



IDA-TALLINNA KESKHAIGLA

AS Ida-Tallinna Keskhaigla
Ravi 18, 10138 Tallinn
Rg-kood 10822068
Tel 666 1900
E-post info@itk.ee
www.itk.ee

Your feedback is important to us!

Dear patient, loved one, visitor to the hospital!

We aim to provide you with quality health care and great service. We need your feedback to be able to do our work even better. Both positive feedback and criticism on our current work are welcome.

In addition to using this contact form, you can submit letters of thanks, complaints and proposals by:

- post to Ravi 18, 10138 Tallinn
- email to info [at] itk.ee
- posting this form in the post boxes labelled with "Teie tagasiside on meie oluline" ["Your feedback matters"] available in our units (departments, registries). You can find printed feedback forms next to the post boxes.

Important! For the secure transmission of personal data or other confidential information, please use e-mail and send the data as an encrypted document, using the DigiDoc software certificate "East Tallinn Central Hospital: Dok_kinnitus 1" or "East Tallinn Central Hospital: Dok_kinnitus 2".

If you would like to receive a written response to your feedback, please indicate this in the feedback. We will reply to you as soon as possible, but no later than within 30 calendar days.

If you are not satisfied with the response to your complaint, you or your representative have the right to complain about the provision of healthcare services in accordance with subsection 6 (4) of Regulation No. 128 of the Ministry of Social Affairs of 5 December 2004 'Quality Assurance Requirements for Health Services':

to the advisory expert committee on the quality of health care with the Ministry of Social Affairs	Suur-Ameerika 1, 10122 Tallinn info [at] sm.ee
to the Tervisekassa	Lastekodu 48, 10113 Tallinn info [at] tervisekassa.ee
to the Health Board	Paldiski mnt. 81, 10617 Tallinn info [at] terviseamet.ee

Note! If you submit feedback on behalf of another person and it involves accessing and/or disclosing that person's health information, please provide a power of attorney or written consent from that person with the feedback. To submit documents, please contact us at kvaliteet [at] itk.ee (kvaliteet[at]itk[dot]ee).

Complete [the application form](#) to request personal information (including time of birth) and extracts of medical records.