

**Objection related to patient care and treatment**

**Dear patient,**

We aim to maintain a high level of care and treatment. If you are nevertheless dissatisfied with the care or treatment you have received, you may submit an objection. We will respond to the objection and take any necessary corrective measures. The correspondence will not be appended to your patient records.

Name of the person whose treatment the objection involves		Personal identity code
Address		Telephone by day
Hospital and outpatient clinic/ward/other unit concerned		
Subject of the objection		
<input type="checkbox"/> Treatment method or procedure	<input type="checkbox"/> Prescription of medication	<input type="checkbox"/> Other, please specify:
<input type="checkbox"/> Access to treatment	<input type="checkbox"/> Patient record entries	
<input type="checkbox"/> Behaviour or treatment	<input type="checkbox"/> Certificates and statements	
<input type="checkbox"/> Compliance with non-disclosure provisions	<input type="checkbox"/> Access to information	
Description of the incident (use a separate supplement if necessary) and the action you want the hospital to take		
Place and date	Signature	Printed name
Address		Telephone by day

A decision on an objection cannot be appealed (Act on the Status and Rights of Patients, section 15)

Postal address: Wellbeing Services County of Pirkanmaa, Registry, PO Box 272, FI-33101 Tampere, Finland