest Finland is delivered to the following address: **The Wellbeing services county of Southwest Finland / Registry, PB 52, 20521 Turku**. Suomi.fi/Messages can also be used.

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**Patient Ombudsmen** give information about patient rights. They also advice and help with an objection if needed.

You can reach Patient Ombudsmen

by phone +358 2 313 2399

by Suomi.fi/messages in a secure way

by e-mail potilasasiamies@varha.fi (not secure - do not include personal information).