

IMPORTANT INFORMATION ON HEALTH AND MEDICAL CARE



IMPORTANT: If you are a citizen of the EU/EEA and can present a valid European health insurance card (EU-card) or are nationally registered in Sweden you are covered by the healthcare offered by the County Council of Västerbotten.

You might also be covered by this healthcare if you are a non EU/EEA citizen. You must then have a residence permit for more than a year and be nationally registered in Sweden. The national registration is issued by the Population Register at the Swedish Tax Authority. If you are staying less than a year, if your residence permit is for less than a year and you are not nationally registered in Sweden you are not covered by this healthcare. In that case you must check the agreements between your home country and Sweden or get an insurance that will cover the costs for healthcare while you are in Sweden.

If you are a citizen of the EU/EEA, if you have a valid European health insurance card, and are temporarily staying in Sweden you can get acute, necessary dental care offered by the County Council of Västerbotten. Being nationally registered in Sweden does not give you the right to full treatment dental care, you must also be registered by the Swedish Social Insurance office. Foreign students in Sweden are never registered by the Swedish Social Insurance Office.

When you need medical advice and support



If you need medical advice, call the healthcare hotline. It's available twenty-four hours a day by phone –

090-785 11 77

Calling the hotline costs the same as a local call, no matter where you call from in the county. The advice, however, is free.

When you call, explain your problem to one of the hotline's experienced nurses who will provide advice about what to do. You may learn how to take care of your problem on your own or the nurse may recommend that you visit the medical centre or the emergency room at the nearest hospital.

Unless it's an emergency, always call the healthcare hotline before going to the emergency room to receive the most efficient care possible and to keep the waiting time at the emergency room as short as possible.

The healthcare hotline has units in Lycksele, Skellefteå, and Umeå. When you call, you always reach the closest available nurse. In some cases, the nurse can also help you contact your healthcare centre.

Don't call the healthcare hotline for an extension of your certificate of illness or for prescription renewals; instead, contact the care provider who put you on sick leave or wrote your prescription.

You have the right

• to influence your own care

All medical care is voluntary and all treatment should be provided with your consent, with the exception of compulsory mental care, forensic psychiatric care, and some care as stipulated in the Communicable Diseases Act.

Indeed, you have the right to refuse treatment and medication or to participate in scientific studies, such as testing new treatment methods. In order for you and the medical personnel to feel that you receive good, meaningful care and treatment, you should be involved in the decisions you make, of course, within certain limits. You cannot receive a specific treatment if your doctor does not feel it is appropriate or if it is in conflict with “science and proven experience”.

You are assigned an attending doctor and/or nurse when you are admitted to the hospital, which is especially important if you receive treatment involving several care units and doctors. The attending doctor has primary responsibility for your care and you have the right to know both the doctor's name and work phone number. You can consult with him or her about your situation for advice and information.

• to be presented information in an understandable way

To receive the best treatment, it is important that you tell the medical personnel everything about your problem.

You have the right to receive answers to your questions. The information should be presented in understandable terms. This applies to both children and adults.

You have the right

- to be informed about your state of health;
- to receive information about a study or treatment;
- to receive information about other possible examinations or treatments; and
- to receive information about methods to prevent illness and injury.

In most cases you are entitled to read or copy your patient chart. You can also receive a printout or a copy of your chart for a set fee. People who have problems understanding the Swedish language are entitled to assistance from an interpreter. Healthcare personnel will arrange for an interpreter and the assistance of an interpreter is free. Patients who are deaf or hearing-impaired are also entitled to the services of an interpreter free of charge. The nursing staff can help to arrange for an interpreter through the county council's listing of interpreters.

• to freedom of choice in healthcare

Freedom of choice means that you can seek care outside the county on the same terms as in your home county council. Your choices include care providers from all county councils and private care providers that have agreements with the county council or are reimbursed

according to a national fee schedule. You may choose any health care centre or clinic in the country without a referral.

After receiving a referral, you may choose to arrange an appointment with providers of outpatient specialist care anywhere in the country. Specialist care refers to a hospital-based clinic or private care provider that has an agreement with the county council or is reimbursed according to a national fee schedule.

