

# Information waiver and declaration of consent for personal information assessment



First Name:

Last name:

Address Street:

Zipcode and City:

Date of birth:

Email:

Mobile phone number:

In my practice, I collect personal, confidential information during our therapy discussion. All therapists have always been subject to strict confidentiality. According to the new data protection law (EU General Data Protection Regulation and the Federal Data Protection Act) that has now come into force, I am obliged to inform you of the purpose for which I am collecting, storing or forwarding personal information in my practice. You can also see what rights you have with regard to personal information protection. Your express consent to personal information collection is also required.

## 1.1) RESPONSIBLE FOR PERSONAL INFORMATION DATA PROCESSING

Practitioner Responsible for personal information data processing is: Gabriele Aigner

Practice name: systemic individual, couple and sex therapy - alternative practitioner limited to the field of psychotherapy

Practice address: Briennerstr. 44, 80333 Munich - Telephone: 0179-2943646

## 1.2) PURPOSE OF Personal Information DATA PROCESSING

Personal Information data processing is based on legal requirements in order to fulfill the treatment contract between you and Gabriele Aigner and the associated obligations. For this I process your personal data. This includes health data such as medical history, diagnoses, findings, therapy methods and course. The collection of health data is a prerequisite for your treatment. If the necessary information is not provided, careful treatment cannot take place. If you are being treated by other naturopaths, doctors, psychologists or psychotherapists, A collegiate arrangement may be useful e.g. B. Therapist letter. In this case, you need to release from confidentiality.

## 1.3) DISCLOSURE OF YOUR Personal Information DATA TO THIRD PARTIES

I will only transmit your personal invoice data to third parties (e.g. doctors / psychotherapists) after your consent and written release from confidentiality, if we consider this to be useful for your benefit.

## 1.4) SAVING YOUR PERSONAL INFORMATION DATA

According to legal requirements, I am obliged to keep your personal information data at least 10 years after completing the treatment.

## 1.5) DECLARATION OF CONSENT

With your signature, you expressly consent to the collection and storage of personal data necessary for your treatment. You have the right to revoke this consent at any time, but revocation only has an effect in the future, since documentation of your treatment data is mandatory according to statutory provisions. After revoking this declaration of consent, however, further treatment is no longer possible.

## 1.6) YOUR RIGHTS

You have the right to receive information about your personal data. You can also request the correction of incorrect data. In addition, under certain conditions, you have the right to have data deleted, the right to restrict data processing and the right to data portability. You also have the right to complain to the responsible data protection supervisory authority if you believe that the processing of your personal data is not lawful.

## 1.7) LEGAL BASIS

The legal basis for processing your data is Article 9 paragraph 2 lit. h) GDPR in connection with § 22 Paragraph 1 No. 1 lit. b) Federal Data Protection Act. If you have any questions, you can contact me at any time.

## 1.8) FURTHER DECLARATIONS OF CONSENT

Encrypted email contact can be used for making appointments and sending invoices, etc

Place and date

Client Signature



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