## HOHDE

## **LOG DATA REQUEST FORM**

1. CUSTOMER'S DETAILS Name	
Personal Identity Code:	Phone Number
Customer's street address where log data is posted	
OR email	
2. INFORMATION ABOUT THE REQUEST	
Log data from time period	
Hohde clinic	
Justification and/or additional information for processing the request*	
Name and date	
* Log data will be provided for the last two years. The of the Act on the Electronic Processing of Client Data known as the Client Data Act. Log data older than tw son.	a in Healthcare and Social Welfare (784/2021), also
3. SUBSCRIBER'S IDENTITY VERIFIED (to I	pe completed by the recipient)
Name of the Inspector:	
Clinic	
Passport (issued by an authority of a Member or San Marino)  Driving licence (issued by a Finnish authority)  Identity card with a photo (issued by a Finnish	State of the European Economic Area (EEA), Switzerland a authority)