

## Notice of the patient injury

Please give information about the person whose medical care the notice on injury appeals to.

Last name

First name

Personal identity code

Patient has died

Postal address

Postcode and town

Country if other than Finland

Telephone (including the area code)

E-mail

### Contact details of the person attending to the injury case

If the patient is underage at the time when you fill the notice or a guardian has been appointed for an adult patient by a court or a local register office, give the name and contact details of the custody or guardian. The decision will be sent to this person. Enclose a copy of the guardianship order. The processing of the patient injury case of a deceased person can be initiated by a party to the estate of the deceased or another next-of-kin who incurred financial loss because of the death.

An adult patient or other claimant may authorize another person to attend to their injury case on their behalf. Inform contact details of this person and the patient will sign the authorization on page 4.

Name

Postal address

Postcode and town

Telephone (including the area code)

E-mail

### **Examinations or treatment preceding the notified injury**

Please state the illness, injury, or symptom, the examination or treatment of which resulted in the patient injury you are now reporting.

When this original illness, injury or symptom occurred for the first time?

### **The medical institution or practice the claim applies to**

Please state here only the hospital, health care center, group practice, private clinic, etc. where the patient injury took place. If there are more medical institutions than one, please, continue on a separate appendix.

If the medical institution is private, please also state the name of the doctor or other person providing care.

Give the time of occurrence of the injury. If it cannot be specified, please state the time span or give the time in some other way (i.g. month - year).

Postal address of the medical institution

Postal code and town

### **Other medical institutions and practices**

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

Name of the medical institution

Persons who provided the treatment in private practice.

Postal address

Postcode and town

Name of the medical institution

Persons who provided the treatment in private practice.

Postal address

Postcode and town

### **Personal injury for which compensation is applied**

Bodily injury means illness, disability or other temporary or permanent worsening of the state of health, or death. Describe the course of the examination or treatment that resulted the patient injury as well as the nature and consequences of the injury. Describe the course of events in chronological order. If the events took place over a longer period, indicate the date and, where applicable, also the time of the appointment, etc. with regard to each incident.

What is your personal injury, and on what grounds are you applying for compensation?

Please continue on separate appendix, if necessary.

## **Signature**

The claimant, trustee or authorized 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.

Date

Signature and name in block capitals

## **Authorization**

If the patient or claimant is not managing the case him/herself, the claimant must sign the authorization. Please give the contact details of the representative on page 1.

The decision will be sent to both claimant and the authorized person. The authorized person is not entitled to compensation according to Patient Insurance Act.

I authorize

to manage this case.

Signature of the patient or claimant or the trustee of an incompetent person.

Date

Signature and name in block capitals

Enclosed pages

## **Additional information for filling out the notice**

Before filling out the form, please read the instructions available on our website (<https://www.pvk.fi/en/notice-of-injury/notice-of-injury/>). You can also request help filling out the form from our customer service (tel. +358 40 450 4509) or from the Patient Ombudsman or from a social worker at the treatment facility concerned.

Indicate the places of treatment clearly, because we will seek clarification from the relevant places concerned in the treatment based on the information provided on the form. We will send a copy of the notice of injury to those treatment facilities requesting clarification necessary for deciding the case.

### **Claiming compensation**

Under the Patient Insurance Act, patient insurance covers bodily injuries sustained in connection with medical treatment and health care given in Finland. From the beginning of 2021, the Act will be applied not only to health and medical care provided in Finland, but also to health and medical care provided abroad, if a Finnish public healthcare unit has arranged treatment abroad and it is necessary for ensuring the patient's health. Bodily injury means illness, disability or other temporary or permanent worsening of the state of health, or death. Compensation must be claimed within three years of the date on which the party

entitled to the compensation learned or should have learned of their injury. However, the notice must, in any event, be filed no later than ten years after the event leading to the injury. If special reasons exist, a notice filed even after this deadline can be processed.

### **Claims handling**

Our claims handling is a two-step process. In the first instance, we determine whether the case meets the criteria for a bodily injury compensable under the Patient Insurance Act. We will determine the amount of compensation payable for a compensable patient injury separately when the decision on the compensability of the injury has been made.

Do not enclose any prescriptions, receipts, sickness allowance and pension decisions or other similar documents, unless they are of relevance for assessing the appropriateness of the treatment. However, be sure to retain all such clarifications for the processing in the claims handling stage.

Once we have registered your notice of injury, we will notify you that the processing of your case has commenced with an estimate of the average processing time. If we require more information or clarification regarding your notice of injury, we will request such information separately.

During the course of the claims handling process, we will request an account on the

matter from the health care services as well as all the information deemed necessary for the processing of the claim from the relevant places of treatment. The entitlement to compensation will be determined based on the notice of injury and the other clarifications received.

### **Compensation criteria**

Not all adverse effects sustained by the patient in connection with medical treatment and health care will be compensated under the Patient Insurance Act. Only such bodily injuries that meet one of the criteria listed below will be eligible for compensation.

