



## NOTIFICATION OF SWITCHING HEALTH CENTRES / HEALTH STATIONS

Name \_\_\_\_\_

Personal identity code \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Current health centre / health station \_\_\_\_\_

Chosen health centre / health station and address \_\_\_\_\_

### I want to switch health centres / health stations

permanently (permanent health station): Health Care Act, Section 48

temporarily (treatment prescribed in my treatment plan) outside my permanent municipality of residence: Health Care Act, Section 47

### Reasons for switching health centres / health stations (voluntary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Responsibility to care for the patient shall be transferred to the chosen health station no later than three (3) weeks from the receipt of the notification.

I accept the transfer of my patient records to my chosen health centre / health station.

Time and date \_\_\_\_\_ . \_\_\_\_\_ . 20\_\_\_\_\_

Signature \_\_\_\_\_

**A separate form must be filled out for each transferring person. A new transfer is possible only after one (1) year has elapsed from the previous transfer.**

**This form is printed in two (2) copies, filled out, and returned both to the chosen health centre / health station and to the current health centre / health station.**

#### Staff fills out:

The notification has been received and the information entered into the patient information system (basic information, change of health centre):

\_\_\_\_\_ . \_\_\_\_\_ . 20\_\_\_\_\_

Recipient's signature and name in block letters

\_\_\_\_\_