

Please send this form to:

Helfo
Postboks 2415
3104 Tønsberg
NORWAY

Power of attorney

If you wish someone else to contact Helfo on your behalf, we require a power of attorney. Parents need to submit a power of attorney when a child is over the age of 16. This is because the legal age of majority for healthcare matters is 16 years.

Visit helsenorge.no for more information, or contact us on +47 23 32 70 00. **It is quicker to send this form in electronically.**

The person granting power of attorney is required to submit a copy of a valid identity document, (e.g. driver's license, bank card or passport).

1. Information regarding the person granting power of attorney (the grantor)

Norwegian ID number (11 digits) or D number	First name, surname
Adress	
Postcode, city	Telephone number

2. Information regarding the person given power of attorney (the attorney)

Norwegian ID number (11 digits) or D number	First name, surname	
Adress		
Postcode, city	Telephone number	
What does the power of attorney include? (Describe what information Helfo can release.)		
Please tick of if the power of attorney only relates to a single enquiry to Helfo.		
Fill out if the power of attorney is granted for a limited time only:	From (date):	To (date):

I have as the person granting power of attorney submitted a copy of a valid identity document.

3. Signature of grantor

City/date	Signature
-----------	-----------