



Objection

Act on the status and rights of patients (785/1992, 10 §)

Dear patient/family member/other close person,

If you are dissatisfied with the given treatment, care or service, you may submit an objection. The objection can be submitted using this objection form or as a freeform letter, in which it is stated that the letter is an objection. Under special circumstances, the objection can be submitted orally. If submitted orally, the objection is documented in this form by the person receiving the feedback.

Deliver the filled-in form to the patient contact person of the unit in question. The contact information of the patient contact persons are listed under "people in charge" in each unit, mehilainen.fi/en/locations

The reply to the objection is sent to the submitter of the objection in written form. A decision on an objection may not be appealed (Act on the status and rights of patients 15§). The objection and documents associated with the objection (replies requested from personnel and the reply to the submitter of the objection) are not attached to the patient records, but please contact the email address or phone number displayed on the invoice. If needed, the patient contact persons advises and assists in matters related to the reminder.

Person whose care or treatment this objection concerns

Name	Personal identity code
Address	Telephone number

Subject of objection (if necessary, submit as separate attachment)

Malpractice, service or procedural error

Patient record entries

Certificates and statements

Access to information

Prescription of medicines

Inappropriate conduct or treatment

Compliance with secrecy provisions

Access to treatment

Other

Attachment

Object of objection

Unit (e.g. ward, outpatient clinic)	Time of the event
Who (e.g. name and position) or what does the objection concern?	

Description of the event (if necessary, submit as separate attachment)

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Attachment

What measures does the submitter of the objection want Mehiläinen to take

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Contact information and signature of the submitter of the objection

Date	Name	
Address		Telephone number
Signature and name clarification		

Consent of the person the objection concerns

I consent that a healthcare authority or other provider of healthcare services may provide information concerning my customership, that is necessary to the processing of the objection without the inhibition of what is stated about document secrecy and duty of confidentiality. I also consent that documents concerning the objection and the reply to the objection may be provided to the patient contact person.

Date	Signature and name clarification
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The objection does not limit your right to file a complaint to supervisory authorities. After receiving the reply to the objection, your right to file a complaint to supervisory authorities remains. Supervisory authorities are: Regional State Administrative Agencies or the National Supervisory Authority for Welfare and Health (VALVIRA).