

Counselling centre Campus Westend – data protection information

Discussing personal matters with others can sometimes be difficult. Sharing personal information is an act of fate which requires this information to be handled with discretion. It is, therefore, important that we outline the data protection laws which form the basis of our work.

Confidentiality

All employees of the counselling centre are bound to secrecy. Your attendance at the centre and the contents of your discussions with us are confidential. This confidentiality is maintained towards your relatives, friends, partner, other employees of the University or College, doctors and therapists. Only with your written permission we can be released from this bond of confidentiality. An example of this could be your requirement for a letter to your University or College, confirming your visit to the counselling centre. Another example could be a consultation between your medical carer and the counselling centre.

Under the following circumstances we are required by law to divulge confidential data to a third party:

- the possibility of you bringing harm to yourself or to others which cannot be treated by different means
- a court case where we are called to the witness box; Psychologists and Counsellors do not have the right of refusal to answer questions before court.

Documentation

We complete a written protocol of the consultation and retain this for 10 years. Written documents concerning your person are kept in locked storage. Only employees of the counselling centre have access to this secured storage. The files and documents therein are removed and destroyed after the expiration date required by law.

The questionnaire which you have completed helps us to assess your situation and provides a diagnosis base. We process the questionnaire data on an anonymous basis to obtain statistical information. Typical information would be the reasons students seek our assistance or numerical variations concerning the number of contacts.

Team meetings and supervision

We meet as a team on a regular schedule to discuss our counselling contacts and to seek the best solution for students. Occasionally we invite a supervisor to provide us with an independent perspective. The supervisor is - as are we - bound by the law of confidentiality.

Should you have queries about the questionnaire, please feel free to contact us at any time.

I confirm that I have read and understood the above. I agree to the contents and grant my permission for my personal data to be used as outlined above.

Place, date

Signature

Code: _____

Dear student,

you contacted us from the psychological counselling service of Studentenwerk Frankfurt am Main to talk about your questions and problems.

In the form below, please complete some general information about you.

We treat your personal data strictly confidential.

Please ask us, if you have further questions.

General information

Gender: _____

Age: _____

University: _____

Study Subject: _____

Semester: _____

Degree: _____

Nationality: _____

How did you know about our service?

Please consider which of the above problems you are **presently suffering or had during the last 12 months**.

Please mark the box which describes most closely the intensity of the problems.

Please complete the questionnaire even if the answer appears difficult.

	not at all					very much
01. partnership problems	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
02. parental conflict	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
03. illness or death of someone close	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
04. personal illness	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
05. accomodation problems	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
06. financial difficulties	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
07. problems due to raising a child	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
08. work and concentration difficulties	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
09. examination fear, fear of authority	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
10. difficulties with social contact	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
11. lack of self-confidence	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
12. unexplainable fear	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
13. aggressions that are difficult to control	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
14. compulsive thoughts or behaviour	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
15. depressive mood	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
16. suicidal thoughts	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
17. sexual problems	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
18. psychosomatic complaints (physical reactions to stressful situations)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
19. alcohol or drug problems	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
20. tablet dependancy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
21. extreme mental suffering/mental illness	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
22. other problems/ailments	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5