



[info@cancersupportmallorca.com](mailto:info@cancersupportmallorca.com)

(+34) 659 887 455

## **Welcome to Cancer Support Mallorca.**

Firstly we would like to say that we realise that the fact you are reaching out to us means you have been affected in some way by cancer, and we are sorry about that.

We realise that everyone is different and therefore your feelings and reactions are unique to you. We do not want you to feel that by signing up to be a member you are committing to anything you do not want. We are willing to help you as much or as little as you want.

We also realise that at the moment, the last thing you probably want is to have to read a whole load of legal bumph and to have to fill in endless forms, sadly, due to data protection law and your rights as well as ours, we cannot make this disappear, but we will do what we can to make it as light and easy as possible for you.

Included with this document is a list of terms and conditions and a service agreement we need you to sign, as well an explanation to help you fill in the agreement and telling you what documents you need to attach, depending on the services you require.

Once you have signed the documents you can email them to [info@cancersupportmallorca.com](mailto:info@cancersupportmallorca.com), if you need help filling in the form, please let us know and we will arrange for a volunteer to help you.

We are here to help you, so whatever your worries, however big or small, please feel free to share them with us, we can't always make them go away, but a problem shared is a problem halved.

You can also always email us on [info@cancersupportmallorca.com](mailto:info@cancersupportmallorca.com) or contact us by phone or WhatsApp on 00 34 659 887 455. We are a small team with only one part time member of staff, we will do what we can to get back to you ASAP, in case of an emergency please always call 112.

You can find further information on our website [www.cancersupportmallorca.com](http://www.cancersupportmallorca.com), specially the Patients' page that you can access from the bottom toolbar. If you would like, we can give you the same information in PDF format.

Our warm regards

The Cancer Support Mallorca Team



## **SERVICE AGREEMENT** <sup>1</sup>

### **PERSONAL INFORMATION**

NAME: \_\_\_\_\_

SURNAME: \_\_\_\_\_

DNI/NIE: \_\_\_\_\_

MOBILE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

### **I am (please select the appropriate box):**

A patient:

- Waiting for diagnoses
- Recently diagnosed
- Under treatment
- In remission

Please specify the type of cancer you have: \_\_\_\_\_

Would you be happy to share your experiences with other members who have the same cancer?

- Yes
- No

A family member, or carer of:

- A child with cancer
- A parent, spouse or other family member with cancer
- A friend with cancer
- Someone who has died of cancer

<sup>1</sup> For help filling out the form, please see page 10 of this document.



I am interested in the the following services (please select all that may apply):

- Counselling
- Nutritional advice
- Translations
- Transport to medical appointments
- Help obtaining financial benefits
- Help submitting disability and *dependencia* (for parking permit or long term benefits and home help)
- Help with other paperwork
- Hospital and/or home visits
- Regular phone/video calls
- Help with shopping and other tasks
- Help obtaining needed items (prosthesis, mobility aids, wigs etc).
- General information relating to my cancer and/or treatment
- A buddy
- End of life care/planning
- Information on clinical trials
- Wellness services (please specify which): \_\_\_\_\_
- Other, please specify: \_\_\_\_\_

I have read and understood the Terms and Conditions (pages 7-10)

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**In case of a minor, Parent/Guardian's full name, DNI/NIE:**

\_\_\_\_\_  
\_\_\_\_\_

**NEXT OF KIN OR CARER**

**NAME:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_



## **DATA PROTECTION INFORMATION**

**DATA PROTECTION OFFICER:** ASSOCIACIÓ CANCER SUPPORT MALLORCA (G577773749), CAMI SON TOELLS 19, BAJOS 5 07015 Palma de Mallorca (ILLES BALEARS), [info@cancersupportmallorca.com](mailto:info@cancersupportmallorca.com)

**AIM:** To register the subject and process health related data for handling cases, and to meet with the purpose and aim described in the association's Statutes. To send informative and commercial notifications related to the association using electronic means. To use and publish the subject's image, for free, in catalogues, websites or social networks or other means with the aim of promoting the Entity.

