

MEDICAL RECORDS REQUEST FORM

Legal basis of request	<p>I hereby request copies of my medical records on the basis of the European Union General Data Protection Regulation 2016/679 (GDPR), Article 15, from:</p> <p><input type="checkbox"/> Patient records</p> <p><input type="checkbox"/> Another registry: _____</p> <p>To request records from the social services, use the separate social services record request form.</p>			
Patient's details	Full name (include any previous names)		Personal identity code	
	Address (street name, apartment no., postal code, city)		Telephone number	
Legal guardian or trustee's details	Full name		Personal identity code	
	Address (street name, apartment no., postal code, city)		Telephone number	
	<p>A legal guardian or trustee must present a power of attorney in proof of their right to request the medical records of another person. The power of attorney must include a written statement of the right to request medical records on behalf of the person under guardianship.</p> <p><input type="checkbox"/> Power of attorney attached</p> <p>Pohde retains the right to request further proof of identity if needed, and to verify the guardianship of minors with the Finnish Digital and Population Data Services Agency (DVV). Children over the age of 12 years are required to sign the medical records request themselves.</p>			
Municipal health care centre or hospital from which the records are requested	<input type="checkbox"/> Alavieska <input type="checkbox"/> Haapajärvi <input type="checkbox"/> Haapavesi <input type="checkbox"/> Hailuoto <input type="checkbox"/> Ii <input type="checkbox"/> Kalajoki <input type="checkbox"/> Kempele <input type="checkbox"/> Kuusamo	<input type="checkbox"/> Kärsämäki <input type="checkbox"/> Liminka <input type="checkbox"/> Lumijoki <input type="checkbox"/> Merijärvi <input type="checkbox"/> Muhos <input type="checkbox"/> Nivala <input type="checkbox"/> Oulainen <input type="checkbox"/> Oulaskangas Hospital (OAS)	<input type="checkbox"/> Oulu <input type="checkbox"/> Oulu University Hospital (OYS) <input type="checkbox"/> Pudasjärvi <input type="checkbox"/> Pyhäjoki <input type="checkbox"/> Pyhäjärvi <input type="checkbox"/> Pyhäntä <input type="checkbox"/> Raahel <input type="checkbox"/> Raahel Hospital (RAS)	<input type="checkbox"/> Reisjärvi <input type="checkbox"/> Sievi <input type="checkbox"/> Siikajoki <input type="checkbox"/> Siikalatva <input type="checkbox"/> Taivalkoski <input type="checkbox"/> Tyrnävä <input type="checkbox"/> Utajärvi <input type="checkbox"/> Vaala <input type="checkbox"/> Ylivieska

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	Health care centre or hospital unit, ward, etc. details
Specific records requested	Date or time of records, e.g. the years 2001–2025.
	Additional information, e.g. records related to knee surgery, MRIs on USB flash drive, etc.
Date and signature	Date _____ Signature and name in print _____

You can request copies of your medical record free of charge once per year. **Medical imaging data saved on a USB flash drive costs 20 € per request, but an online transfer to another Finnish hospital or any of the major private practices in Finland is free.** If you request the same records multiple times a year, a per-page fee will be charged, more information <https://pohde.fi/meilla-asiakkaana/potilastietojen-ja-sosiaalihuollon-asiakastietojen-pyytaminen/>. Return this form to arkisto@pohde.fi using a secure or encrypted email; you can use the free Pohde secure email service at <https://turvaposti.pohde.fi/>. Make sure that the **original signatures are visible** on the form; take a photo or scan the signed form, then attach it to the email. Qualified eSignatures are also accepted (must contain official time and date stamps). If your request for copies of medical records is declined, you will be issued a certificate of refusal, in which the reason for the refusal will be explained and instructions on how to appeal the decision are provided.

Return address:
arkisto@pohde.fi
Pohde
Arkisto- ja kirjaamoyksikkö / Archive
P.O. Box 10
90029 POHDE
tel. 08 315 6126

In-person service:
Pohde
Kirjaamo / Registry
Technopolis, Kiviharjunlenkki 1 C, ground floor
90220 Oulu
Open Mon–Fri 9:00 to 15:00