When the care provider determines that you need some treatment or surgery, you may choose to go anywhere in the country for your treatment or surgery; however, you must always have approval in advance from the equivalent health centre or clinic in your home county council before a referral. Your medical records can be sent to the hospital of your choice. Once your records are sent to the facility you choose, you will be removed from the queue in your home county council. In other words, you can only wait in one queue.

Despite your right to freedom of choice, you may be denied care in another county council at the expense of the home county council in cases where the home county council's doctor makes a different medical diagnosis or if other medical indications are noted.

Exception from freedom of choice

You do not have the right to freedom of choice for regional or highly specialised care such as heart surgery and transplantations. In addition, freedom of choice does not apply for just an examination, such as an x-ray exam.

You pay for travel and living expenses

The county council pays for your medical expenses when you choose to exercise your freedom of choice. You, however, are responsible for other costs such as travel and living expenses. You also have to pay the fees in the county council where you are visiting or receive treatment, even if they differ from the fees in Västerbotten.

Your responsibility

Freedom of choice includes planned care where you are responsible for finding and choosing care providers.

You have to make your appointments with the care provider you chose. You are also responsible for contacting the hospital department in Västerbotten where you are on the waiting list so they can send a referral and your medical records to the selected care provider.

• to an appointment within a specific amount of time

The appointment guarantee means that the care will begin within a specific period.

1. If you are ill and seek contact with primary care on the same day, you will talk to personnel at a health care centre by telephone or have an appointment there.

2. If you do not see a doctor during your initial encounter with a health care centre and the health care centre feels that you need to see a doctor, you will be scheduled for an appointment within seven days after this contact. You cannot be guaranteed an appointment with a specific

doctor, such as your family doctor. If you want to make an appointment for a procedure that does not involve direct medical care, such as a physical examination or certificate, the guarantee does not apply.

3. If you are referred for specialist care at a hospital – assuming that the medical treatment is needed – you will receive an appointment for a first visit within three months from the time that the referral reached the hospital.

4. If the county council cannot fulfil the appointment guarantee according to the above criteria, you may ask another care provider within the county or in another county council.

If you choose to exercise the appointment guarantee, the care unit will write a referral/acknowledgment of debt to another county council in accordance with your requests.

The home county council must always approve costly treatments in advance.

You schedule your own appointments if you wish to visit another health care facility. You will pay the patient fee according to the fee schedule that applies where the healthcare is provided.

Note the appointment guarantee is not the same as the treatment guarantee. At this time, Västerbotten County Council does not have a treatment guarantee. As a patient, however, you may choose to receive treatment in another county council.

Waiting time in healthcare

In a few specialities or operations, the waiting time in Västerbotten is long. These long waiting times mainly affect patients with lower priority medical care needs.

The county council's long-term objective is for all patients to be offered an appointment for an office visit or procedure/surgery within three months.

In Västerbotten, collaboration among county hospitals is growing; for example, more Umeå residents are being offered appointments for surgery in Skellefteå and Lycksele.

Contact information

The telephone numbers of all county councils are listed at www.lf.se under the heading County Councils/Regions and Addresses.

Information about waiting times for a selection of clinical procedures and operations at different hospitals in Sweden is posted on the Internet (www.vantetider.se).

This information is also available via the county council's website, [www.vll.se/vård och hälsa](http://www.vll.se/vård_och_hälsa). If you do not have access to the Internet, you can request the information by telephone from your own county council.



• to get a second opinion

On occasion, a patient may want a second doctor to evaluate a diagnosis and recommended treatment options. In such cases, we usually talk about a second opinion. If the care provider cannot medically justify the need for a second opinion, you will have to pay for the trip and your appointment with another care provider. Your doctor should indicate that the referral is written at your request and that it does not involve any obligation for payment by the county council.

When choosing a treatment method, sometimes science and proven experience do not provide clear guidance. In such cases, your requests for a second opinion will be approved in life-threatening situations, or if a serious illness or injury is involved where you face the choice of a risky treatment, or if the choice of treatment is highly significant to your future quality of life.

Preferably, this second evaluation should take place in our own county. Your doctor is obligated to ensure that if you have the right to a second opinion that you also have the opportunity to this by referring you to an appropriate care provider. Your treating physician or the administrator at the health care centre will consult with you and then decide where to send the referral. You will be offered the treatment indicated by the second opinion.

