

PATIENT RIGHTS HANDBOOK

FOR FOREIGN NATIONALS IN NORWAY



Everyone in Norway is entitled to immediate,
urgent medical care.



COUNSELLING AND CARE WHEN YOU ARE INJURED

NATIONAL ASSOCIATION FOR THE TRAUMATICALLY INJURED

The National Association for the Traumatically Injured (Personskadeforbundet LTN) is a membership organisation for everyone whose lives have been changed because of illness or injury. We assist our members with advice and guidance on healthcare rights, the Norwegian Labour and Welfare Administration (NAV) and compensation claims. The National Association for the Traumatically Injured aims to help everyone who has been injured return to the best possible health with the help of the national health service. We work to secure individuals fair compensation and ensure proper follow-up from NAV. Our aim is to create such a good system that you do not need help directly from the organisation.

Why have we produced this brochure?

The National Association for the Traumatically Injured is often approached regarding the rights of foreign nationals in Norway if they should become sick or injured. Your rights often depend on why you are in Norway, your citizenship and how you have been injured.

Health professionals often encounter challenges in communicating information about an individual's rights, due to lan-

guage barriers and lack of an interpreter. We have therefore made this brief brochure to inform you of some of your rights.

Your right to information, use of interpreters

As a patient, you have the right to receive information in a language you understand. You also have the right to make yourself understood. If you do not speak or understand Norwegian, it may be necessary to use an interpreter to communicate with public agencies.

Public agencies are responsible for ordering and paying for an interpreter. Please tell the public agency with which you will be meeting if you need an interpreter and which language you require. It may take time to find a good interpreter, so you should notify the agency that you need an interpreter as far in advance of the conversation/meeting as possible. If an interpreter has been ordered and you cannot attend the meeting at the agreed time, it is important that you notify the agency, so they can cancel the interpreting service. Interpreters are bound by confidentiality and are thus prohibited from disclosing any information of which they become aware during their work.

WHO IS ENTITLED TO HEALTHCARE IN NORWAY?

Everyone in Norway is entitled to immediate, urgent medical care. The legal definition of urgent in this context means situations where your life is in danger or there is a serious deterioration in your health.

However, you have more rights if you are a member of the Norwegian National Insurance Scheme. If you're a member, you have the same rights as Norwegian citizens who live and work in Norway.

Membership in the National Insurance Scheme

In Norway, the public social insurance scheme is called the National Insurance Scheme (folketrygden). To be entitled to benefits under the National Insurance Act, you must be a member of the National Insurance

Scheme. This applies to all NAV benefits and healthcare services (treatment by a doctor, psychologist and expenses for medications in the event of a long-term illness).

Member of the National Insurance Scheme?

As a rule, everyone who is a resident of Norway is a member of the National Insurance Scheme. To be considered a resident, your stay in Norway must last, or be intended to last, at least 12 months. When you move to Norway to be here for at least 12 months, you automatically become a member on the date of your arrival. You must be legally entitled to stay in Norway for this period.

Foreign workers in Norway

Everyone working legally in Norway is automatically a member of the National Insurance



ance Scheme from their first day at work. You are entitled to medical cover in Norway and receive pension benefits under the provisions of the National Insurance Scheme. It may take time before you are registered as a member of the National Insurance Scheme. This means that you can fulfil the criteria for membership without being formally registered.

Exception: You are not a member of the National Insurance Scheme if you are working on a temporary assignment for your foreign employer in Norway.

Tourists from the EU/EEA or Switzerland on holiday in Norway

Citizens of EU/EEA countries or Switzerland are entitled to receive a European Health Insurance Card, issued by their home country. The card is proof that you have the right to necessary healthcare to the same extent as Norwegians. This means that you are covered for the necessary expenses beyond

patient charges, or “user fees”, for healthcare services. If you become ill or injured and do not have your health insurance card with you, but have the right to obtain one, you must check with your country of residence if you can be issued a temporary certificate proving your rights. Repatriation is not covered by your European Health Insurance Card.

Tourists from countries outside the EU/EEA or Switzerland on holiday in Norway

As a tourist from outside the EU/EEA or Switzerland, you are not entitled to cover for medical treatment in Norway. However, you may have certain rights from your country of residence.

However, everyone in Norway has the right to immediate emergency assistance.

Travel insurance

As a tourist in Norway, you should check your travel insurance. Travel insurance usually covers user fees, medical treatment and/or repatriation.

For some accidents, you may have the right to medical treatment and potentially compensation. Read more in the section on Compensation.



THE NORWEGIAN NATIONAL HEALTH SERVICE

The Norwegian national health service is divided into three different parts, depending on the severity of the illness or injury.

