

<b>Name:</b>	<b>Social security number / Date of birth:</b>
<b>Address:</b>	<b>Postal code and city:</b>
<b>Country:</b>	<b>Mobile phone:</b>
<b>E-mail (in frequent use):</b>	
<b>Next of kin (name and contact information):</b>	
<b>Contact details for guardian/trustee (if necessary):</b>	
<b>How did you find out about Docrates</b> <input type="checkbox"/> Recommendation of a friend <input type="checkbox"/> Via Google search/homepage <input type="checkbox"/> Newspaper advertising <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Facebook <input type="checkbox"/> Newspaper article <input type="checkbox"/> Other online advertising <input type="checkbox"/> Other source, what exactly? _____	
When you provide your email address, you will receive notifications related to your interactions – such as reminders for upcoming appointments and notifications of completed test result. If you prefer not to receive these messages, you can opt out through OmaMehiläinen or by visiting one of our locations.	
Docrates Cancer Center can send me marketing messages and information about the hospital. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	

### Important Information About the Processing of Your Patient Records

Mehiläinen operates with several service providers. When you visit a private practice, Mehiläinen and the independent practitioner treating you act as joint data controllers. If the practitioner operates through a company, Mehiläinen and the respective company are joint data controllers.

For other services provided by Mehiläinen, such as occupational health and the OmaMehiläinen service, Mehiläinen acts as an independent data controller.

When you visit Mehiläinen, the processing of your patient records is primarily based on the current national social welfare and healthcare legislation. To ensure that the healthcare professionals treating you can provide the best possible care, they need information about your health status and essential details from previous appointments recorded by other professionals.

Please note that the use and review of your information between professionals may also be based on the Kanta consent. The Kanta consent is different from the expressions of will you provide to Mehiläinen. Your expressions of will to Mehiläinen do not affect how your information is visible through the Kanta service. For more information, visit: [www.kanta.fi/en/consent-to-sharing-patient-data](http://www.kanta.fi/en/consent-to-sharing-patient-data)

Read more about data protection and the use of personal data in the privacy statements at [www.mehilainen.fi/en/data-protection](http://www.mehilainen.fi/en/data-protection)

### Please indicate your will and consent below: (☒)

- I have read and confirmed the basic information provided above.
- I acknowledge that my patient records will be stored in Mehiläinen Oy's centralized register.
- The use of my patient records among parties involved in my care at Mehiläinen.** I allow healthcare service providers involved in my care to access my information stored in Mehiläinen's patient information system when necessary for my treatment relationship.
- I acknowledge that the person who treated me is permitted to provide feedback about my treatment to the referring party.
- I give my consent to obtain all necessary information about my care from the facilities that have examined and treated me (please specify if needed):

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I understand that essential patient information for my care may be shared with the follow-up care facility or professional responsible for my continued treatment, as agreed with me.

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**Place and date:**

/ / 20

**Signature:**

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