



For more information call 020 634 2650.



Please make sure to complete the form carefully.

We may request further information as needed.

You can send the form by post [www.kela.fi/mail](http://www.kela.fi/mail)

**i** The processing of your rehabilitation case may require that Kela and its cooperation partners cooperate and exchange personal data concerning you. The aim of the cooperation is that Kela's cooperation partners are aware of the planning and processing of your rehabilitation case at Kela, the rehabilitation decision you have received, how the rehabilitation progresses and where you are referred to for further measures. The cooperation may require that Kela and its cooperation partners release information about your life situation, financial situation and state of health to each other.

We need your written consent for the release of information. If the rehabilitation client is a minor, consent is needed from both the client and the guardian. The consent only concerns data that cannot be released directly under law. We only release data that are needed for the rehabilitation case.

Kela's cooperation partners store the data in their own client information systems and act as data controllers. More information about data protection and the handling of personal data at Kela is available at [www.kela.fi/web/en/data-protection](http://www.kela.fi/web/en/data-protection).

## 1. Client's details

Personal identity code

Family name and given name

## 2. Consent

I give my consent for the person handling my rehabilitation case at Kela to review my situation and, when needed, cooperate with Kela's cooperation partners.

I give my consent voluntarily. I can withdraw or change my consent at any time by informing Kela about it either in writing or verbally.

As regards my rehabilitation case, Kela's cooperation partners can include the following:

I give my consent for Kela and all its aforementioned cooperation partners to release information to each other.

I give my consent for Kela and the following of its cooperation partners to release information to each other:

I do not give my consent for Kela and its cooperation partners to release information to each other.

## 3. Signature

Place and date

Signature

Name and phone number, if the form is signed by someone else than the client (guardian or other legal representative)