

## **Release from confidentiality/obligation to data privacy**

I, Mrs./Mr. \_\_\_\_\_ (date of birth: \_\_\_\_\_),  
currently residing in \_\_\_\_\_,  
hereby release

Mrs./Mr. \_\_\_\_\_, Dipl.Psych/Master-Psych.,

as well as Mrs. Sabrina Berens, Master-Psych./Psychologische Psychotherapeutin,  
professional lead,

currently employed at the Psychotherapeutische Beratungsstelle des  
Studierendenwerks Karlsruhe,

from their obligation to confidentiality (in accordance with § 203 StGB).

I permit them to disclose my personal data to the following persons/institutions:

1.\_\_\_\_\_

2.\_\_\_\_\_

3.\_\_\_\_\_

This release is temporary, and is only valid until \_\_\_\_\_ (date).

It includes (mark where applicable):

- data collected for counselling purposes
- information pertaining to the counselling process
- certification of the extent of counselling (i.e., number of sessions and dates)

I am giving my permission for this release voluntarily. I am aware of the fact  
that I can revoke my consent at any time without explanation (in writing).

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(Time and place)

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(Signature)