



## Power of attorney for handling matters on behalf of another person in Mehiläinen

### Grantor

Given name(s)	Family name	Personal identity code
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### Grantee

Given name(s)	Family name	Personal identity code
Address	Postal code and city	Telephone number

### Extent of the power of attorney

I grant the aforementioned person to handle matters on my behalf in companies belonging to the Mehiläinen corporation and I grant the aforementioned person to handle the following matters on my behalf:

- ☐ Booking and cancellation of healthcare appointments and inquiries concerning future bookings
- ☐ Patient record orders
- ☐ Billing information/payment matters
- ☐ Collection of health-related patient documents (e.g. laboratory test results), please specify:

Limitations of the power of attorney (specify the matters that the power of attorney does not include, e.g. disease/accident, time period or specify the matters the power of attorney only includes):



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### Period of validity

The power of attorney is valid

☐ Until further notice (valid for two years)

☐ For a fixed period of time, from \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_ until \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_

I am aware that I may revoke the grant by informing a Mehiläinen medical center in written form. My grant is saved in Mehiläinen's patient register. The power of attorney is to be delivered to a Mehiläinen unit personally by the grantor or grantee. If the power of attorney is delivered by the grantee, the power of attorney must be witnessed by two witnesses. When the power of attorney is delivered, the identification of the deliverer is verified from a driver's licence, passport or photo ID card.

#### Signature of grantor

\_\_\_\_\_  
Date and location

\_\_\_\_\_  
Signature and printed name

### Receiving the power of attorney

The receiver/unit fills in.

The identification of the person delivering the power of attorney (grantor/grantee) must be verified from an identification document with photo.

#### Identity verified

☐ Passport (issued by a member state of the European Economic Area (EEA), Switzerland, or an authority in San Marino)

☐ Driver's licence (issued by a Finnish authority)

☐ Photo ID card (issued by the police)

\_\_\_\_\_  
Date and location

\_\_\_\_\_  
Name of the receiver of the power of attorney

\_\_\_\_\_  
Unit where the power of attorney is received

The power of attorney is archived in Mehiläinen's patient register in accordance to Mehiläinen's directives.

4.11.2025