The county council pays for the expenses, excluding the patient fee and reimbursement for the trip, excluding your co-pay.

For more information

For questions about freedom of choice, the appointment guarantee, referral rules, and patient fees, contact Eva Grahn, 090-785 70 86 or Mona Karlsson, 090-785 70 85 (applies to citizens and patients). County council personnel may contact Kenneth Öberg, 090-785 71 58.

You have the right

- **to decide about your samples**

Sweden has a law concerning biobanks that says that the samples you submit in medical care may only be saved if you consent. You also have the right to decide how the samples may be used.

The purpose of the law is to strengthen your position as a patient and increase your influence over your care and treatment. It will also make it easier for researchers to gain access to valuable material for research and clinical trials.

Informed consent means that you received and understood the appropriate information before making any decisions regarding the saving of your samples.

If you say yes without restrictions, the sample will be saved for care, treatment, and activities related to treatment, such as training of medical personnel and quality and development work within healthcare. The sample may also be used for research and clinical trials that are approved by a research ethics committee. If you say yes, you can always change your mind later.

You may also choose to omit any of the purposes mentioned above.

You can also choose to say no completely, and then the sample is discarded after analysis. This means that the sample is destroyed or made anonymous so that it cannot be linked to you. Information provided by the sample is then lost forever.

If you do not want your sample to be saved at all or for some special purpose, you must fill in a form saying no. If you are unsure, the sample will be saved just to be sure, until you make up your mind.

Your consent will be noted in your referral or other patient records. Each time you give a sample that may need to be saved, you will receive information and be asked for your consent. Under a cohesive treatment period, you may give your consent once and it will apply to all samples taken during this period.

A patient who is unconscious or for some reason cannot make a decision may not give consent. In such cases, the sample is saved until further notice for the patient's safety.

For more information

If you have questions on biobanks, "no" forms, research at biobanks, etc, contact Johanna Åkerlund, Biobankscentrum, 090-785 85 62. You can read more about biobanks at www.vll.se/biobank

Mostly rights – but also some obligations

So far this guide has mainly dealt with patients' rights; however, you also have some obligations in your health care. We present some of them here.

When you visit a health care facility, you must pay the patient fee according to the established fee schedule, unless you are entitled to free medications, are younger than 20, or if you seek care in accordance with the Communicable Diseases Act.

You must be on time for your appointment. If you will be late or cannot keep an appointment that you made with care providers, you must notify the personnel as soon as possible. If you do not cancel the appointment, you will still have to pay the patient fee.

When you visit a health care facility, you are usually required to give your name and civic registration number and to show some form of identification that includes this information.

There are also a number of restrictions and exceptions that are good to know. Your right to decide about the content of care is limited. You cannot demand to receive a treatment or examination that the doctor does not feel is warranted or is in conflict with "science and proven experience". The doctor's professional opinion is the final guide.

No one has the right to have actively assisted euthanasia.

To read your medical records

You can be denied the right to read all or part of your medical records if the doctor feels that it would seriously interfere with your treatment.

The same applies if it is likely that someone's personal safety is placed in danger, for example, someone who is mentioned in the chart or who has commented about the patient.

If you are not permitted to read your medical records within the county council's health care, you can turn to the administrators of the unit where you requested to read your records for information about how to proceed. You can also find this information on the county council's website (www.vll.se/patient).

If you are not permitted to read your medical records at a private practitioner's office, contact the National Board of Health and Welfare.

Communicable Diseases Act

The Communicable Diseases Act and compulsory psychiatric care include exceptions to the right to refuse care and treatment.

The Communicable Diseases Act helps society avoid or limit epidemics and the spread of dangerous diseases. Infectious diseases are divided into diseases that are dangerous to society and other infectious diseases. Diseases that are dangerous to society include hepatitis (jaundice),

HIV, chlamydia, gonorrhoea, polio, tuberculosis, meningitis, and salmonella.

If you suspect you have been infected with an illness that is dangerous to society, you must see a doctor for tests and examination. You are also required to follow behavioural guidelines from the doctor and provide information about the person from whom you may have caught the infection and whom you in turn may have infected.

