

# NOTICE OF PATIENT INJURY

Patient Insurance Centre  
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Phone 040 450 4545, Fax 040 450 4694  
www.pvk.fi



Patient  
Insurance  
centre

This form is used for notifying patient injuries that have taken place on or after 1 May 1999.  
This form and the brochure for claimants are also available on the website of the Patient Insurance Centre.

|                                  |                        |         |
|----------------------------------|------------------------|---------|
| <b>For the use of the Centre</b> | Claim reference number | Arrived |
|----------------------------------|------------------------|---------|

|                |                                                                                        |                                                    |
|----------------|----------------------------------------------------------------------------------------|----------------------------------------------------|
| <b>Patient</b> | Last name                                                                              | Personal identity code<br>                         |
|                | First names (underline the name used)                                                  | <input type="checkbox"/> Patient has died          |
|                | Postal address                                                                         | Postcode and town                                  |
|                | Occupation                                                                             | Daytime telephone number (including the area code) |
|                | Name, address and telephone number of the trustee of a minor or an incompetent patient |                                                    |

Please give information about the person whose health and medical care the notice of claim applies to. Information about the claimant's occupation is necessary when assessing possible incapacity for work. If the patient is not in work, please give the reason for it (e.g. pensioner, unemployed, student, on maternity leave, etc.). If the patient is underaged at the time of submitting the notice of patient injury or if a court of law or register office has appointed a trustee for a patient of age, please give the name and contact details of the patient's custodian or trustee. The decision will be sent to this person for information. Please enclose a copy of the appointment of a trustee.

|                                                                |                                                                                                                                          |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Examinations or treatment preceding the notified injury</b> | Please state the illness, injury or symptom, the examination or treatment of which resulted in the patient injury you are now reporting. |
|                                                                | The starting date of this illness or symptom or the time when the injury took place                                                      |

Please state the illness, injury or symptom due to which the patient originally sought medical help. Please state when this illness or symptom manifested itself or the injury occurred for the first time.

|                                                                 |                                                                                                                                                                                                                                                                           |                    |
|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>The medical institution or practice the claim applies to</b> | The hospital, health centre, group practice, private clinic, etc. where the examination or treatment resulting in the notified patient injury took place. If the medical institution is private, please also state the name of the doctor or other person providing care. |                    |
|                                                                 |                                                                                                                                                                                                                                                                           |                    |
|                                                                 | Time of occurrence of the injury                                                                                                                                                                                                                                          |                    |
|                                                                 | Postal address of the medical institution                                                                                                                                                                                                                                 | Post code and town |

Please state only the medical institutions or practices where you consider the patient injury to have occurred and the time of injury. If the time of occurrence cannot be specified, please state the time span or give the time in some other way (e.g. month-year).

|                                                 |                                                                                                                                                                                              |                                           |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <b>Other medical institutions and practices</b> | In which other medical institution has the patient been examined or treated? If the medical institution is private, please also state the name of the doctor or other person providing care. |                                           |
|                                                 | Name of the medical institution                                                                                                                                                              | Name of the medical institution           |
|                                                 | Postal address of the medical institution                                                                                                                                                    | Postal address of the medical institution |
|                                                 | Postcode and town                                                                                                                                                                            | Postcode and town                         |

Please state other medical institutions and practices where the patient has been examined or treated due to the patient injury or the original illness or injury. This treatment may also have taken place before the patient injury took place. If there are more than two medical institutions, please give corresponding information about the other institutions on a separate appendix.

|                                                          |                                                                             |  |
|----------------------------------------------------------|-----------------------------------------------------------------------------|--|
| <b>Personal injury for which compensation is applied</b> | What personal injury and on what grounds are you applying for compensation? |  |
|                                                          |                                                                             |  |
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|                                                          |                                                                             |  |
|                                                          | Please continue on a separate appendix, if necessary.                       |  |

Please describe the course of examination or treatment resulting in the patient injury, and the nature of personal injury and its consequences. Please state the matters in chronological order. If the events took place over a longer period, please state the date and, if necessary, the time of day of each event (e.g. appointment).

|                  |                                                                                                                             |
|------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <b>Signature</b> | Signature of the claimant (or the trustee of an incompetent person) or authorised representative and name in block capitals |
|                  | Date ____ / ____ ____<br>Signature and name in block capitals                                                               |

The claimant, trustee or authorised representative must sign the notice of claim. Only a signed notice entitles the Patient Insurance Centre to launch the handling of the claim and acquire reports.  
If the patient has died, the signatory must be a party to the estate or other person who has had an actual financial loss due to the death. In such a case, also enclose a copy of the deed of inventory to prove partnership to the estate and state the address of the signatory for posting the decision..

|                      |                                                                                                              |
|----------------------|--------------------------------------------------------------------------------------------------------------|
| <b>Authorisation</b> | I authorise _____ to manage this case.                                                                       |
|                      | Representative's address and telephone number                                                                |
|                      | Signature of the patient or other claimant (the trustee of an incompetent person) and name in block capitals |
|                      | Date ____ / ____ ____<br>Signature and name in block capitals                                                |

If the patient or other claimant is not managing the case him/herself, please give the name and contact details of the representative. The claimant must sign the authorisation. The decision on the claim will be sent for information to both the claimant and the representative. It is not possible to receive compensation for the costs of using a representative by virtue of the Patient Injuries Act.

