

Welcome to the Psychological counselling of the Studierendenwerks Dortmund
Phone: 0231-20649-180, Email: psbe@stwdo.de

Data protection

If you contact us, the psychological counseling service of the Studierendenwerk Dortmund processes your personal data, in particular your name, your contact details, your counseling request and minutes of the consultations. We offer consultations, but no therapy. We use your data to carry out the consultation and to fulfill our legal obligations, in particular to fulfill the professional obligations for documentation and storage. The retention period is up to 10 years after the consultation has been completed. The psychological counseling staff have access rights to your data. All information about your concern, your person, your professional or financial circumstances and the fact of your consultation that we become aware of during the consultation is subject to confidentiality. Data will only be passed on in exceptional cases if there is a legal obligation to do so or in the unlikely event of a legal dispute to protect our legitimate interests. Further information on data protection can be found at www.stwdo.de/datenschutz.

Consent

I have read the information on data protection. I consent to the processing of my personal data by the psychological counseling center for the purpose of counseling, its documentation and storage, and to fulfill legal obligations. I agree that the counseling can be carried out by different members of the counseling team, or that an exchange can take place within the counseling center's staff for reasons of supervision or quality assurance, in this respect I release them from the obligation of confidentiality. I agree that the employees of the psychological counseling center may also contact me by phone and email for organizational purposes (e.g. making appointments), using my data listed below. If I use or arrange a video call or video conference, I hereby agree that my data may be processed by the technical provider for the purpose of conducting the video call or video conference, in accordance with the data protection information of this provider. In particular, I agree that my data required for the purpose of inviting and organizing access to participate (email address, date and time of the appointment, name if applicable) may be passed on to the video call or video conference service. I can revoke my consent in whole or in part at any time with effect for the future; the revocation can be made in any form; for reasons of proof, I am asked to send it by post or email with the subject "Revocation". I have been given sufficient opportunity to ask questions about the counseling service and this consent, and my questions have been answered.

Name: _____ First Name: _____

Date of birth: _____ University: _____

Phone: _____ Email: _____

Place, date, signature _____

Thank you for your trust. If you have any questions, please do not hesitate to contact us.