**LEGITIMATION:** Implementation of the membership agreement. Subject's consent to processing their health related data and publish their image. When applicable, consent to forwarding their data to medical centres and/or medical professionals the association collaborates with. Legitimate interest in sending them commercial notifications of interest in our sphere.

**TRANSFERS:** Public and/or private organizations when necessary for our aims and to grant and control financial help or benefits. When applicable, transfer of data to medical centres and/or other health professionals to evaluate and follow the patient's progress. Transfers as set out by law.

**RETENTION:** For the time the patient is registered with the entity or during the handling of the case by the entity, and once this has finished for the legally required time frame to deal with potential liability. Commercial data: when the subject requests cancellation. The photographs and videos will be stored while these are published on the means mentioned and meet the promotional aims there were published for.

**RIGHTS:** The subject can exercise their right to access, rectification, suppression, portability, limitation and opposition by contacting the data protection officer. In case of a divergence the subject can present a complaint to the Agencia de Protección de Datos ([www.aepd.es](http://www.aepd.es))

- I DO NOT WISH TO RECEIVE COMMERCIAL INFORMATION**
- I AUTHORISE THE USE AND PUBLICATION OF MY IMAGE UNDER THE TERMS SET FORTH.**
- I AUTHORISE THE PROCESSING OF MY HEALTH RELATED DATA**
- I AUTHORISE MY DATA TO BE FORWARDED TO PUBLIC AND PRIVATE ORGANIZATIONS THAT PROCESS FINANCIAL AIDS AND BENEFITS SOLELY FOR THE CONTROL OF THESE.**
- I AUTHORISE MY DATA TO BE TRANSFERRED TO MEDICAL CENTRES AND OR HEALTHCARE PROFESSIONALS THAT COLLABORATE WITH THE ENTITY**

**Date:** \_\_\_\_\_

**Name and surname:** \_\_\_\_\_

**DNI:** \_\_\_\_\_

**Signature:** \_\_\_\_\_



## AUTORIZACIÓN DE REPRESENTACIÓN

Yo, *(full name)* \_\_\_\_\_

con DNI/NIE \_\_\_\_\_, autorizo a \_\_\_\_\_  
con DNI/NIE \_\_\_\_\_, voluntario/a de Associació Cancer Support  
Mallorca con CIF G57773749, como mi representante frente las administraciones públicas y  
privadas para los trámites que sean necesarios para mi cuidado oncológico y otras necesidades  
que surjan.

Fecha *(date)* \_\_\_\_\_

Firma *(signature)* \_\_\_\_\_

By signing the above, you are authorizing CSG to present paperwork on your behalf to the public  
and private administrations.

To enable us to do this as well as to make other enquiries on your behalf, please send us copies of  
the following documents, all documents will be treated according to the GDPR form signed on  
the previous page.

- TIE or
- Passport and Green Card
- Tarjeta Sanitaria (Red health card) or
- EHIC
- Empadronamiento (registration with your local town hall)



## **TRANSPORTATION DISCLAIMER**

I, the undersigned, agree to let CSG volunteers offer transportation to and from my medical appointments and/or to help me with shopping and other errands.

I agree that this will be done in the volunteer's personal car and accept any risk this may entail. I understand that the volunteers have public liability insurance and that their car also has the necessary insurance.

In case of any accident I will not sue CSG or the Volunteer personally and will leave the car insurance company to handle it.

Name:

Surname:

NIE:

Signature:

Date:

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## **CSG MEMBER TERMS AND CONDITIONS**

### **SERVICES**

At the beginning of any service (home visits, phone calls, etc.) it will be determined how long that service will continue. At the end of the service your case will be reevaluated and the existing services will be renewed or replaced with others more appropriate to your progression.

We will do our best to help you whatever situation you are in. To be able to obtain help from the social security, social services or other entities, it is important that your paperwork is valid and up to date and that you are registered with your local authority. If this is not the case it can make it very difficult to obtain financial support from these entities, we will do whatever is possible to help you in this case, but if your situation is irregular our hands may be tied.

We respect that you have the right to choose what treatment and tests you are willing to accept, and we will support you whatever choice you make. However, if a choice is made to reject a test or treatment, we cannot be held responsible for any consequences due to this decision. For example if a patient refuses or misses a test/appointment this can cause a delay in or even stop further appointments and it can be hard to get back on the waiting list.

