

### Evaluation of the usefulness of rehabilitation interventions

I have been asked to participate in the aforementioned scientific study with the purpose of evaluating the usefulness of rehabilitation interventions arranged by Kela.

I have read and understood the written subject information document that I have received. I have also had the opportunity to read the privacy notice for the study. I have received sufficient information about the study and the processing of personal data within the framework of the study as well as about my rights as a participant in the study. I have had the opportunity to ask questions and I have received adequate answers to all my questions about the study.

I understand that my participation is voluntary and that I can end my participation or withdraw this consent at any time without having to give any reason and without any repercussions. I understand that the data that has been collected about me until the end of my participation or the withdrawal of my consent may still be used in the study. I have had adequate time to consider my participation in the study.

My consent to participate in the study means that **the service provider can, by using secure means of communication, transfer evaluation data gathered about me during the rehabilitation intervention to Kela for research purposes**. In addition, my consent to participate in the study means that **key register data** from Kela's benefit register and the registers of the Digital and Population Data Services Agency and the Finnish Centre for Pensions **may be linked to the evaluation data** in the manner described in the information document and the privacy notice.

I voluntarily consent to participate in the study:  Yes  No

By signing the consent form I confirm my participation and agree to have my data processed for the purposes of the study described in the subject information document.

### Details of the person giving consent

Place and date: \_\_\_\_\_

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

Signature of the person giving consent: \_\_\_\_\_

### Recipient of the consent

Name of service provider: \_\_\_\_\_

The signed original consent form is **filed with Kela for a specified period of time**. A copy of the consent form is given to the person giving consent.