

INFORMATIONS FOR CLIENTS ABOUT GENERAL DATA PROTECTION REGULATION



Dear client,

the protection of your personal data is important to us. The EU- General Data Protection Regulation (GDPR) obligates us to inform you, why the Psychosocial Center collects your personal information, how we store and to whom we transmit your personal information. This sheet also obtains information on your personal rights, concerning data protection.

1. RESPONSIBILITIES FOR GENERAL DATA PROTECTION

Processor of general data:	Controller of general data protection:
St. Johannis GmbH /PSZ	Kurt Rothe
Dr. John-Rittmeister-Straße 6	Woltersdorfer Straße 42c, 39175 Biederitz
06406 Bernburg	Email: datenschutz@stejh.de
Email: kontakt@psz-sachsen-anhalt.de	Telephone: 03471/3009964

2. PURPOSE OF DATA PROCESSING

The data processing underlies legal requirements, in order to ensure all obligations within treatment agreements between you and your psychologist, your psychotherapist, your physician and social workers are met.

For this purpose we process your personal data, in specific your health-related data. Health-related data includes medical history, diagnoses, therapy proposals and findings, which we might gather.

The elicitation of health-related data is a prerequisite for your treatment. A lack of necessary information can lead to inaccurate treatment.

Furthermore data about ethnical background, political opinions, religious or ideological convictions will be collected, as far as these are mentioned by you and become relevant within the course of your psychosocial treatment and counselling.

3. RECIPIENTS OF YOUR DATA

Any transfer of personal data to third parties will only be allowed, if it is legally permitted or if you have actively given your consent. Recipients of your personal data, especially health-related data, could most notably be the regional association of physicians, health insurance companies, medical service providers and the responsible Sozialamt (social service department).

Transfer of personal data predominantly takes place for accounting and billing purposes of any services provided to you and for the clarification of any medical or insurance related question, that might arise. The transfer of data to other authorized recipients, e.g. lawyers and counsellors, will only happen, if you sign a document of release from the obligation of confidentiality prior to any contact with these authorized persons (Schweigepflichtsentbindung).

4. DATA STORAGE

Due to legal instructions, we are obligated to store data, that arose from the treatment relationship, for at least 10 years after the treatment ended. In special cases (e.g. x-rays) for at least 30 years.

5. YOUR RIGHTS

You have the right to receive information about any data we have collected, to ensure transparent processing and storage of your data. You may also ask to correct any false data we might have obtained.

Beyond that you are entitled (under specific circumstances) to an erasure of personal data, rights to restriction of processing and rights to data portability.

Has the data processing been carried out with your active consent, you are entitled to withdraw your consent, with effect on the future. With the revocation of your consent the legitimacy of the data processing up to the point of revocation of your consent remains untouched. Please be aware, that in this case data processing might not be possible for future eventualities.

At all times you have the right to complain to the responsible supervisory authority for data protection, if you think that the processing of your personal data isn't legitimate.

The address of the supervisory authority responsible for us is:

Name: Landesbeauftragter für den Datenschutz Sachsen-Anhalt
Anschrift: Postfach 1947, 39009 Magdeburg

6. LEGAL FOUNDATION

Beside the following form of consent, legal foundation for any occurring data processing of your personal data is Article 9 (2) lit. h) DSGVO in combination with §22 (1) lit. b) Bundesdatenschutzgesetz. If you have any questions, do not hesitate to ask us.

FORM OF CONSENT

I have read the information above and understood the information.

Hereby I, _____, give my active consent to the collection and processing of my personal data, e.g. my origin, my political opinions, my religious or ideological convictions, my health-related data, information about my sexual orientation, if they came up during the registration at the PSZ or the counselling and therapy sessions and become relevant for any further counselling. An evaluation of necessity will be carried out through PSZ staff.

The consent is given in my own free will and can be withdrawn at any time in the future.

SIGNATURE