

Client Questionnaire – INKONTAKT Counselling Referral

Thank you for your interest in the INKONTAKT Counselling Referral.

In order to match your request appropriately and refer you to a suitable therapist or counsellor, we kindly ask you to provide a few brief details.

This information helps us process your request as quickly as possible.

Please send the completed questionnaire to: **ambulanz@gestalt-institut.com**

The Counselling Referral Team
INKONTAKT Gestalt Institute Berlin

Privacy Notice:

Controller:

Gabriele Blankertz, Gleimstr. 37, 10437 Berlin
E-Mail: inkontakt@gestalt-institut.com

Purpose of Processing:

Your information will be processed solely for the purpose of referring you to a suitable practitioner (therapist or counselor).

Data Processed:

Name, email address, telephone number, confirmation of legal age, priority list, and requested service category. No health data is collected.

Data Sharing:

If necessary, your request will be forwarded by email to practitioners on your priority list. No data will be shared with other third parties.

Service Providers:

Email reception and hosting are provided by ALL-INKL.COM (data processing agreement in place; servers located in Germany).

Storage Period:

Your data will be deleted no later than 14 days after completion of the referral process.

Legal Basis:

Your consent (Art. 6(1)(a) GDPR) and, where applicable, pre-contractual measures (Art. 6(1)(b) GDPR). Consent can be withdrawn at any time.

Your Rights:

You have the right to access, rectification, erasure, restriction of processing, data portability, and withdrawal of consent. You also have the right to lodge a complaint with the Berlin Commissioner for Data Protection and Freedom of Information.

Further information on data protection can be found in our privacy policy for the INKONTAKT Counselling Referral. (<https://gestalt-institut.com/en/data-privacy/>)

I have read the data protection information for the INKONTAKT Counselling Referral and consent to my data being processed for the purpose of matching me with suitable practitioners and, if necessary, being shared with them.

(<https://gestalt-institut.com/en/data-privacy/>)

By submitting this form, I acknowledge and accept the Terms and Conditions of the InKontakt Counselling Referral Service. (<https://gestalt-institut.com/en/gtc/>)

Last name *

First name *

I confirm that I am at least 18 years old.*

Please enter your email address.*

Telephone / mobile number.*

*Please indicate, in your preferred order, which therapists or counselors you would like to contact:**
(e.g. 1 = first choice, 2 = second choice, 3 = third choice)

1. Name:

2. Name:

3. Name:

*Which area best matches your concern? You may select more than one option.

Counselling on professional matters

Counselling on general life issues

Psychotherapy in accordance with the German Heilpraktikergesetz (Psychotherapy)