



European Economic
and Social Committee

Record of processing activity Part 1

Name of the data
processing:

Management of Medical Files

Created on

14/12/2020

Last update

Reference number

093

Year

2020

1. Controller:

European Economic and Social Committee

2.a) Service responsible

E3 STA

2b) contact details

Working Conditions, Rights and Obligations, Pensions Unit (STA)
The medical service and medical officer
Contact: The medical service and medical officer
European Economic and Social Committee
Directorate for Human Resources and Finance
99, Rue Belliard
1040 Brussels
svcmédicosocialcese@eesc.europa.eu

3. Joint controller

Not applicable

4. DPO: contact details

data.protection@eesc.europa.eu

5. Processor(s) (where
applicable)

Not applicable

6. Purpose(s) of the data
processing

The medical service has to process medical, personal and confidential data as part of the EESC's preventive occupational health policy, in particular as part of the following administrative and medical procedures:

- 1) Pre-recruitment medical examination (and Medical Committees)
- 2) Annual medical check-ups
- 3) Medical examinations and expert medical opinions
- 4) Consultations and emergencies (including making medical/hospital appointments on behalf of the patient)
- 5) Issuing of medical prescriptions
- 6) Monitoring of absenteeism (medical checks and adjudication)
- 7) Invalidity Committee
- 8) Management of accident and occupational disease files
- 9) Issuing of medical opinions to the Appointing Authority (as part of procedures for granting special leave, family leave, part-time work, teleworking, authorisation to spend sick leave away from the place of employment, etc.)
- 10) Collective occupational medicine (conferences, awareness-raising activities, etc.)
- 11) Payment of invoices and reimbursement of expenses incurred for the annual medical check-up
- 12) Day-to-day management of the medical and welfare service secretariat and medical files
- 13) Exchange of medical files between institutions
- 14) Interinstitutional cooperation
- 15) Cooperation with the CoR medical and welfare service.

7. Description of the categories of persons whose data are processed

The categories of persons concerned vary according to the type of procedure:

1) Pre-recruitment medical examination (and Medical Committees)

Applicants for a post at the EESC

2) Annual medical check-ups

Officials and temporary and contract staff

3) Medical consultations, medical check-ups and expert medical opinions

Officials, temporary staff, contract staff and seconded national experts

employed by the EESC and CCMI members and delegates

4) Emergencies

Officials, temporary staff, contract staff, special advisers and seconded

national experts employed by the EESC, as well as CCMI members and

delegates and any other person present on EESC premises (such as trainees, agency staff, external service providers, visitors, etc.)

5) Medical prescriptions

Officials, temporary staff, contract staff and seconded national experts

employed by the EESC and CCMI members and delegates

6) Monitoring absenteeism (medical checks and arbitration)

Officials, temporary staff, contract staff and seconded national experts

employed by the EESC

7) Invalidity Committee

Officials, temporary staff and contract staff employed by the EESC

8) Accidents at work and occupational diseases

Officials, temporary staff and contract staff employed by the EESC

9) Opinions for the Appointing Authority (covering special leave, family leave, part-time work, teleworking, authorisation to spend sick leave away from the place of employment, etc.)

Officials, temporary staff, contract staff and seconded national experts

employed by the EESC and, where necessary, their family members

10) Collective occupational medicine (conferences, awareness-raising activities, etc.)

Officials, temporary staff, contract staff and seconded national experts

employed by the EESC, as well as CCMI members and delegates

11) Payment of invoices and reimbursement of expenses incurred for the annual medical check-up

Officials, temporary staff and contract staff employed by the EESC

12) Day-to-day management of the medical and welfare service secretariat and medical files

Officials, temporary staff, contract staff and seconded national experts

employed by the EESC

13) Exchange of medical files between institutions

Officials and temporary and contract staff

14) Interinstitutional cooperation

In principle, only discussed on the basis of anonymous data

15) Cooperation with the CoR medical and welfare service

Occasional transfer of data to the CoR medical and welfare service concerning officials, temporary staff and contract staff.