For more information, you can turn to the county medical officer at the county council's infectious disease unit.

Psychiatric care

If you are hospitalised in compliance with the Compulsory Mental Care Act (LPT) or the Forensic Mental Care Act (LRV), you do not have the same rights to refuse care and treatment, but you do have the right to appeal the treatment and the actual decision for commitment to a mental hospital. You have the right to contact the National Board of Health and Welfare, the Parliamentary Ombudsman, a legal representative, etc. The patient committee can appoint a support person, someone who can give you personal aid while you are hospitalised.

Remember that medical personnel are required to inform you about your rights. The Health and Medical Services Act also applies to patients who have been committed to care.



High-cost limit for medications

Everyone who lives in Sweden and belongs to the Swedish insurance office is protected by the high-cost limit, which sets a maximum amount that patients pay for medications.

People from the Nordic countries, countries within the EEC, and certain other countries are also entitled to this benefit if they require urgent care and medication while in Sweden. These prescriptions must be ordered in Sweden.

The high-cost limit is in effect for twelve months from the first purchase and you pay a maximum of SEK 1,800 during this period. After this time, a new twelve-month period begins the next time you buy prescription medications.

All children under the age of 18 in a family are counted together and are included in a common high-cost limit.

Consumables that are needed to administer medications included in the high-cost limit or that are needed for self-monitoring of medications are free.

The high-cost limit applies to most prescription drugs, birth control medications, and consumables needed for colostomy in order to administer medications or for self-monitoring of medications.

Apoteket Card (Apotekskortet)

When you buy prescription drugs, you will receive an "Apoteket Card" to track your medications purchases. The pharmacy registers your purchases so that you will receive the right discount each time you buy prescription medications.

The information recorded includes your civic registration number, card number, amount of co-pay paid, purchase dates, amount spent against your high-cost limit, and the starting date for an initiated high-cost limit. The high-cost limit database does not include information about which drugs you received or which doctor prescribed the medication.

If you do not want an Apoteket Card, you have to save your receipts for the high-cost limit. Always have the Apoteket Card with you and show it when you buy prescription drugs in order for the pharmacy to track your discount level.

For more information

If you have any questions about medications, you can ask at your pharmacy. You can also call 0771-450,450 or visit Apoteket's website (www.apoteket.se).

High-cost limit – medical care

Each time you visit a care provider at the county council's health care centres or hospitals or a care provider in private practice who is reimbursed by the county council you are entitled to have the fee you paid recorded on a high-cost card. The card is available at any medical office.

The high-cost limit for medical care and some dental care means that you only pay a maximum of SEK 900 in patient fees over a twelve-month period. After this, you are entitled to a free card for medical care, which is issued at one of the county council's medical offices or at one of the private care providers that you visit. The card is valid for the time remaining on the twelve-month period, calculated from the first visit.

As previously, preventive care such as physical examinations, mammography screening, pap smears, certificates, vaccinations, fees for missed appointments, and inpatient care do not count for the high-cost limit.

You, however, may include dental care for which medical care system fee schedules are in effect in the high-cost limit (see page 11).

In order to receive free care at all of the county council's outpatient clinics and from private care providers, you have to show the free card at the first visit.

Thirty-minute rule

If you have an appointment and do not meet any of the care providers within thirty minutes without an explanation, you are entitled to a refund of your patient fee. Request this refund at the time of the visit.

Charge for invoice

If you want an invoice with a payment slip, you will be charged a fee of SEK 50.

If you pay with cash or a credit card, no extra fee is charged.



Patient fees in outpatient care

Below is a summary of the fees for outpatient care (all care except when you are hospitalised):

No fee

- Health care for children and adolescents through age 19.
- Office visits to and home visits by public health nurse, nurse, or LPN in primary care; certain exceptions apply.
- Emergency referral to specialist.
- Antabuse treatment.
- Ambulatory care for people admitted for rehabilitation.
- Office visit, paediatric and maternity care facilities.
- Specialist maternity care.
- Office visit, adolescent health clinic.
- Referral appointments for x-rays and lab tests.
- House call at the initiative of medical personnel.
- House call in municipal assisted living facilities.
- Prescriptions and renewals in municipal assisted living facilities.
- Visit to/by patient who is mentally disabled.
- Complex home care.
- Refill of tablet dispenser.
- Injection of psychotropics.
- Wound care supplies for the chronically ill.
- Incontinence supplies.
- Pap smear for 23- and 26-year olds.