Regular GP Scheme

The Regular GP Scheme gives everyone resident in Norway the right to have a general practitioner as their regular doctor. The scheme is voluntary, but if you choose to not to participate, you must find a doctor who can help you if you need treatment and you will have to pay a higher user fee. You can choose whether you want a male or female doctor when you choose your GP.

Your GP is your “interface” with the national health service for the treatment you receive. Therefore, it is important that you have a regular GP if you need further medical care. Your GP can prescribe medication and sick leave and is responsible for providing referrals to hospitals, other specialists and therapists. If you receive treatment in hospital or from other specialists, your GP will receive a report detailing your treatment.

You can find and change your GP yourself using either by telephone on +47 810 59

500 or on the HELFO website. If you are hospitalised, you can ask for help from a social worker or a nurse to change your GP.

Emergency outpatient clinics and hospitals

Emergency outpatient clinics (legevakt) are there to provide assistance when your GP is not available and you cannot wait until your GP's office is open. Emergency outpatient clinics also provide assistance when you are not near your GP, such as when you are on holiday or traveling. Just like your GP, an emergency outpatient clinic can refer you to a hospital if necessary.

The national emergency outpatient clinic telephone number is 116117.

In emergency situations, you should contact the emergency medical dispatch centre (AMK) by telephone on 113.



HOW MUCH DOES HEALTHCARE COST IN NORWAY?

Hospitalisation is free of charge when you are a member of the National Insurance Scheme. If you use other parts of the Norwegian national health service, you only pay a certain part of the cost, called a user fee. There is a limit to patient charges and, after you have paid user fees up to a certain amount, you will be eligible for a medical exemption card. Then you will not have to pay any user fees for the rest of the calendar year. There are two types of medical exemption cards:

Healthcare exemption card, Level 1 applies to approved user fees paid to doctors, psychologists, outpatient clinics, radiology, travel to medical examinations and treatments (patient travel) and the purchase of prescribed medication and equipment. You will automatically receive a medical exemption card when you have reached Level 1. It will be sent by post to

your registered address.

Healthcare exemption card, Level 2 applies to approved user fees paid for physiotherapists, some forms of dental diseases, approved rehabilitation institutions and treatment abroad arranged by Oslo University Hospital. To receive a Level 2 healthcare exemption card, you must submit an application to HELFO and enclose a receipt from the party responsible for your treatment.

For information on patient charge limits, you can talk to your doctor or contact the health care exemption card service by telephone on +47 815 70 050.

Occupational injuries

If you are receiving treatment as a result of an approved occupational injury, you are exempt from paying user fees.



NORWEGIAN LABOUR AND WELFARE ADMINISTRATION

NAV aims to help more people get back to work or involved in other meaningful activities. Through various schemes such as sick pay, unemployment benefits, work assessment allowance (AAP) and disability benefits, NAV provides financial security for individuals. To be eligible for benefits from NAV, you must be a member of the National Insurance Scheme and must generally reside in Norway.

You can obtain information about NAV benefits and services from NAV's automated telephone service on +47 810 33 810. Both www.nav.no and the telephone service have information available in English and Polish.

Income during illness – Sick pay

If you lose your income due to illness or injury, you may be entitled to sick pay from your employer or NAV.

Minor illness/injury

As an employee, you can self-certify temporary minor illnesses or injuries. Under the self-certification scheme, you are entitled to notify your employer of an illness/injury without documentation from a doctor. To be entitled self-certify absences, you must have worked for your employer for at least two months. You can generally use self-certification for up

to three calendar days at a time. After these three days, your employer may require a medical certificate. Self-certification can be used four times during a 12-month period.

Illness lasting more than three calendar days

If your illness lasts longer than three calendar days, you must contact your doctor to get a medical certificate. The doctor will determine whether sick leave is necessary, and for how long. The doctor will also consider whether you need full sick leave or partial sick leave (i.e. whether you can perform some work).

To be entitled to sick pay, you must:

- Have been employed for at least four weeks before you became ill or injured (except for occupational injuries, where you are entitled to sick pay from day one).



- Have lost pensionable income due to your illness or injury. The income basis for sick pay must amount to at least half the basic amount (G) of the National Insurance Scheme. For information on this year's basic amount, see nav.no. This income limit does not apply for sick pay during the employer's sick pay period (the first 16 days).

How much sick pay will I receive?

When NAV is responsible for your sick pay, a basis for your sickness benefits must be established. This basis is determined by converting your weekly income to annual income. NAV provides sickness benefits up to 6G for a maximum of 52 weeks. Your employer is responsible for paying your sick pay for the first 16 days, after which NAV is responsible.

