
1. Person giving the consent

Personal identity code Family name and given names

2. Description of the cooperation and the purpose of processing the information

Organisations work together in order to evaluate your situation and to identify any benefits and services you may need. The purpose of the cooperation is to offer you suitable benefits and services at the right time.

Detailed description of the cooperation:

Your consent is needed to exchange, release or receive any information whose exchange is not specifically permitted by law. Information is exchanged only if it is necessary to allow the government agencies to work together and to achieve the abovementioned objective. The staff involved in the exchange and use of your information maintain confidentiality when performing their duties.

3. Statement of consent

I give my consent for the following organisations to exchange necessary information about my person:

- Kela
- TE Office
- The employment service of the city or municipal government
- Social services
- Health services
- Other

4. Types of personal information processed

I give my consent for the government agencies I have indicated above to exchange the following types of information about my person:

- name, personal identity code and contact details;
- information about education, employment history and professional skills;
- information about social benefits
- any information about the current life situation which may affect offers of benefits and services;
- any information about the current social situation which may affect offers of benefits and services;
- any information about the current state of health, work capacity and functional capacity which may affect offers of benefits and services;
- information about rehabilitation;
- information about any special arrangements I need to handle my affairs
- other information

Exceptions limiting the consent

- I do not want the following information to be exchanged as part of the cooperation between the government agencies:

5. Time of validity of the statement of consent

This consent is valid until _____.

6. Rights concerning the use of information

I have been informed of the use of my information and of my rights concerning the information.

I may consult the privacy statements of the government agencies engaged in cooperation for more information about my privacy protections and the processing of my personal information.

I have been informed that giving my consent is voluntary.

- I understand that I can withdraw my consent at any time, or change or limit the consent, by informing any of the government agencies indicated in section 3 about this.

In that case, the government agency informed may pass the information on to the other agencies I have indicated in section 3.

7. Signature of the person giving consent

Place and date

Signature and printed name

8. Details of the recipient of the consent

Name

Organisation

Phone number

E-mail