

This individualised authorisation empowers the authorised person to act on behalf of the undersigned in the electronic Maisa service.

With this authorisation, a legally competent person can authorise another legally competent person to act on their behalf in healthcare and social welfare services, including electronic services. Maisa is a customer portal where healthcare and social welfare client and patient records are stored as one entity. Acting on behalf of another person in electronic services requires an authorisation for both healthcare and social welfare services even if only one of the two will be used. One authorisation can be used to authorise one person.

## INFORMATION OF PERSON GRANTING AUTHORISATION

Last and first names	Personal identity code
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### Extent of granted authorisation

*Full rights:* The person I authorise can act on my behalf to the same extent as myself, and they can view the same information in the social welfare client register, healthcare patient register and HUS patient register as myself.

*Appointments and messages:* The person I authorise can make appointments on my behalf, cancel appointments, send messages concerning me to a professional or fill in forms on my behalf. I do not necessarily see all the messages sent by the authorised person. I am aware that the person I authorise can view my appointment information, including the reason for reserved appointments. However, the authorised person cannot view my other client and patient information.

*Read only:* The person I authorise can view all my client and patient information but cannot send messages or forms to a professional or make appointments on my behalf. I authorise the aforementioned person to act on my behalf to the following extent.

**I grant the person authorised in this document to act on my behalf to the following extent:**

<input type="checkbox"/> Full rights	<input type="checkbox"/> Appointments and messages	<input type="checkbox"/> Read only
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## INFORMATION OF AUTHORISED PERSON (ACTING ON BEHALF)

Last and first names	Personal identity code
Telephone number	
<input type="checkbox"/> Authorisation is valid until further notice <input type="checkbox"/> Authorisation is valid until . . .	

## DATE AND SIGNATURE

Date
Signature