

Vastaanotettu / Received / 20

Registrar	<p>The Hospital District of Southwest Finland PB 52, 20521 Turku</p>	
Demand for rectification	<p>I demand for rectification of the information in my patient data register as follows:</p> <p>Erroneus data <input type="checkbox"/> should be erased <input type="checkbox"/> should be rectified <input type="checkbox"/> should be supplemented</p>	
	<p>The content and grounds for the Demand for Rectification of Information (if necessary, please continue with a separate annex)</p> <p style="text-align: right;"><input type="checkbox"/> More information in the annex</p> <p>Writer of the text, hospital unit (clinic/ward/other unit) and treatment period (you can also attach a copy of the text to be corrected)</p>	
Information of the request maker	Name	Personal identity code
	Address	Phone number
	Date / 20	Signature

If the request is not accepted, the patient will be given a written reply about the decision. The reply will include the grounds for denial.

Signed form is to be delivered to the archive of the hospital the data is required from. The request can be delivered by mail (address: Varsinais-Suomen sairaanhoitopiiri/kirjaamo, PL 52, 20521 Turku). A free-form request can also be sent electronically via Suomi.fi Messages. (Instructions for E-Services can be found on our homepage (<http://www.vsshp.fi/en/yhteystiedot/Pages/kirjaamot.aspx>.)