

# Form for choice of health care unit



Name
Address
Post code, town

Personal ID number
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Phone number and other information
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*Your details will be treated in line with the Personal Data Act.  
The controller of personal data is the Regional Board.*

## I choose the care unit:

NB Full name of care unit, location
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*Your care choice will apply until further notice or until you choose a new care unit.*

**I have read “What care choice involves for me” and accept the terms** (see other side).

## Signed

Date	Signature	Name in block capitals:
	Signature	Name in block capitals:

*To be signed by parent or guardian of a child under 18. In cases of joint custody, the signature of both parties is required.*

In the event of questions about care choice, contact the care unit chosen or the Vårdval Service.

Phone: 0771-900 300, e-mail: vardvalsservice@regionhalland.se

**The choice form should be handed in at or posted to your chosen care unit.**

## Care unit's notes

Date when resident accepted	
Date and signature	Care unit code



## **Choice of care unit under Vårdval Halland**

### **What care choice involves for me**

As a resident of Halland I choose the care unit, privately run or run by Region Halland, that is to have the task of giving me health and medical care that is not hospital care. Through my choice I enter into an agreement with the care unit and I allow my personal data to be used to ensure consistent and safe care. The care unit chosen will be informed on an ongoing basis about other appointments within the framework of Vårdval Halland.

### **My part of the agreement**

I undertake to primarily approach the care unit chosen. I approve of it receiving my health and medical care allowance, an amount that the region annually sets aside to pay for the cost of the health and medical care of each inhabitant.

### **The care unit's part of the agreement**

The care unit must be able to offer me care as soon as possible and no later than three months from the date on which I sign and submit my choice form. The care unit will give me the health and medical care I need, following medical assessment of my needs. I will be able to contact them quickly for advice and treatment. The care unit will comply with the care guarantee.

### **Changing care units**

The care units I can choose from have been checked and approved by Region Halland. They comply with legislation and regulations and offer safe, high quality care.

A list of the approved care units is always shown on the region's website:

[www.regionhalland.se/vardval](http://www.regionhalland.se/vardval). The list can be obtained from the Vårdval service:

phone

0771-900 300 or by e-mail: [vardvalsservice@regionhalland.se](mailto:vardvalsservice@regionhalland.se), or from the approved care units.

**The choice form is on the other side.**