8. Description of data categories processed

The following administrative data may be processed, if required:

- a) surname, first name
- b) work addresses and contact details (current and previous);
- c) service employing the person concerned (current and previous);
- d) position (current and previous);
- e) age;
- f) seniority;
- g) working arrangements (current and previous);
- h) private address and contact details;
- i) data concerning family members (surname, first name, address).

In addition, any data of a medical or social nature relating to the staff member or members of their family deemed relevant by the medical and welfare service in the context of (individual or collective) preventive occupational medicine may be processed, as required, including contact details and information obtained from external doctors who are treating or who have treated the person concerned or members of the person's family.

Furthermore, for the reimbursement of costs incurred for the annual medical check-up, the type of care provided and the cost thereof are also processed.

9. Time limit for retaining the data

In the case of people exposed to carcinogens or mutagens, files are kept for 40 years after the last exposure (application of Belgian law: General Regulation for the Protection of Workers, Article 16, on occupational medical services).

Files concerning pre-recruitment medical examinations that do not give rise to an offer of employment are destroyed within two years.

10. Recipients of the data

All medical data is subject to medical confidentiality; other personal and confidential data processed by the medical and welfare service are subject to professional secrecy.

No data subject to medical confidentiality is disclosed to any third party other than the staff member concerned or the external doctor appointed by that staff member.

Only conclusions of administrative relevance may be communicated, in full compliance with the obligations of medical confidentiality, to the Appointing Authority and/or to the relevant human resources management services. Depending on the case, these are the relevant sections of Unit E2 - Recruitment and Career (regarding fitness for work, for example) or Unit E3 - Working Conditions (regarding conclusion of a medical examination; conclusion of an invalidity committee; opinion on special leave, family leave, part-time work, teleworking, authorisation to spend sick leave away from the place of employment; etc.).

For the payment of bills by the medical and welfare service or for the reimbursement of medical expenses incurred by members of staff in connection with the annual medical check-up, only the administrative and financial data necessary for proper payment are disclosed, with due regard for medical confidentiality, to the individuals involved in the financial procedure. Medical reports are not transferred and are managed solely by the medical service.

When an official is transferred to another EU institution, their medical file is sent to the medical service of the host institution after the official's formal

agreement has been given, in a sealed envelope marked as confidential. If a former member of staff is recruited by another institution, the medical file may — at the express request of the medical service of the host institution and after the official's formal agreement — be sent, in a sealed envelope marked as confidential, to the medical service of the host institution. In the event of a dispute before the General Court of the European Union, and at the latter's request, the medical file may be forwarded to the Court.

As part of the cooperation with the CoR's medical and welfare service, most measures do not involve the transfer of medical or personal data, or are organised in such a way that no medical or personal information about a staff member is disclosed (e.g. in the context of the annual report, in discussions between contact points in the respective administrations, in the preparation of procedures, conferences and awareness-raising activities, in the management of medicines and (para)medical equipment, inter-departmental or interinstitutional meetings, etc.

However, for collaborative activities that may reveal or transfer medical or personal data, the following preventive measures are put in place:

a) Calendar-sharing

In order to promote inter-departmental cooperation, colleagues assigned to the two medical and welfare services share access to their respective computerised calendars. However, absences or appointments are presented in such a way that the calendar does not reveal the underlying reasons for the absence or appointment.

b) Emergency treatment

During working hours, including during the lunch break, the two medical services take turns to provide medical coverage. If the medical service of one Committee is asked to provide assistance in the event of a medical emergency involving a member of staff of the other Committee, it may — if necessary — request access to the medical file of the person concerned from the medical service of the Committee to which they belong.

To this end, the attached access request form is completed and signed by or on behalf of the medical officer of the institution that has provided assistance and filed in a register for the person concerned by the medical and welfare service responsible for that person. This form states, among other things, whether the person concerned was able to give their consent to the medical file being consulted by the medical and welfare service of the other Committee within the meaning of Article 5(d) of Regulation (EU) 2018/1725. Once the assistance has been provided, a detailed report is drawn up by the medical officer responsible for this assistance and sent to the medical officer of the Committee to which the person concerned belongs.

