



**STUDIARENDENERWERK  
STUTTERT**

Psychotherapeutic Counselling -  
Employees of the MPI  
for Intelligent Systems

Name: .....

Faculty / Institute / Department:

.....

Phone number: business: .....

private: .....

**Your registration and advice will be treated as strictly confidential.  
The psychologists are subject to confidentiality.**

**I agree to the collection and processing of my personal data for the purpose of consulting. Consent also refers to other categories of data, such as health data. I can revoke my consent at any time – with effect for the future.**

**I have received the leaflet "Data Protection Information".**

.....

Date

.....

Signature

**Note:** Please sign this document by hand and upload it scanned into our download section or send it by post!