Fee SEK 50 for

- A county council employed doctor or private doctor connected to the reimbursement system phones in a prescription.
- Prescription renewal (not in connection with doctor visit).
- Testing and adjustment of assistive technology.
- Lab work (not in connection with doctor visit).

Fee SEK 100 for

(These fees are in effect beginning at the age of 20)

- Office visit to doctor at health care centre or house doctor.
- Office visit to doctor: geriatrics, psychiatry, rehab centre, behavioural medicine, and stroke centre.
- Treatment by care provider other than doctor (nurse, occupational therapist, social worker, dietician, physical therapist, psychologist, etc). The fee applies to both office visit and home visit.
- Mammography.
- Pap smear.
- Visit to/by incontinence, asthma, diabetes or heart failure nurse.
- Visit to physiotherapist.
- Visit to licensed psychotherapist.
- Physical examination (what was previously called the Västerbotten project).

- Visit to chiropractor/physiotherapist/psychotherapist who has agreement with the county council.

Fee SEK 300 for

(These fees are in effect beginning at the age of 20.)

- Office visit to doctor, daytime, outpatient clinic at a hospital.
- Office visit to doctor, after hours and Saturdays, Sundays and holidays.
- Home visit by doctor.
- Office visit to doctor, specialist in private practice (not psychiatry).
- Office visit to doctor, emergency room.

Examples of other fees and certain types of assistive technology

- Sterilisation (the fee is SEK 1,800).
- If you miss your appointment without notification, you must pay the applicable patient fee.
- Vaccinations. The office visit fee is SEK 300 at the doctor's office and SEK 100 at another care provider's office, plus the fee for the vaccine. These fees do not apply to vaccinations in the paediatric care programme and certain other vaccinations for which other decisions are in effect.
- Crutches and ice cleats that you need, for which you pay cost.
- Co-pay for bicycles that are prescribed: SEK 500 for children and SEK 1,000 for adults. The co-pay is charged with each prescription.

Patient fees for inpatient care

If you are admitted to one of the hospitals in Västerbotten, you must pay SEK 80 for each day of hospitalisation. The fee is the same regardless of income.

The county council has implemented a high-cost card, which means you do not have to pay more than SEK 1,200 per thirty-day period hospitalised. Early retirement pensioners under the age of 40 pay half of this fee (SEK 40 per day). No fee is charged for children and young people under the age of 20.

For more information

See box on page 3. You will also find information about current patient fees on the county council's website (www.vl.se/patientavgifter).

Reimbursement for travel for medical purposes

The county council reimburses some of your expenses for travel to and from medical care appointments as part of the National Insurance Act.

The most common appointments that are reimbursed are visits to the doctor, dentist, or physiotherapist.

- Reimbursement is always calculated and paid based on the least expensive method of transportation (in most cases bus or second class train ticket).
- A co-pay of SEK 60 (one way) is deducted for all travel.

Travel reimbursement

Travel reimbursement is paid and calculated based on the least expensive mode of transportation after you complete and submit a form. You receive this form when you pay for your medical visit.

If travel reimbursement is less than SEK 50, it is allowed to accumulate and paid when the level reaches SEK 50; however, payment is issued twice a year even if the total amount does not reach SEK 50.

Reimbursement is always calculated and paid based on the least expensive method of transportation (in most cases bus or second class train ticket). If you are evaluated and need your own car for medical reasons, reimbursement is paid at the rate of SEK 10 per 10 km.

When you exercise your right to choose a care provider, you must pay for your own travel and housing costs, if any.

Co-pay

In most cases, you must pay a co-pay for the trip. The co-pay is SEK 60 one way, regardless of method of transportation. Patients with a free card for medical care or who are entitled to para-transit services pay half the co-pay per one-way trip. The co-pay is deducted from the travel reimbursement.