Follow-up during sick leave

NAV and your employer are obliged to follow you during your sick leave. Your employer must adapt working conditions for you if

necessary. NAV can also follow you up by implementing measures to get you involved in a meaningful activity. This may entail certain obligations on your behalf, which you must fulfil to continue to be entitled to sick pay. Remember to apply to NAV for approval before you travel abroad.

Work assessment allowance (AAP)

If you are still ill after you have reached the maximum limit for sick pay, you can apply for a work assessment allowance. You should apply for this allowance in good time before you reach the maximum limit for sick pay.

To be entitled to a work assessment allowance, you must meet the following conditions:

- Your capacity for work must be reduced by at least 50 per cent due to your illness, injury or disability. For occupational injury, the requirement is 30 per cent.
- As a rule, you must have been a member of the National Insurance Scheme for three



years. If you have been fit for work, it is enough that you have been a member for at least one year.

You can receive AAP while you are completing active treatment, while work-related measures are being implemented, during trial periods and/or you are under the supervision of NAV following the completion of your treatment and attempts have been made to get you back to work.

How much will my work assessment allowance be?

Your work assessment allowance will be 66 per cent of your income basis. In order to receive a work assessment allowance, you must send in a registration card every 14 days. You do this on "Din Side" at www.nav.no. On this card, you register your work and activity for the previous 14 days, and confirm that you will be registered with NAV for the next period. Payment is made on the basis of what you enter on the card.

Exemption from the obligation to report to NAV

There is one exception. You can be exempted if submitting this report to NAV is an unnecessary burden for you. NAV will make an individual assessment of on a case by case basis.

Disability benefits

If your earning capacity is permanently

reduced due to your injury or illness, you may be entitled to disability benefits.

To be eligible for disability benefits, you must:

- Be between 18 and 67 years of age.
- Have been a member of the National Insurance Scheme for the last three years prior to the onset of your disability. The requirement for three years' membership in the National Insurance Scheme does not apply to refugees who are members of the National Insurance Scheme, or for people who became disabled before the age of 26 and were members at the time of the onset of their disability.
- Have received appropriate treatment and completed vocational measures to improve your working capacity.
- Have a least a 50 per cent reduction in your earning capacity. If you are applying after having received AAP, the requirement is a 40 per cent reduction in your earning capacity, and for approved occupational injuries, the requirement is 30 per cent.

How much will I receive in disability benefits?

Disability benefits are calculated based on 66 per cent of your income basis. The calculation is based on your pensionable income from the top three of the last five years. Members with a low income are guaranteed a minimum benefit.

INJURED AT WORK?

An occupational injury is an injury that occurs during working hours, at the workplace and during the execution of work. The general rule is that injuries that occur in a work situation are considered occupational injuries. There are nevertheless some exceptions, e.g. repetitive strain injuries that develop over time.

If you have an approved occupational injury, you may be entitled to social security benefits under more favourable rules than usual. You are also covered by an occupational injury insurance that employers are obligated to have for their employees. You

can read more about this under Compensation.

How to report occupational injuries

Employers are obliged to submit accident reports to NAV. If your employer has not done so, you can report your occupational injury or illness yourself. Your doctor must indicate on your medical certificate if NAV should consider whether it is an occupational injury/illness. You can also contact NAV by telephone on +47 55 55 33 33 if you have questions or would like help completing your report.



SPECIFIC BENEFITS FROM NAV FOR APPROVED OCCUPATIONAL INJURIESE

Patient charges (user fees)

If you are receiving treatment as a result of an occupational injury, you are exempt from paying user fees. This applies to treatment from medical practitioners who are entitled to reimbursement from the National Insurance Scheme.

To be exempted from user fees, you must remember to bring the decision from NAV regarding the approval of your occupational injury. For more information: www.helfo.no

Sick pay

For occupational injuries, there is no qualification period to be eligible for sick pay from NAV. You are entitled to sick pay from the first day of your employment.

Work assessment allowance (AAP)

When you apply for a work assessment allowance, there is a requirement of at

least a 30 per cent reduction in working capacity if you have an approved occupational injury.

Disability caused by an occupational injury

If your disability is due to an approved occupational injury or illness, you will get disability benefits based on more favourable rules. The requirement for three years' membership in the National Insurance Scheme does not apply, and neither does the requirement for continued membership. This means that you will be entitled to disability benefits even if the occupational injury occurs the first day you come to Norway and start working. You may also be entitled to receive this benefit in your home country. If your disability is due to an approved occupational injury or illness, disability benefits can be paid for degrees of disability as low as 30 per cent.



