

Power of attorney for handling matters on behalf of another person at Mehiläinen

Grantor

Family name and given name(s)

Personal identity code

Grantee

Family name and given name(s)

Personal identity code

Address

Postal code and city

Telephone number

Extent of empowerment

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

Collection of health-related patient documents (e.g. laboratory test results), please specify: _____

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

POWER OF ATTORNEY**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 can revoke the power of attorney by notifying a Mehiläinen medical center in writing. The power of attorney is saved in Mehiläinen's patient register. The power of attorney is to be delivered to a Mehiläinen unit in person 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. Upon delivery, 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

Witnesses

Witness 1

Witness 2

Signature and printed name

Signature and printed name

Receiving the power of attorney

To be filled in by the recipient/unit

The identification of the person delivering the power of attorney (grantor/grantee) must be verified from a photo ID.

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 with Mehiläinen's guidelines.