Privacy Notice and Informed Consent

I _____ the undersigned, born in _____

date of birth _____ residence in _____

address _____:

hereby declare to be informed that:

The Service offered is a psychological treatment aimed at improving personal psychological balance;

According to this aim, the therapists could use cognitive and intervention tool in order to guarantee prevention, diagnosis, habilitation-rehabilitation activities and psychological support;

The major intervention tool will be the clinical counselling, each one lasting 45 minutes, valuating the frequency of the meetings in relation of psychological problems and willingness of the undersigned;

The final duration of the treatment will be defined according to its goals and times. I can stop treatment whenever I want;

If I undergo therapeutic treatment, I will receive a phone call or an email from a professional of the SAP Service (Servizio di Aiuto Psicologico a Studenti e Giovani Adulti) approximately six months after the end of the therapy, in order to evaluate the outcomes of the treatment received;

In compliance with Italian Legislative Decree No. 196 of 30/06/2003, I hereby authorise the recipient of this document to use and process my personal data for the purposes of staff recruitment and selection. I also confirm that I have been informed of my rights pursuant to Article 7 of the above-mentioned Decree;

In addition, I hereby declare to be informed that:

The use and processing of my personal data will be carried out using procedures designed to ensure my privacy, and will include collection, recording, organisation, and storage. Clinical charts/records will be retained indefinitely, in accordance with the circular by Ministero della Salute n. 900 2/PG 454/260, December the 19th, 1986;

The use and processing of my personal data have a therapeutic and/or fiscal purpose and strictly related to the aim of the therapeutic relationship;

The use and processing of my personal data may involve automated procedures, designed to ensure my privacy and security. Data will be retained and processed by employees and professionals of the Department, with the monitoring of the legal representative. Personal data will be shared with AUSL for the purposes written above;

The Data Controller for the use and processing of my personal data is Alma Mater Studiorum – Università di Bologna;

The Personal Data Protection Officer at the Alma Mater Studiorum – Università di Bologna (RPD/DPO) (registered office: via Zamboni, 33 - 40126 Bologna, Italy; e-mail: dpo@unibo.it; PEC: scrivunibo@pec.unibo.it):

In compliance with Article 7 of Italian Legislative Decree No. 196 of 30/06/2003, I have the right to object to the use and processing of my personal data, within the limits established by law. I also have the right to request confirmation of the existence of my personal data and to know its origin; to receive it in an intelligible form; to obtain information about the logic, procedures and purposes of the processing; and to request the erasure, anonymisation, or blocking of data processed unlawfully;

I hereby declare that I have read and agree to the Privacy Notice, Terms and Conditions above, consenting to undergo a psychological counselling by SAP Service (Servizio di Aiuto Psicologico a Studenti e Giovani Adulti).
Faithfully

Place and date _____ Signature _____