COMPENSATION

For injuries caused by accidents, you are often covered by several insurance policies in addition to your social security rights. For traffic and occupational injuries, you are covered by statutory insurance schemes that provide compensation for e.g. consequential expenses, loss of income and compensation for permanent injury. Insurance that covers injuries incurred during non-work hours is voluntary and often with personal policies, but in many cases, you will have insurance cover for non-work hours through your employer or union. You are often also covered by travel insurance when traveling outside the home and by accident insurance at home if you have household insurance.

Occupational injury

Employees with occupational injuries are covered by an occupational injury insurance that employers are obliged to take out for their employees. This insurance is intended to cover any losses that are not covered by government benefits. If you receive an occupational injury, you have special rights under the National Insurance Scheme. Reasonable and necessary legal expenses must be covered by the insurance company. If you are a state or municipal employee and you suffer an occupational injury, you will be entitled

to compensation under the Collective Wage Agreement (HTA) for state and municipal employees, respectively.

If your employer does not have Occupational injury insurance cover, you are entitled to compensation from the Norwegian Occupational Injury Insurers' Bureau (YFF).

Road accidents

All motorised vehicles and other vehicles subject to registration are required by law to have liability insurance through the Norwegian Automobile Liability Act. The law provides rights to compensation regardless of liability. The responsible insurance company generally covers the losses you incur as a result of the accident, e.g. consequential expenses, including necessary and reasonable legal expenses, lost income and compensation for permanent medical disability.

If the owner of the vehicle does not have insurance, the injured party is entitled to compensation from the Norwegian Motor Insurers' Bureau (TFF).

Injuries during non-work hours

Injuries that occur during non-work hours may be covered through personal travel

and accident insurance. It is quite common to have this kind of insurance through your employer or your union. In many cases, you are covered by insurance policies that your spouse/domestic partner has through their employer. If you are injured during a trip that you have paid for by credit card, you are usually covered by insurance provided by your credit card company.

What your insurance covers will be stated in the terms and conditions of your insurance policy.

Injuries caused by violence

If you have been exposed to violence and suffered a personal injury, you may be entitled to compensation. You can claim compensation from the Criminal Injuries Compensation Authority, a state agency that determines and pays advance compensation. This compensation is basically the same as for road accidents. Normally, you will also

be able to claim damages for non-monetary loss or compensation for pain and suffering.

Patient injury

If you have been subject to incorrect or improper medical treatment, you may be entitled to compensation. If your injury was caused by your original illness/disorder, you are not entitled to patient injury compensation. If you suffer a patient injury, you must apply for patient injury compensation no later than three years after you should have understood that it was the treatment or lack of treatment that caused the injury. Compensation is granted from the Norwegian System of Patient Injury Compensation (NPE), which is a government agency. This compensation is basically the same as for road accidents. Once your injury/illness has been approved as a patient injury, you are entitled to reimbursement of reasonable and necessary lawyer's fees.



WHAT ARE MY RIGHTS FOR REIMBURSEMENT?

According to Norwegian tort law, you are entitled to reimbursement for financial losses resulting from the injury. The items listed for reimbursement below are generally covered if you have suffered a traffic injury, occupational injury, violence or a patient injury.

Loss of income

You are entitled to reimbursement of consequential and future loss of income due to the accident. Compensation shall cover the financial loss that is not covered by the National Insurance Scheme. In this context, consequential loss of income refers to the financial loss from when your injury occurs to when the matter of compensation is settled. Future loss of income is your loss of potential future income due to your injury/illness.

Consequential and future expenses

You are entitled to reimbursement of all documented expenses as a result of your injury, which are not covered by the National Insurance Scheme. This usually applies to medical expenses, medication, interpreter services, treatments and transportation. Other expenses may also be covered. Your actual expenses are called consequential expenses. Future expenses will be reimbursed to the extent that these are necessary and reasonable.

Permanent injury – lost quality of life

If you have suffered a permanent injury, you may be eligible for compensation for lost quality of life. This type of compensation is calculated based on your medical disability and is a standardised compensation.

Choice of lawyer

The threshold for seeking legal aid and assistance is often high. Many people who sustain injuries do not get what they are entitled to due to fear of legal expenses. Many choose general lawyers, who often lack or have limited experience in personal injury law. When choosing a lawyer, it is important to ensure that the lawyer has extensive experience with personal injury compensation cases.

The National Association for the Traumatically Injured is affiliated with a community of experienced and specialised personal injury lawyers. As a member of the National Association for the Traumatically Injured, you can receive assistance in choosing a lawyer with the appropriate experience for your case. To receive assistance in choosing a lawyer, you must complete the lawyer selection form on our website.



PERSONSKADEFORBUNDET LTN

Hausmanns gate 19, 0182 Oslo

22 35 71 00

post@personskadeforbundet.no

www.personskadeforbundet.no