## Instructions for completing the form

Before completing the form, please read the leaflet 'Seeking compensation from Patient Insurance'. The leaflet is available from the Patient Insurance Centre, from its website or from medical institutions.

Please complete the form by typing or printing. A form that can be filled in and printed out by computer is available on the website of the Patient Insurance Centre. When requesting any necessary documents to make a decision on the case, the Centre will send a copy of the notice of injury to the medical institution.

The Patient Insurance Centre will obtain the necessary documents from various medical institutions on the basis of the information you have provided, and therefore especially the information concerning the medical institutions is important for speedy processing of the matter.

You may ask for help with completing the form from the patient ombudsman or social worker of the medical institutions.

## About patient insurance

This notice of injury is for seeking compensation for patient injury that has occurred on or after 1 May 1999. For injuries that have taken place before that day (1 May 1987 – 30 April 1999), there is a separate form, which is available from the Patient Insurance Centre or its website (in Finnish and Swedish).

Here is a general description of the provisions of the Patient Injury Act, which entered into force on 1 May 1999, and the compensations payable. Entitlement to compensation and the amount of compensation are decided in each case on the basis of the notice of injury and other documents obtained.

Compensation must be applied for within three years of the date when person entitled to compensation first knew, or should have known, of the injury. A claim submitted at a later date may also be accepted under special circumstances. However, with injuries that have occurred on or after 1 May 1999, the claim must be filed within ten years of the incident resulting in injury.

The claim is sent to the Patient

Insurance Centre, which will take care of the claims handling and payment of compensation. The funds used for compensation are collected as insurance premiums from those providing health care and medical services.

## Grounds for compensation in injuries that have occurred on or after 1 May 1999

In accordance with the Patient Injuries Act, compensation will be paid from patient insurance for patient injuries arising from health care and medical treatment given in Finland. A patient injury means an illness, injury or other temporary or permanent impairment of health or death.

On the basis of the Patient Injuries Act, compensation is not payable on all detrimental consequences incurred to the patient in connection with health care or medical treatment. Only personal injuries that meet one of the following seven criteria will be compensable. Compensation will be paid for personal injuries if it is probable that these injuries resulted from:

**1.** Patient examination, treatment or other similar action taken or neglected, providing that an experienced health care professional would have examined, treated or otherwise dealt with the patient in a different manner and would thereby probably have avoided the injury.

It is not always possible to achieve a good result in treatment due to the nature of the illness or injury. Compensation will not be paid for this kind of consequence if the level of standard of an experienced health care professional has been adhered to in the conduct. Correspondingly, a consequence of examination or treatment that could not be avoided while conducting this standard of care will not entitle to compensation unless found to be unreasonable by virtue of section 7.

**2.** A defect in the health care equipment or device used in an examination, treatment or other similar action. These include operating instruments, patient monitoring equipment and examination tables.

**3.** An infection, which originates from an examination, treatment or other similar action, unless the patient was required to endure the injury in view

of the predictability of the infection, the degree of severity of the injury sustained, the nature or difficulty of the illness or impairment that was being treated, and the patient's overall health.

**4.** An accident in connection with an examination, treatment or other similar action, or an accident that occurred during transfer of the patient. Compensation is payable only for an accident that has occurred in connection with the above-mentioned actions or transfer of the patient. For example, on these grounds, compensation will not be paid for an injury sustained from a fall in the hospital corridor. However, compensation may be payable for this kind of a fall by virtue of section 1.

**5.** A fire or other similar damage affecting either the treatment premises or the equipment used for the treatment.

**6.** The supplying of prescription medicines from the pharmacy contrary to the prescription or regulations. Compensation will not be paid for injuries caused by medication that has been administered or prescribed in an appropriate way, but it is possible to apply for compensation from the Pharmaceutical Injuries Insurance. The claims handling is managed by the Finnish Pharmaceutical Insurance Pool whose contact details are the same as those of the Patient Insurance Centre.

