

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).

(Time and place)

(Signature)