

Send the completed form to:
Region Sörmland
Patientnämndens kansli
611 88 Nyköping

Opinions and complaints for the patient advisory committee

This form can be used to submit opinions and complaints about health and dental care in Region Sörmland and its constituent municipalities. If you would like to submit an opinion or a complaint digitally instead, you can use the e-service at 1177: <http://1177.se/patientnamnden-sormland>
You do not need to submit any medical records.

1. Patient

Name	Personal ID number	Phone number
Address	Post code	Town
Email		

(Signature of patient)

(Place and date)

2. Proxy

If the patient is of legal age, a power of attorney should be included to enable the patient advisory committee office to administer the submission. If the patient is a child aged 13 or over, it is recommended that they also sign this form. A special form for a power of attorney for the patient advisory committee is available at the website www.regionormland.se/patientnamnden.

Name	Relationship to patient	Phone number
Address	Post code	Town
Email		

(Signature of proxy)

(Place and date)

3. Concerned care provider

Which care provider does the opinion or complaint concern? Care provider/clinic/hospital/municipality.
When did the event the opinion or complaint concerns occur?

4. Would you like us to forward the opinion/complaint to the care provider and request that they respond?

<p>Yes. I would like the care provider to respond to my opinion/complaint.</p> <p>No. I do not want the care provider to respond to my opinion/complaint.</p> <p>I would like my opinion/complaint to be forwarded to the care provider, but I do not want a response.</p>
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About the processing of personal data

To administer a complaint, the patient advisory committee needs to process personal data. These may include name, contact details and health care information. The legal grounds for the patient advisory committee's processing of personal data under the General Data Protection Regulation (GDPR) is public interest or legal obligation. More information about the processing of personal data within Region Sörmland can be found at www.regionormland.se. Both health care services and the patient advisory committee have a duty of confidentiality. The law requires that the person who is the subject of the complaint gives their consent to the processing of their personal data by the patient advisory committee. In the case of a minor, we require the consent of a parent or guardian.

5. Describe your opinion or complaint

What has happened? Briefly describe the event that your opinion or complaint concerns.

6. What questions would you like answered?

Describe the questions you would like answered.

Reference number

To be filled in by the patient advisory committee administrator