

Tracking for the newborn hearing screening

The persons responsible for the collection of personal data as part of the newborn hearing screening in **Heidelberg** are:

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Further information on data collection and processing in the Heidelberg tracking centre can be found at:
<https://www.klinikum.uni-heidelberg.de/Tracking-Neugeborenenhoerscreening.144070.o.html>

The person responsible for the collection of personal data as part of newborn hearing screening tracking at QiG BW GmbH is:

Qualitätssicherung im Gesundheitswesen Baden-Württemberg GmbH (QiG BW GmbH)
Birkenwaldstraße 151, 70191 Stuttgart
www.qigbw.de
Tel: 0711 184278-00
Fax: 0711 184278-29
E-Mail: info@qigbw.de

Further information on data collection and processing within QiG BW GmbH can be found at:
www.qigbw.de

If you have any concerns about data processing and compliance with data protection requirements, please contact the following Data Protection Supervisor of the following institution:

Data Protection Supervisor
University Clinic Heidelberg
Im Neuenheimer Feld 672, 69120 Heidelberg
E-mail: Datenschutz@med.uni-heidelberg.de

Data Protection Supervisor
E-mail: datenschutz@qigbw.de

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is funded by the Ministry
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funds of the country
Baden-Württemberg***

QiG BW GmbH

In the event of unlawful data processing, you have the right to complain to the following supervisory authority:

The State Supervisor for Data Protection and Freedom of Information Baden-Württemberg
P.O. Box 10 29 32, 70025 Stuttgart
Tel.: 0711 615541-0, Fax: 0711 615541-15
E-mail: poststelle@lfdi.bwl.de
Internet: <http://www.baden-wuerttemberg.datenschutz.de>

Right of Withdrawal

Participation in the tracking of newborn hearing screening is voluntary. You can revoke your consent at any time. A simple notice to the employees of your maternity clinic or resignation communicated to the tracking centre or QiG BW GmbH (the responsible contact persons are named above) is sufficient. In this case, all personal data (including the personal data of mother and child) will be deleted at the QiG BW GmbH office and at the Tracking Centre for Newborn Hearing Screening in Heidelberg. Furthermore, the examination results of your child transmitted to the tracking centre will also be deleted.

Address:

Newborn hearing screening

Tracking Centre Baden-Württemberg

Dietmar Hopp Metabolism Centre Heidelberg
Im Neuenheimer Feld 669
69120 Heidelberg
Tel: 06221 – 56 6315
Fax: 06221 – 56 6532
E-mail: neugeborenen.hoerscreening@med.uni-heidelberg.de



Baden-Württemberg

MINISTERIUM FÜR SOZIALES UND INTEGRATION

Declaration of consent for tracking for newborn hearing screening

If you give your consent to your child's newborn hearing screening tracking, please sign on this page.

I have read the information flyer and the reference to further information and my / our questions have also been answered in the following clinic

Text field clinic with address and e-mail

I / We feel fully informed about the goal and procedure of tracking for newborn hearing screening.

I/ We agree to voluntary participation in tracking for newborn hearing screening. I / We had enough time for my / our decision. I / We have received a copy of the information sheet and the declaration of consent.

I/We are aware that personal data will be processed when tracking for newborn hearing screening. The processing of the data takes place in accordance with statutory provisions and, in accordance with art. 6 para. 1 let. a of the General Data Protection Regulation, requires the following declaration of consent: I/We have been informed and voluntarily agree that the data collected in the context of this study, in particular information about my health/the health of my child, will be documented and evaluated with personally-identifying data for the purposes described in the information leaflet. This personally-identifying information will be deleted 12 months after the completion of tracking. The pseudonymised data will be deleted after 10 years. Third parties do not have insight into personal documents.

yes no

I/We agree to the voluntary participation of my/our child in the tracking for the newborn hearing screening and the transfer of the mother's and child's personal data to QiG BW GmbH and Tracking Centre Heidelberg. I/We know that I/we may revoke this consent at any time in writing or orally, without giving reasons and without prejudice to the continued medical care of my/our child.

_____ born on _____
Child's surname, first name

Place, date

Mother's or/ and father's surname, first name (or the legal guardian's in block letters)

Signature of the legal guardian