CSG will respect your privacy and confidentiality. We would ask that you also respect us. If you are not happy with the services we provide please contact us and tell us directly, we will do whatever is in our power to solve the situation, we would ask you to please refrain from publishing negative comments on social media. We take our reputation and responsibility seriously and will report any slander or libel.

As a cancer support group we will continue to offer emotional support to cancer patients and their family members and carers as long as they may need, even after they have been given the all clear. We realise that just because physically someone is healed the emotional trauma can continue for some time. This emotional support would include counseling, mindfulness sessions, meditation, a buddy where possible and involvement in any workshops or relaxation days we offer.

We will also continue to offer help at cancer related medical appointments, this would include translators for cancer related checkups, etc.

When it comes to other assistance: phone calls, practical assistance, help with social services, etc. Once a patient no longer has cancer CSG can not guarantee that we will be able to offer these services. CSG is a support group for cancer patients, so for issues that are not cancer related, members who no longer have cancer may be better helped by other charities such as Age Concern, Age in Spain, Yachting Gives Back, Salvation Army, etc.



## **VOLUNTEERS**

Your representative will tell you how and when to contact them. Remember most of our volunteers have to work and care for their own families, so unless it is an **emergency**, please only contact your representative at the times they have agreed with you. In case of an emergency, if you are unable to contact your representative you can call **+34 659 887 455**. However, in most cases it's **best first to call 112** and alert them to the emergency first as we are not an emergency service and cannot guarantee that we will always be able to respond to your call.

Over time you will probably meet different volunteers, at times you may even be given their phone numbers. We would ask that you refrain from contacting the volunteers directly, unless it is for a specific task they have been asked to perform for you. If new needs arise please contact either your **representative** or email us on [info@cancersupportmallorca.com](mailto:info@cancersupportmallorca.com) This is to ensure that the work is spread out among the available volunteers and also means tasks don't get forgotten or done twice.

If you have any issues with your representative or a volunteer helping you, please contact us by email [info@cancersupportmallorca.com](mailto:info@cancersupportmallorca.com)

When you are with a volunteer, either in person or over the phone, please refrain from using abusive, racist, sexist or any other kind of derogatory language. All volunteers are trained to cut short any conversations where they feel uncomfortable.

While we do have counsellors available, our volunteers are not counsellors, therefore they are not trained to help patients with severe depression or suicidal thoughts. If they are in touch with a patient showing these tendencies, they will alert the admin team who will then alert the authorities if they feel that the patient is at risk.

Please do not give the volunteers helping you any kind of money or donation. If you would like to donate to the charity you can do so online or arrange for a collection.

## **INAPPROPRIATE BEHAVIOUR**

CSG reserves the right to rescind services from members who behave inappropriately. Such members will be given an official warning in writing, but if the behavior is repeated or continued, services will be rescinded temporarily. The patient will be informed in writing of this decision along with instructions of what to do to have the services reinstated.





## FINANCIAL AID

CSG is run by **volunteers**, we are a support group not a financial institution. While we will do all that we can to help you obtain any financial assistance you are entitled to from the government and local authorities and other charities we **cannot** give you financial assistance ourselves, please **do not** ask volunteers for money or financial assistance. If you do need financial help, please let your representative know and someone will be assigned to help you access the help you are entitled to.

Social services, the AECC and other charities provide help after means testing, if you have income or savings you may not qualify, financial benefit is restricted to those who need it the most, you will be asked for bank statements and other proof of income (or lack of it) to be able to request this.

## COUNSELLING AND OTHER THERAPIES

CSG covers the cost of all counselling and a partial cost of certain therapies (reflexology, yoga, SCIO, etc).

When requesting counselling or another therapy, an initial assessment will be made after which a programme will be agreed upon with counsellor/therapist, CSG and the patient.

This programme will be reviewed once it has come to an end and extended if necessary.

