

Notification of problems in health care

If you need more space, write your story in a Word document with same headlines.

Patient data

First name

Surname

Personal number

Phone/mobile

Address

Name of Healthcare Institutions (Where care has been given)

Date

Signature

E-mailadress

If other person than patient has written

Relation to the patient

First name

Surname

Address

Phone

Mobile

Date

Signature

E-mailadres

Postadress: Patientnämnden 801 88 Gävle

If the processing of personal data. In the event that you are turning to patient Board with comments on your care and treatment, we will treat your personal information. These may include name, contact details and information about health care. This information, we need to be able to deal with your case. The legal basis of the processing in accordance with the data protection Regulation (GDPR) is in the public interest or for compliance with a legal obligation. The data are saved in perpetuity. On regionengavleborg.se there is more information on the processing of personal data in the Region, Gävleborg County.

Why are you taking contact? What is the main problem

Background, a short summary of the history you think is relevant for the current problem.

Which questions do you want replied?

Your proposal for action based on the information you have described.

Postadress: Patientnämnden 801 88 Gävle

If the processing of personal data. In the event that you are turning to patient Board with comments on your care and treatment, we will treat your personal information. These may include name, contact details and information about health care. This information, we need to be able to deal with your case. The legal basis of the processing in accordance with the data protection Regulation (GDPR) is in the public interest or for compliance with a legal obligation. The data are saved in perpetuity. On regionengavleborg.se there is more information on the processing of personal data in the Region, Gävleborg County.