Compensation will be paid for bodily injuries if it is probable that these injuries resulted from:

1. Examination or treatment of the patient or other similar action taken or neglected.

Additionally, it is required 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 satisfactory treatment results, for example, due to the nature of an illness or trauma. Such consequences are not eligible for compensation if the actions taken were in line with the standards required of an experienced health care professional. Neither is a consequence of examination or treatment that could not have been avoided by acting in accordance with this standard of professional

competence eligible for compensation, unless it is unreasonable when assessed by criteria in accordance with point 8.

2. A defect in the health care equipment or device used in an examination, treatment or other similar action. Examples of such equipment include, but are not limited to, surgical instruments, patient monitoring devices and examination tables.

3. If a medical device permanently installed in the patient in a healthcare unit is not as safe as it can be expected to be and causes a personal injury to its carrier, the injured party can be compensated under the Act. The time when the device was released on the market, the foreseeable level of use of the device and other factors are considered when assessing the device's safety. The device must be installed on or after 1 January 2021.

4. An infection, which originates from an examination, treatment or other similar action. However, no compensation will be paid for an injury, which the patient is required to endure in view of the risk of infection, the degree of severity of the injury resulting from the infection, the nature or difficulty of the illness or injury that was being examined or treated, and the patient's overall health. It is advisable to only file a notice of injury concerning an infection when the infection has healed so that the compensability can be best assessed.

5. An accident in connection with an examination, treatment or other similar action, or an accident that occurred during the

transfer of the patient. For example, an injury resulting from falling in a hospital corridor will not be eligible for compensation under this criterion. However, such a fall may be eligible for compensation under point 1.

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

7. The supplying of pharmaceuticals contrary to the provisions of acts, decrees or regulations issued thereunder. Injuries caused by appropriately prescribed and dosed pharmaceuticals are not compensated under the patient insurance. Instead, compensation for such injuries can be claimed under the pharmaceutical insurance

[www.laakevahinko.fi/in-english](http://www.laakevahinko.fi/in-english)).

8. An examination, treatment or other similar action which has resulted in a permanent, severe illness or impairment, or death of the patient. An illness or injury is considered to be severe if it falls into at least the incapacity category 7 or 8 of the Government Decree on handicap classification under the Occupational Accidents, Injuries and Diseases Act (768/2015). The unreasonableness of the injury can only be assessed when this criterion is met and the incapacity or handicap is permanent. When the unreasonableness of the injury is assessed, the degree of severity of the injury, the nature or difficulty of the illness or impairment that was being treated, as well as the patient's overall health, the rarity of the

injury and the extent of risk in individual cases will all be considered.

### **Sending the decision**

We will send a claims decision concerning the compensability of the injury to the claimant and his or her legal counsel or guardian. We will also communicate the decision to the relevant treatment facility or health care professional concerned, as well as to the policyholder.

### **Compensation payable for the patient injury**

The amount of compensation payable for a compensable patient injury will be decided separately when the decision on the compensability of the injury has been made. Compensation must be claimed using a separate compensation claim form, which will be sent to the claimant as an attachment to the favorable claims decision. The form can also be found from our website (Be sure to retain all your relevant documents including prescriptions, receipts, sickness allowance and pension decisions, etc. so that you will be able to fill out claim for compensation later on. Compensation can only be paid for costs and losses incurred as a result of a patient injury. No compensation will be paid for a minor loss (less than €200). Further information on the payable compensations can be found from our website.

[\(https://www.pvk.fi/en/claimant/compensations/\)](https://www.pvk.fi/en/claimant/compensations/)

### **The Patient Insurance Centre's entitlement to information, confidentiality obligation and processing of personal data**

Under section 54 of the Patient Insurance Act, the Patient Insurance Centre is entitled to receive any information necessary for deciding the case. On these grounds, the Patient Insurance Centre may obtain access to documents such as medical records and other material held in the treatment facility concerned pertaining to the patient. When the injury is deemed compensable, the Patient Insurance Centre may also need access to the compensation, income, pension and tax information pertaining to the claimant.

All those who take part in the handling of the claim are bound by a confidentiality obligation. Any information collected in connection with the claims handling process will only be disclosed to third parties with the consent of the party concerned or if expressly so required by an applicable legal provision. (Patient Insurance Act 56 §, Act of Patient Insurance Center 20 §)

### **The authority of the Patient Insurance Centre**

The Patient Insurance Centre's duty is to decide whether the claimant is entitled to compensation under the Patient Insurance Act and to pay the compensation. It is not within

the remit of the Patient Insurance Centre to supervise the actions, procedures or behavior of health care professionals. These are supervised by regional state administrative agencies and the National Supervisory Authority for Welfare and Health, Valvira.

### **Change of address**

Be sure to notify any change of address during the course of the claims handling process to the Patient Insurance Centre's customer service, tel. +358 40 450 4590 (weekdays from noon till 3 PM).

### **Notice of injury**

Patient Insurance Centre

P.O. Box 1, 00084 VAKUUTUSKESKUS

Finland

Tel. + 358 40 450 4590, Fax +35840 450 4694

[www.pvk.fi/en](http://www.pvk.fi/en)