**CANCELLATIONS.** Each therapist/counsellor has their own policy regarding cancellations, normally if these are last minute (24/48 hours) the session is still charged to CSG. In this case, unless the cancellation is for an approved reason\*, the patient will be charged for this session, payment will be made direct to the counsellor/therapist before the next session.

In case of regular last minute cancellations, CSG will rescind the agreement and the patient will have to cover the cost themselves if they wish to continue.

\*These include medical or family emergencies, contagious illness, accidents, etc. It will be at the discretion of each therapist/counsellor what is acceptable as a valid reason for last minute cancellations.

## TRANSLATIONS

Written translations provided by Cancer Support Group Mallorca (CSG) are intended to result in the end translated document being understandable in the end language. Although every effort is made to ensure our translations are accurate we cannot guarantee the translation will be without errors.

Words that are not commonly used such as the names of pharmaceutical products or medical conditions may be difficult to translate.



The translation is supplied to you on the understanding you have accepted this disclaimer and no liability is accepted by us for the use of the translation by you or any other party if the translation is found to contain inaccuracies.

If you need an official translation we can put you in touch with medical translators, but you will need to pay for their services.

## **WELLNESS SERVICES**

Our wellness services are provided by fully trained, qualified and insured professionals who offer these services free, or at a discounted rate, to CSG members. In some cases CSG pays for these treatments, in part or in full. However, CSG cannot be held responsible in case of injury or damage to the CSG member or their property.

## **HOW TO FILL IN THE SERVICE AGREEMENT**

Due to Data Protection Law we will need one form for each member of the family who is going to use our services.

### **PAGE 2&3**

- Please fill in your full name as it appears on official documents.
- Mobile number and email address are essential, if you prefer to not put your physical address that is fine, but we will obviously need it if we are going to do home visits, we will also need it if we are going to be calling the doctors, etc on your behalf.
- While we mostly speak English, we do have volunteers of various nationalities, so please let us know what language you feel most comfortable with.
- You do not need to decide now exactly what services you want, you can put one or two down for now and add the rest at a later date.
- Please provide contact information for someone we can reach out to if we are unable to get in touch with you or the person you would like us to contact if something happens to you.
- If the patient is a minor please fill in with child's personal information, and the parent's contact information, parent or guardian must sign and date the document and add their information in the section provided below the signature.

### **PAGE 4**

This is the normal data protection information that you have to sign to get anything done these days. It is **VERY IMPORTANT** that you tick the right boxes so we can provide you with all our services.



**Box 1.** If you **DO NOT** want to receive our newsletter or other general communications from us you will need to tick this box. We generally send two or three newsletters a year and the occasional press release.

**Box 2.** We sometimes hold events that you will be invited to, fundraisers, retreats, workshops etc. We will take photos for our website and social media. Please tick this box if you are happy for us to use any photos that you appear in. We will obviously use discretion when choosing the photos we use.

**Box 3.** This is a very important box, we cannot store any data relating to your illness unless you tick this box. This information will only be released to the volunteers/therapists handling your case.

**Box 4.** Another important box, if you want us to help you claim different benefits that you are entitled to you **MUST** tick this box.

**Box 5.** Again important, if we are to contact doctors, hospitals, etc to make, modify, cancel appointments and ask questions on your behalf, you **MUST** tick this box.

Please make sure you put the date, your full name, DNI or NIE and signature.

## **PAGE 5**

Sometimes the authorities and private companies request that we have a signed authorisation from yourself so we can act on your behalf, that's what this sheet is. Please fill in with your details and sign it.

## **PAGE 6**

Please fill this in and sign it if you will be requiring transport to hospital appointments etc.

Regarding the documents we need, whenever making requests on your behalf we often need information that can be found on your NIE/TIE/DNI as well as your medical card.

If you are undergoing treatment at one of the hospitals you will have an Número Historial Clínico (NHC - Case number) this can also be of help to us, as well as any phone numbers you have been given to contact your medical team.

All this information will be securely stored and only given to the volunteers handling your case.

If you have any questions or concerns when filling out this form please speak with your representative or email [info@cancersupportmallorca.com](mailto:info@cancersupportmallorca.com)

Please make sure you have signed pages 3 and 4, and 5 and 6 if needed before sending it back.