If after medical assessment you are approved to travel by taxi, fixed-route vehicle, or special vehicle, the co-pay is paid directly to the driver.

Outpatient visits are exempt from the co-pay as follows:

- paediatric and adolescent rehabilitation;
- paediatric and adolescent psychiatry;
- dialysis treatment; and
- visits covered by the Communicable Diseases Act (reimbursed by the insurance office).

Patient transport by taxi

If after medical assessment by medical personnel you are approved for a method of transportation other than the least expensive, you must make arrangements through the county council's Travel Service.

Travel to the health care facility must be ordered through Travel Service (020-22 10 20) at least two working days (Monday–Friday 7 am –7 pm) before the first visit.

You have the right to receive help from the taxi driver to and from the medical department/office or equivalent and to and from your home. Medical personnel will also assess the need for an attendant.

The trip from the health care facility must be ordered by the health care facility's personnel through the Travel Service that is responsible for coordinating and ordering taxis. If you order a taxi by some other means than through the county council's Travel Service, you have to pay the added cost.

Don't forget to cancel or change the trip through the Travel Service if your appointment is cancelled or the time is changed.

Acute illness

If you become acutely ill and need an ambulance, call the emergency number 112.

If you become ill and after medical assessment you are considered to need a taxi, call the Travel Service.

The main rule – use the least expensive method of transportation – applies even if you are referred outside the county.

If the medical assessment shows a need for some other method of transportation, such as by air, arrangements are made through the Travel Service.

Lower co-pay for people seeking asylum

Beginning on 1 January 2005, the co-pay for patient transports for people seeking asylum has been reduced to SEK 40 because of a recent agreement between Sweden's county councils and local authorities and the Migration Board.

For more information

Questions about patient transports can be answered by the Travel Service office in your district, 0950-390 00, 0910-77 10 00, or 090-785 00 00. In more complicated cases, you can contact Alf Holmberg, Travel Service, alf.holmberg@vll.se, 090-785 85 70 or 070-266 03 86.



What should you do if you are not satisfied?

Although healthcare employees always try to do their best, you may be dissatisfied. Start by discussing the problem with the personnel with whom you have been in contact. If this does not solve the problem, contact the responsible senior doctor/family doctor or administrator.

If you find it difficult or unpleasant to speak directly to the doctor and other personnel, you can contact the patient committee (patientnämnden).

Depending on the nature of your complaints, you can also contact the senior consultant, the Medical Responsibility Board (HSAN), the National Board of Health and Welfare, PSR Personskadereglering AB, or Pharmaceutical Insurance (Läkemedelsförsäkringen).

If your concerns relate to the municipality's healthcare services, you can contact the municipality's nurse with special medical responsibility (MAS).

County council's patient committee

The county council has a patient committee whose primary responsibility is supporting you as a patient. You can contact the committee personally or let a relative do so on your behalf.

The patient committee consists of politicians. Its purpose is to support and assist individual patients while contributing to improving quality of care. The committee can provide information about your possibilities, straighten out problems, and try to help arrange the contacts you need in the healthcare system. The committee also informs those responsible for healthcare of observations and deviations that are important for patient safety. Your opinions or complaints could indeed help others.

Patients committed to psychiatric care are entitled to a support person, someone who can assist in a difficult situation. The patient committee appoints this supporting person.

Just like all healthcare personnel, the patient committee, the politicians, and the administrators must observe confidentiality.

The patient committee operations in the municipalities

The municipalities provide healthcare services and general care in facilities such as nursing homes, assisted living, and group housing. Even here committees have the task of helping and supporting patients and residents.

Most municipalities in the county have delegated these activities to the county council's patient committee. Ask the receptionist at your municipal office who handles patient committee activities in the municipality.



Medical Responsibility Board (HSAN)

If you feel that a healthcare provider has committed a mistake or been negligent in their professional duties, you can register a complaint with the Medical Responsibility Board (HSAN). The medical responsibility board informs the person who was reported of the complaint.

The complaint to the board must be in writing and can be submitted by the patient or in some cases by a close relative. You should submit your complaint as soon as possible since a number of investigations have to be conducted. The person reported must be informed by HSAN about the complaint within two years from the date the incident occurred. You can get the form for reporting complaints at HSAN's website (www.hsan.se) or from the patient committee, where you can also obtain more information about the rules that apply.

