

CONSENT FORM

By signing below, I give consent that...

I can have examination, counseling, and therapy performed by Psychologist Dea Franck. I can revoke this consent at any time.

I also consent to Psychologist Dea Franck collecting, processing, and storing sensitive personal information about me in this context. I am aware that Psychologist Dea Franck collaborates with sub-contractors with whom data processor agreements have been concluded according to article 28 of the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016, otherwise known as GDPR, as well as the Danish Data Protection Agency's guidance on data controllers and data processors, section 3.2.1. I have further acquainted myself with this in Psychologist Dea Franck's GDPR and data security policy at the website www.deafranck.dk/security.

I understand that I can correct, delete, alter, block, or limit my sensitive data, and I am aware that Psychologist Dea Franck must keep and store my records for at least 5 years according to Regulation 567 of 2017 about authorized psychologists' duty to keep ordered records. Furthermore, I am informed that my data will be deleted after the 5 years have

passed according to article 5, section 1, of Regulation (EU) 2016/679 unless I am still in treatment with Psychologist Dea Franck or an exception applies to my case under the Danish Public Administration Act.

I am aware that my information can be disclosed, but only with my consent, and that I can withdraw my consent for the collection and disclosure of my information at any time, according to the Danish Personal Data Act §38.

I understand that a completed consent form is a prerequisite for receiving services from Psychologist Dea Franck. If there is an appearance on the day of the examination without a completed declaration, the examination cannot be performed. This is considered a no-show. No-shows are billed at full price, unless cancellation is received before 8 a.m. the day before for therapy or counseling and 4 days before for examinations.

Finally, I accept with my signature that I am obliged to contact Psychologist Dea Franck if changes occur in my name or contact info and that Psychologist Dea Franck contacts a general practitioner or my closest relative if she assesses that I pose a danger to myself or others.

CLIENT NAME

DATE AND SIGNATURE