Do you have any questions?

Contact

Tel.:

E-mail:

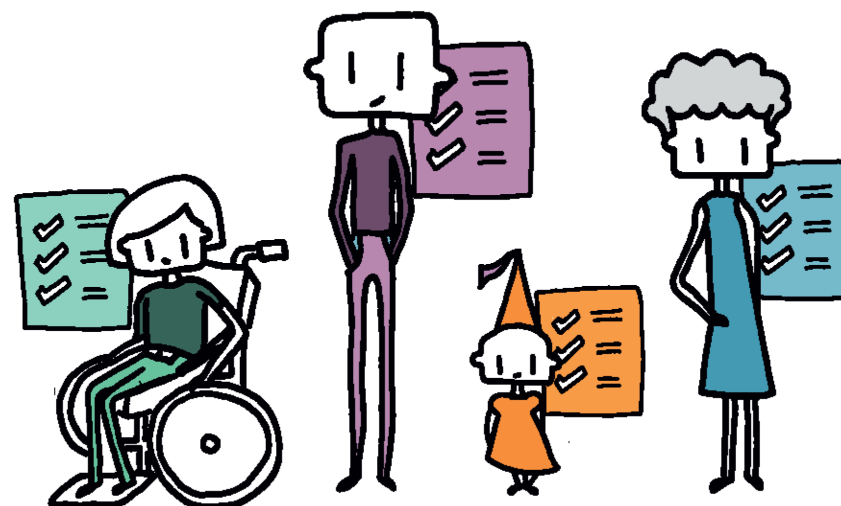
Address:

If you do not know how to get in touch with the coordinating unit, ask a health professional or call the municipal/hospital switchboard

If your application for an individual care plan and coordinator is rejected even though you believe you meet the applicable requirements, you can appeal to the county governor.

Read more about individual care plans and coordinators at www.helsedirektoratet.no and www.helsenorge.no

Helsedirektoratet

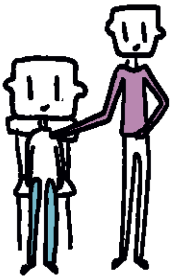


Your life, your plan

For patients requiring long-term support from coordinated services

Helsedirektoratet

An individual care plan and coordinator may be appropriate for you



What is an individual care plan?

An individual care plan is a process which determines the way in which the services you need will work together to ensure you receive holistic support tailored to meet your needs. What is important for you should form the starting point for the planning process. The plan should describe your goals, what is to be done and who is responsible for doing what and by when. Support from other sectors such as NAV, school and child welfare is incorporated into the care plan as and when appropriate.

... and what is a coordinator?

A coordinator is one of your professionals who is responsible for coordinating the services you receive and for ensuring that your individual care plan is implemented as planned. The coordinator will ensure that you, and any relatives you may have, are closely involved in the work relating to your care plan. Different professions may taken on the role of coordinator. Your personal wishes will be taken into account when a coordinator is chosen.

Who can have an individual care plan and a coordinator?

- Anyone who is in need of several health and care services over a certain period of time. The need not be long-term.
- When long-term needs regarding coordinated services are assessed, measures from other sectors will also be incorporated.
- People of all ages and irrespective of diagnosis and/or the type of0020functional challenges.

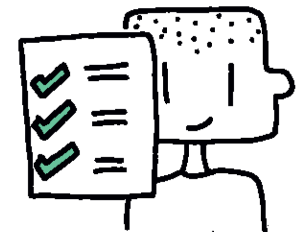
What would having an individual care plan and coordinator mean for you?

- You will be involved and the care plan will be based on your goals.
- You will have one coordinator who has an overview of your situation.
- You will not necessarily gain access to more services, but you will receive integrated coordinated services.
- You decide what information should be shared between the services.

You will find that the services are integrated to help you achieve your goals

How do I go about getting an individual care plan and a coordinator?

Relevant personnel in the services will tell you about and offer you an individual care plan and coordinator. You or your relatives can also ask for one. In this case, you should contact the coordinating unit in your municipality*. You can be assigned a coordinator even if you decide you do not want an individual care plan.



If you are admitted to hospital, the hospital concerned will offer you a coordinator, notify the municipality of the need for an individual care plan to be prepared and contribute to the implementation of the plan as and when necessary.

* See the information on coordinating units overleaf