

## **Privacy Information of the Psychosocial Counseling Center**

### **Responsible Entity**

The psychosocial counseling center of the Student Services Organization Frankfurt am Main, a public law corporation (AöR), located at Rostocker Str. 2, 60323 Frankfurt am Main, Tel. 069/798-34906, processes your personal data exclusively for the organization and conduct of counseling.

### **Purpose and Documentation of Processed Data**

As part of the psychosocial counseling, we process personal data required for the implementation and documentation of the counseling. This may specifically include:

- Master data (e.g., name, contact details),
- Appointment and organizational data,
- Information regarding the course of counseling (e.g., conversation notes).

Furthermore, in the context of counseling, special categories of personal data within the meaning of Article 9(1) of the GDPR may also be processed. This specifically includes:

- Information on mental or physical health status,
- Information on stress situations,
- Possible diagnoses or suspected diagnoses,
- Information on prior therapeutic treatments,
- Other sensitive personal life circumstances.

The documentation serves exclusively for professional traceability and quality assurance of the counseling. Only employees of the counseling center have access. The records are stored only as long as necessary for the implementation, documentation, and follow-up of the counseling. Subsequently, they will be deleted or destroyed. The voluntary questionnaire serves to assess your situation. The statistical evaluation is carried out exclusively in an anonymized manner; no reference to individuals is possible anymore.

### **Confidentiality & Disclosure**

All employees are subject to confidentiality obligations. Disclosure to third parties or other university departments occurs only with your consent or in the event of a statutory obligation, see the next section. Within the team, information is shared only if necessary for your counseling. Supervisors commissioned by us for quality assurance of the counseling receive anonymized information and are also obligated to maintain confidentiality.

### **Legal Basis & Your Rights**

The legal basis for counseling is Article 6(1)(a) and Article 9(2)(a) of the GDPR. Insofar as we disclose your data to third parties due to an acute risk of self-harm or harm to others that cannot be averted by other measures, this data processing is carried out pursuant to Article 6(1)(1)(d), (f) and Article 9(2)(c) of the GDPR. The legitimate interest lies in the protection of your physical integrity as well as that of third parties. Providing your data is voluntary; however, if certain information is required for the conduct of counseling, counseling may not be possible or may be restricted without it. Please feel free to ask us personally

regarding this. You may revoke your consent at any time with effect for the future pursuant to Article 7(3) of the GDPR.

You have the right to information pursuant to Article 15 of the GDPR, rectification pursuant to Article 16, erasure pursuant to Article 17, restriction of processing pursuant to Article 18, as well as data portability pursuant to Article 20 of the GDPR.

You may assert the aforementioned rights against the Data Protection Officer at the following email address: [datenschutz@swffm.de](mailto:datenschutz@swffm.de).

Furthermore, you have the right to lodge a complaint with a data protection supervisory authority pursuant to Article 77 of the GDPR. The supervisory authority responsible for us is: The Hessian Commissioner for Data Protection and Freedom of Information, Gustav-Stresemann-Ring 1, 65189 Wiesbaden, Tel.: 0611-1408 0, Email: [poststelle@datenschutz.hessen.de](mailto:poststelle@datenschutz.hessen.de). Further information on data protection with us can be found at the following link: <https://www.swffm.de/datenschutz>.

**Consent to Processing of My Data for Counseling Implementation:**

I have taken note of the above information. I agree to the processing of my data.

.....  
(City, Date)                      (First Name, Last Name)      (Signature)

**Consent to Email Communication (Optional)**

There is the possibility to receive information via email. Only organizational notices (e.g., appointment scheduling or rescheduling) will be transmitted. No personal or substantive information from the counseling will be sent via email. I am aware that communication via email generally entails an increased risk for the protection of personal data. This consent is also voluntary and can be revoked with effect for the future.

**Your Email address:** .....

Please check:

- I agree that the counseling center may contact me via email for organizational purposes (appointment scheduling, rescheduling, appointment reminders, etc.).