Pharmaceutical Insurance

If you believe that you have sustained injuries from medicine that was sold or distributed in Sweden, you can submit a claim to the Pharmaceutical Insurance.

Whenever you take medicine, there is always some risk of side effects that can cause injuries. This insurance, therefore, only applies if a drug causes an unexpected physical injury or illness. No compensation will be awarded if the injury was caused by misuse of the medicine.

You must file your complaint within three years from the time that you learned that your injury was probably caused by the medication. You can usually get the form from a social worker or from the patient committee.

Patient Insurance

If you believe that you have sustained an injury in connection with treatment or an examination by healthcare provided by the County Council (at a hospital, health care centre, National Dental Service, or the College of Dentistry), you can submit a claim to PSR Personskaderegling AB, which will determine whether you are entitled to monetary compensation. You can do the same if you feel you were injured as a result of treatment by a private care provider who has an agreement with the county council.

If you were injured as a result of treatment by some other private care provider (e.g., private dentist) or in the municipality's healthcare system, you should find out what insurance company they use.

This insurance coverage includes surgical procedures as well as injuries related to taking samples, donating blood, physiotherapy, and other healthcare activities. Injuries may be due to examinations, treatment, incorrect diagnosis, incorrect medications, infection, or accidents in certain situations. Compensation is not awarded for all injuries. For example, no compensation is paid for injuries in situations where providers must take great risks in emergency situations or to treat an extremely critical condition.

Complaints should be submitted as soon as possible and usually no later than three years after the time that you realize that your injury could be due to treatment, but no later than ten years after the incident. You can obtain the form for reporting the injury from social workers or the patient committee.

National Board of Health and Welfare

The National Board of Health and Welfare is the highest jurisdiction for medical care. It also has central responsibility for ensuring that the patient's rights are respected from a medical, legal, and social standpoint.

Patient associations and organisations for people with disabilities

If you have sustained a chronic illness or a permanent disability it could be helpful to contact other people in a similar situation. There are many organisations for patients and families that work with the special problems of various groups that can provide support and advice.

You can find more information and addresses from the Swedish Disability Federation (HSO) and The National Federation of Disabled Persons (DHR) or in the yellow pages of the telephone book under "Handikapporganisationer" (Organisations for people with disabilities).

The county council has a secretary for people with disabilities and each municipality has someone who can provide information on disability issues.



Confidential

All medical personnel and personnel in social services are required to comply with the Swedish Official Secrets Act (SekreSSLagen) and observe confidentiality. The main rule is that information about your state of health and other personal conditions may not be released if it could harm or cause discomfort for you or your relatives.

The definition of sensitive data may vary. Therefore, the personnel must carefully become familiar with the individual patient's situation. As a patient, you can help by identifying who may receive information about you and what information may be released. For more information on confidentiality issues, you can contact your doctor, a social worker, or the patient committee's administrator.

Private healthcare has regulations about confidentiality in the Swedish Act on Professional Activity in Health and Medical Services.

Your patient chart

The written chart is an important aid for medical personnel. They record how you feel, results of various examinations, and the care, medicine, and treatment you receive.

Because each health care centre or medical centre maintains its own medical records, you may have several patient charts.

Patient charts from the paediatric medical centre are transferred, with parental approval, to the school health service when the child starts school.

Who may read your chart?

As a patient, in most cases you have the right to read your own chart or to get a copy of it.

Those who are responsible for your care are entitled to have access to the information that is relevant in order to provide you with correct and safe care.

There are occasions when a patient may not share certain data in his chart. More about this and how you can appeal if you are denied access to your medical records can be found on page 8.

Dental care

Freedom of choice for dental care with free dental care for children and adolescents

Free dental care for children and adolescents is provided until the year they turn 19. In Västerbotten, people are free to choose a dentist within the Public Dental Service or a dentist in private practice for their dental care. People who go to a private dentist complete a form when they visit the private dentist to transfer care to the private provider. People who do not actively choose will be called to the public dental health service office for the area.

Emergency Dental care

If you need emergency dental care during the evening or on weekends, you should call 112.

