REGION SÖRMLAND

Send the completed form to:
Region Sörmland
Patient Advisory Committee Office
611 88 Nyköping

Power of attorney for the patient advisory committee

This form is for patients who want someone else to act as their proxy in their contact with the patient advisory committee office.

By signing this form, you authorize another person to represent you, which is known as giving them a power of attorney. Once you have done so, we will contact that person instead of you. You can revoke the power of attorney at any time. If you no longer want this person to be your contact with the patient advisory committee office, please contact us.

By signing the form, you authorize the patient advisory committee office to share confidential information about you with health care services and the person named in the power of attorney.

1. Donor (patient)

Name	Personal ID number	
Address	Post code	Town
Telephone		

2. Attorney (patient's proxy)

Name	Personal ID number	
Address	Post code	Town
Telephone		

I hereby give the above-named person a power of attorney to represent me in my contact with the patient advisory committee in Region Sörmland.
This power of attorney is valid for two years from the date below or until revoked.

-- (Signature of patient)

-- (Place and date)

About the processing of personal data
To enable the patient advisory committee to administer your case in the best possible manner, the committee needs to process (such as register and store) the personal data you provide in your written communication. Your written communication may be sent to the concerned care provider for a response. Both health care services and the patient advisory committee have a duty of confidentiality.