**7.** An examination, treatment or other similar action, which has resulted in a permanent, severe illness or impairment, or death. An injury or illness is regarded as severe when it meets the criteria of disability classes 7–8 assessed according to the so-called disability classification decision (1012/86) of the Ministry of Social Affairs and Health. The unreasonableness of the injury can be assessed only after this requirement is met and the disability or incapacity is permanent.

When assessing the unreasonableness of the consequence, the degree of severity of the injury sustained, the nature or difficulty of the illness or impairment that was being treated, the patient's overall health, the rarity of the injury and the extent of risk in individual cases will be taken into account.

## Types of compensation payable

Once the grounds for compensation

in accordance with the Patient Injuries Act are met, compensation will be paid for

- necessary medical treatment expenses
- other necessary expenses caused by the injury
- loss of earnings
- pain and suffering and for other temporary incapacity
- permanent functional incapacity
- permanent cosmetic impairment
- reasonable and necessary expenses and loss of earnings for a person close to the patient for a specific reason (only injuries sustained in treatment given on or after 1 January 2006)
- reasonable funeral expenses
- necessary maintenance for those entitled to it.

Further information about compensation is available on the compensation claim forms and the website of the Patient Insurance Centre.

Compensation can only be paid for a personal injury to a patient sustained in connection with health care and medical treatment. Any costs and losses that would have incurred even without the patient injury will not be compensated for.

In compensations complying with the Patient Injuries Act, compensation payable by virtue of other legislation will be taken into account as a deduction (reconciliation). Compensations to be reconciled include health care refund and daily sickness allowance paid by the Social Insurance Institution of Finland (Kela), national basic pension, employment pension and compensation paid due to occupational accident or traffic accident.

Medical expenses arising from an injury sustained in connection with public health service will be compensated according to the payment level of the public health service unless there are specific medical reasons for using private health services.

When determining the amount of compensation to be paid for pain and suffering and other temporary incapacity, as well as permanent functional or cosmetic incapacity, the rules and guidelines of the Traffic Accident Board will be used as guidance and applied across the board in the compensation practice.

## Minor injuries

Compensation will not be paid out from

the patient insurance for minor injuries. An injury is considered to be minor if the person recovers from it within a short period of time without any consequences and the costs incurred will not exceed 200 euros (in 2009).

## Claims handling process

There are two stages in the claims handling process by the Patient Insurance Centre. In the first stage, it is decided whether the claim is a personal injury to be compensated for on the basis of the provisions of the Patient Insurance Act. In medically or legally difficult cases, the Centre may request for a decision recommendation from the Patient Injuries Board before submitting a decision for compensation. The Board is appointed by the Government and its task is to give recommendations in compensation issues in accordance with the Patient Injuries Act.

The compensation decision will be sent to the claimant and his/her representative or trustee. Instructions for those dissatisfied with the decision are enclosed with the compensation decision. Information on the grounds for the decision will also be given to the medical institution and policyholder concerned.

In the second stage, the amount of compensation payable will be established. A separate claim form for seeking compensation for costs and losses will be enclosed with an affirmative decision.

Due to the two-stage nature of the process, no prescriptions, receipts or other similar documents must be enclosed with the claim unless they are significant in the assessment of the appropriateness of treatment. According to law, the amount of costs incurred has no significance when assessing the compensability of the injury, with the exception of minor injuries.

You should keep all prescriptions, receipts, sickness allowance and pension decisions, etc., so that you can attach them with a subsequent claim. If you seek compensation for expenses from the Social Insurance Institution of Finland or other insurance institution prior to this, you should take copies of the original receipts before submitting the application.

## Patient Insurance Centre's right to obtain information, confidentiality and handling of personal information

By virtue of section 5 d of the Patient Injuries Act, the Patient Insurance Centre is entitled to obtain necessary information for making a decision in the case. As a result, the Centre may obtain, for example, patient records and other material from medical institutions concerning the patient in question, such as X-rays. Once the injury has been deemed to be compensable, the Centre may also need information about the claimant's compensation, income, pension and taxation. These are required when assessing the amount of compensation and when reconciling compensations paid out of various systems.

By virtue of section 13 of the Patient Injuries Act, all those participating in the processing of the patient injury matter are bound by an obligation to confidentiality. Information gathered in connection with claims handling will be submitted to outsiders only with the permission of the party concerned or by virtue of a particular statutory prescription.

## Patient Insurance Centre's authority

The task of the Patient Insurance Centre is to decide whether the claimant is entitled to compensation by virtue of the Patient Injuries Act and, when necessary, to pay out the compensation. It is not the Centre's task to supervise the operations, procedures or conduct of health care professionals or medical institutions. The operations of health care professionals and medical institutions are supervised by the Regional State Administrative Agencies and the National Supervisory Authority for Welfare and Health, Valvira.

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