Dental Insurance for everyone

All adults are covered by the public dental insurance scheme. The local insurance office reimburses dentists to some extent by paying a fixed amount for preventive measures, repairing cavities, and emergency dental care. Special reimbursement rules apply for measures such as braces, implants, crowns and bridges.

After an evaluation, the local insurance office can pay a higher reimbursement rate for people who have an increased need for dental care because of certain chronic medical conditions and disabilities. A special high-cost limit applies to people aged 65 and up. The local insurance office and your dentist can provide more detailed information about this.

Pricing is not regulated for dental care. The cost can vary depending on type of treatment and the dentist's fee. However, in the public dental service in the county the same fee plan applies everywhere.

All dentists and dental hygienists must post their fees. Remember that you always have the right to an estimate of costs in writing from your dentist.

Dental Care on subscription

The Public Dental Service and certain private dentists and dental hygienists can offer dental care on subscription. The patient pays a fixed total price for care over a two-year period, regardless of the number of treatments. Ask your dentist and dental hygienist whether they offer this type of health-focused dental care.

County council's dental care subsidy

Dental care can be paid for according to the Healthcare Administration's fee system for certain groups with extensive need for care and for certain specifically described procedures and medical conditions.

Outreach oral health assessment

The county council is responsible for ensuring that certain elderly people and people with functional impairments with municipal health care and social services or similar are offered a free home visit to evaluate oral health and provide advice and instructions pertaining to oral health. The county council and the county's municipalities together determine which groups should receive outreach dental care. The municipalities are responsible for ensuring that these groups receive information and the offer for this dental care assistance. Those people who are affected by the subsidy receive a certificate to this effect from their municipality.

Patients must bring the original certificate with them to their dental appointment. The certificate can be issued by caseworkers or LSS administrators in the municipality, managers of assisted living facilities for the elderly and people with functional impairments, and others.

Necessary dental care

People who are offered an outreach oral health assessment are also entitled to assistance for "necessary" dental care. It should help the individual eat and avoid pain and discomfort.

Necessary dental care can also involve regular exams, preventive care, and fillings. More extensive treatments are reviewed by the county council in advance.

Dental care as a part of treatment of illness for a limited period

When treatment by a dentist or dental hygienist is needed in order to evaluate or treat an illness, you may receive in some cases a subsidy support for this dental care, assuming that the patient has a referral from the doctor and the doctor and dentist or dental hygienist agree to collaborate on the case.

The dental care must be medically motivated and be included as part of the medical treatment and should be completed during a limited period; for example, clearing up infection prior to major heart surgery. Only the dental care needed to treat the illness will be reimbursed. All major treatments will be reviewed in advance.

Dental care as a result of dryness of the mouth

People who suffer from dryness of the mouth due to Sjögren's syndrome or radiation therapy to the head and/or neck that damages the salivary glands may be entitled to have some dental care paid for according to the healthcare administration's reimbursement rules.



Surgical dental care in the hospital

For certain more extensive dental and jaw operations that must be done in hospital, the same fee schedule applies as for medical care in general.

Fees

The annual outreach oral health assessment is free for people who qualify for the service. The fee for necessary dental care and dental care as part of treatment of illness is SEK 100 for the appointment with the dentist and dental hygienist. The fee for an appointment with a specialist is SEK 300.

The fees may be counted in the medical high-cost limit, which is currently SEK 900 over a twelve-month period. If the patient has a free card, the visit is free.

Freedom of Choice for dentists within the medical care system's fee scheme

Dental care where the medical system's rates are paid may be carried out by a public dental service dentist or by a private dentist affiliated with the insurance office. Some treatments require a specialist, which can limit the patient's freedom to choose a care provider.

For more information

If you have any questions about the rules for dental care you can contact Lars Sjödin, county council office, 090-785 71 95, tandvardsstod@vll.se.

Ann Sofie Strömsten, insurance office, 090- 10 50 38, will answer questions about dental insurance for people over the age of 65. You can also ask your dentist or dental hygienist about what applies in your particular case. You are also welcome to log in at the county council's website (www.vll.se) or the Insurance Office website (www.fk.se/tand).

Telephone and addresses

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