

**OBJECTION RELATED TO THE PATIENT'S CARE AND/OR TREATMENT**

(Section 10 of the Act on the Status and Rights of Patients 785/1992)

Patient whose care or treatment the objection concerns	Family name and all given names	Personal identity code	
	Street	Telephone number	
	Zip code	City/town	
Date and place of treatment			
Reason for the objection (on a separate attachment if required)	<input type="checkbox"/> malpractice or a procedural error	<input type="checkbox"/> prescription of medications	
	<input type="checkbox"/> patient record entries	<input type="checkbox"/> inappropriate conduct	
	<input type="checkbox"/> certificates and statements	<input type="checkbox"/> compliance with secrecy provisions	
	<input type="checkbox"/> access to information	<input type="checkbox"/> something else	
Has the place of care been contacted or given feedback on the incident	<input type="checkbox"/> no		
	<input type="checkbox"/> yes, whom:	<input type="checkbox"/> ward nurse	<input type="checkbox"/> chief physician
	<input type="checkbox"/> attending physician	<input type="checkbox"/> patient ombudsman	
	<input type="checkbox"/> someone else, whom:		
What happened, where and when?			
What action would the person filing the objection like the health care unit's management to take?			
Sections 10 and 15 of the Act on the Status and Rights of Patients	Filing an objection does not restrict the patient's right to file a complaint concerning their care or the way they were treated while in care to the authorities supervising health and medical care.		
	If, when processing the objection, it emerges that the patient's care or treatment may result in liability for malpractice referred to in the Patient Injuries Act (585/1986); liability for damages referred to in the Tort Liability Act (412/ 1974); or charges before a court, cancellation or limitation of rights to exercise a profession, or a disciplinary procedure referred to in the legislation on health care professionals or some other statutory disciplinary procedure, the patient must be provided with advice on how to initiate the matter before the competent authority or body.		
	An objection must be resolved within a reasonable delay after it was filed, and any correspondence associated with the objection will not be included in your patient records. A decision made on an objection may not be appealed.		
	<input type="checkbox"/> I give my consent to a copy of the response to the objection being sent to the patient ombudsman.		
Date, signature and name in block capitals	In, date	Signature	
	/ 20	Name in block capitals	
Mailing address:	Patient Ombudsman Raija Kangas Health care services for prisoners / Prison Hospital PO Box 181 FI-13101 Hämeenlinna	Response to the objection will be provided by:	Director of Health care services for prisoners Antti-Jussi Ämmälä Health care services for prisoners c/o National Institute for Health and Welfare Mannerheimintie 166, PO Box 30, FI-00271 Helsinki