

## FORM OF INFORMED CONSENT AND PROCESSING OF PERSONAL DATA FOR COUNSELLING SERVICES AT THE SCHOOL COUNSELING DESK

The undersigned  
Dr Ludovica Beatriz Boratto  
Psychologist, member of the Order of Psychologists of the Lombardia n. 23893  
Email: [counseling@canadianschool.it](mailto:counseling@canadianschool.it)

before rendering professional services related to the Counselling Desk set up at the school "Canadian School of Milan" provides the following information.

***Please read carefully the contents of this form before signing it.***

The activities of the Counselling desk will be organised as follows:

- Type of intervention and main objectives:

The service offered to the minor is a counselling intervention aimed at promoting psychosocial well-being. The main objectives are: welcome, accompany and support students in their personal, social and emotional growth, promote the recognition of their own potential, provide emotional-affective support, prevent and/or deal with possible forms of school and personal discomfort.

The Counselling Desk represents a qualifying space for listening, support, psychological counselling and the development of a supportive relationship using personal interview as the main instrument of knowledge

➤ ***It is necessary to underline the character of absolute confidentiality of the interventions as the contents of each interview are strictly covered by professional secrecy (Art. 11 of the "Deontological Code of Italian Psychologists".***

- Organizational procedures:

The services will be provided on a face-to-face in the same venue and online. The service is directed to students in grades 6-7-8-9-10-11-12. The service will be activated by reservation via email at [counseling@canadianschool.it](mailto:counseling@canadianschool.it)

- The limits:

For students to have access to the service, the form must be completed with the signature of **both parents**, or those exercising parental authority, as specified in art. 31 of the Code of Ethics of Italian Psychologists (Codice Deontologico degli Psicologi Italiani)

- Activity duration:

The Counselling desk will be active from October 2023 until the end of the current school year

The psychologist, in carrying out her functions, is obliged to comply with the Deontological Code of Italian Psychologists.

The personal and sensitive data of the person who turns to the psychological Counselling desk, in any case covered by professional secrecy, will be used exclusively for the needs of treatment, in accordance with the provisions of current legislation (European Regulation no. 2016/679) and the Code of Ethics of Italian Psychologists.

We have been provided with the following information about the **processing of personal data pursuant to EU Regulation 2016/679 and Legislative Decree 101/2018:**

1. The GDPR and the Legislative Decree 101/2018 provide for and strengthen the protection and processing of personal data in light of the principles of correctness, lawfulness, transparency, protection of confidentiality and the rights of the interested party with regard to their data.
2. Dr. Ludovica Beatriz Boratto is the **Data Controller** of the following data collected for the performance of the task covered by this Consent to Treatment:
  - a. Personal data – name, phone's number, e-mail addresses or any other data and information that could identify a natural person.
  - b. health status data: details relating to physical or mental health (or any other data and information related to the Law: art. 9 and art. 10 GDPR and art. 2-septies D.Lgs. 101/2018) are collected in relation to a professional service connected with the execution of the assignment given to the psychologist.

The data referred to in letter a) and b) above are **personal data**.

The reflections / evaluations / professional interpretations translated into data by the psychologist constitute the set of **professional data**, treated according to all the principles of the GDPR and managed / due as a priority in accordance with the provisions of the C.D.

3. The processing of all the aforementioned data is carried out on the basis of the free, specific and informed consent of the client and in order to carry out the task conferred by the client to the psychologist. In the case of minors, of those exercising parental authority and in order to carry out the assignment given by them to the psychologist.
4. Personal data will be processed either on paper or electronically and / or automatically, with both manual and IT procedures.
5. Appropriate security measures will be used to ensure the protection, security, integrity, accessibility of personal data, within the constraints of current regulations and professional secrecy.
6. Personal data that are no longer necessary, or for which there is no longer a legal prerequisite for its storage, will be irreversibly anonymized or destroyed in a secure manner.
7. Personal data will be stored only for the time necessary to achieve the purposes for which they were collected.
8. Personal data may need to be made accessible to Health and / or Judicial Authorities based on specific legal duties. In all other cases, any communication may take place only with the explicit consent.
9. It will be possible for the data subject to exercise the rights referred to in articles 15 to 22 of the GDPR and D. Lgs. 101/2018 (right of access to personal data, right of rectification, right to cancellation, right to limitation of treatment, right to portability or right to obtain copy of personal data in a structured format of common use and readable by automatic device - in principle in question only data entered in the computer - and the right to be transmitted to another data controller).

**MINORS**

As parents of the child .....

Attending class .....

Mrs..... mother of the minor .....  
born in ..... date of birth \_\_\_/\_\_\_/\_\_\_  
and resident in .....  
residential address.....n.....  
having received appropriate professional information and adequate information in relation to purposes and methods of the intervention of the Counselling desk and on the processing of personal data, DECLERES that she has understood what has been illustrated by the professional and reported above, and decides with full awareness to GIVE HER CONSENT and to AUTHORISE the child to use the interviews with Dr Ludovica Beatriz Boratto at the Counselling desk.

Place, date

Legible signature of the mother

\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_

Mr ..... father of the minor .....

Born in ..... date of Birth \_\_\_/\_\_\_/\_\_\_

and resident in .....

residential address.....n.....

having received appropriate professional information and adequate information in relation to purposes and methods of the intervention of the Counselling desk, and on the processing of personal data, DECLARES that he has understood what has been illustrated by the professional and reported above and decides with full awareness to GIVE HIS CONSENT and to AUTHORISE the child to use the interviews with Dr Ludovica Beatriz Boratto at the Counselling desk.

Place, date

Legible signature of the father

\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_

**ADULT**

The student ..... having received appropriate professional information and adequate information in relation to purposes and methods of the intervention of the Counselling desk, and on the processing of personal data, DECLARES that he has understood what has been illustrated by the professional and reported above and decides with full awareness to make use of the professional services provided by Dr Ludovica Beatriz Boratto at the Counselling desk.

Place, date

Legible signature

\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_

**PEOPLE UNDER GUARDIANSHIP**

Mr/Mrs.....born in .....

Date of Birth\_\_\_/\_\_\_/\_\_\_\_\_

Guardian of the minor..... by reason of (i indicate measure, issuing authority, date number)

Resident in .....  
residential address.....n.....

having received appropriate professional information and adequate information in relation to purposes and methods of the intervention of the Counselling desk, and on the processing of personal data, DECLARES that she/he has understood what has been illustrated by the professional and reported above and decides with full awareness to GIVE HER/HIS CONSENT and AUTHORISE the child to use the interviews with Dr Ludovica Beatriz Boratto at the Counselling desk.

Place, date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Legible signature of the guardian

