

Use this form if you wish to check your patient register access log data. Log data are delivered in accordance with section 26 of the Act on the Electronic Processing of Client Data in Healthcare and Social Welfare (784/2021). Clients are not entitled to log data older than two years, unless they have specific and justified reason.

You can print the form and send it by regular mail or electronically by using the Suomi.fi Messages service. Paper forms must be signed, and electronic forms require identification in the Suomi.fi service.

**REQUESTER INFORMATION**

Name	Social security number
Address and city	
Telephone number	Date
Email address	

**REQUEST INFORMATION**

Requested time period for logs
logsAdditional information (e.g. which hospital(s) you have been treated at)

I want the information to be delivered as follows:

Paper copies by mail to the above address

Electronically to the Suomi.fi Messages service

**Send the signed form by mail to the hospital district registry.**

**Electronically submitted forms do not require a signature.**

Signature and name in print
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**HUS Central Registry  
P.O. Box 200  
00029 HUS**