

# CONSENT FORM

## Welcome to Psychologist Dea Franck

To have an examination, therapy, or counseling conducted in the clinic regarding a child, there must be written consent from the parents who share custody. If cohabiting parents are involved, both of you are requested to sign this consent form. For parents who are no longer together, the Danish Act on Parental Responsibility, which was passed by the Danish Parliament in 2007, applies. This stipulates that there must be consent from both the residential parent and the non-residential parent for examinations, therapy, and counseling with private practicing psychologists, when there is direct contact with the child or it is based on specific case documents (e.g. from assessment, previous tests, etc). This is a prerequisite for receiving services in the clinic.

## By signing below, I/we (together referred to as "we" henceforth) give consent that...

Our child can have examination, counseling, and therapy performed by Psychologist Dea Franck, and advice can be provided to the adults present on the day. We can revoke this consent at any time.

We also consent to Psychologist Dea Franck collecting, processing, and storing sensitive personal information about our child in this context. We are aware that Psychologist Dea Franck collaborates with subcontractors 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, as well as the Danish Data Protection Agency's guidance on data controllers and data processors, section 3.2.1. We have further acquainted ourselves with this in Psychologist Dea Franck's GDPR and data security policy at the website [www.deafranck.dk/security](http://www.deafranck.dk/security).

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

5, section 1, of Regulation (EU) 2016/679 unless our child is still in treatment with Psychologist Dea Franck or an exception applies to our child's case under the Danish Public Administration Act.

We are aware that our child's information can be disclosed, but only with our consent, and that we can withdraw our consent for the collection and disclosure of our child's information at any time, according to the Danish Personal Data Act §38.

We 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, we accept with our signature that we are obliged to contact Psychologist Dea Franck if changes occur in our child's name or address and that Psychologist Dea Franck contacts a general practitioner or the closest relative if she assesses that our child poses a danger to themselves or others.

## CHILD'S NAME

## THE CHILD HAS ONLY ONE PARENT (CHECK BOX)

### FIRST PARENT'S NAME

### SECOND PARENT'S NAME

### DATE AND SIGNATURE

### DATE AND SIGNATURE