In any event, such access is also based on the need to safeguard the vital interests of the person concerned, as provided for in Articles 5(e) and 10(2) (c) of Regulation (EU) 2018/1725.

c) Consultation of the medical file of a member of staff of the other Committee

A medical officer may send a duly substantiated request to the medical officer of the other Committee for access to the medical file of a member of staff of the other Committee, using the attached access request form, if they consider this to be essential for the proper performance of their duties outside emergency situations.

The medical officer to whom such a request is addressed assesses how to

respond to the request. Depending on the case:

- access is refused, in particular where the reasons given are clearly inadequate,
- access is granted, possibly subject to conditions, where the request is considered legitimate and where the request is based on purely preventive grounds (e.g.: to prevent contamination),
- the medical officer seeks the consent of the staff member concerned before granting access if the reasons for the request are not exclusively preventive (for example, to shed light on situations of conflict or feelings of harassment in the workplace),
- access is granted to the medical officer of the other Committee in a medical emergency and if it is not appropriate to seek the consent of the staff member concerned.

d) Opinions requested by the Appointing Authority from the medical officer of the other Committee

In principle, each Appointing Authority refers to the medical opinions requested and obtained from the medical officer of its own Committee. However, in exceptional and urgent situations where the medical officer concerned is unable to deliver the opinion in good time, the Appointing Authority of one Committee may request a medical opinion (for example for a pre-recruitment medical examination, on a request for special leave or family leave, etc.) from the medical officer of the other Committee.

Where appropriate, the Appointing Authority draws up specific instructions on this subject by means of the attached form for requesting an opinion, stating the reasons for the request for an opinion, clearly identifying the person to be examined and explaining in a detailed and exhaustive manner the precise subject of the request for an opinion. Issuing such specific instructions will, if necessary, require permission for the medical officer to whom the request is made to consult the medical file (if any) of the person concerned.

In their opinion, the medical officer to whom the request is made states, among other things, whether the person concerned has consented to their medical file being consulted by the medical and welfare service of the other Committee under Article 5(d) of Regulation (EU) 2018/1725. Otherwise, such processing is deemed to be based on the need to perform a task pursuant to legislative acts adopted on the basis of the Treaty on European Union (in particular the Staff Regulations) and/or other decisions taken legitimately within the remit of the Appointing Authority authorised to act, within the meaning of Article 5(b) of Regulation (EU) 2018/1725.

e) Cooperation between welfare officers

Save in exceptional circumstances, staff members contact the welfare officer of their institution on their own initiative.

When the welfare officer of a Committee is absent, the welfare officer of the other Committee, as a general rule, provides assistance. When a member of staff contacts the welfare officer of the other Committee (owing to the absence of the welfare officer from their own Committee), and if the welfare officer considers it necessary to consult the medical file of the person concerned to gain a better understanding of the matter, the welfare officer submits a request to that effect to the medical and welfare service of the other Committee.

To this end, the attached access request form is completed and signed by the welfare officer and filed in a register by the medical and welfare service of the person concerned. This form states, among other things, whether the

person concerned has consented to their medical file being consulted by the medical and welfare service of the other Committee within the meaning of Article 5(d) of Regulation (EU) 2018/1725. Once the assistance has been provided, a detailed report is drawn up by the welfare officer who assisted the person concerned and sent to the welfare officer of the Committee to which the person concerned belongs.

Where the welfare officer of a Committee wishes to discuss a matter with their counterpart from the other Committee, as a general rule they do so without revealing the identity of the member of staff concerned. Where they consider it nevertheless legitimate to reveal the identity of the person concerned, they have to seek the prior consent of the staff member concerned within the meaning of Article 5 d) of Regulation (EU) 2018/1725.

11. Transfers of personal data to a third country or an international organisation

No, transfers only take place between institutions, bodies and agencies of the European Union, in particular with the medical and welfare service of the Committee of the Regions (CoR) under the cooperation agreement between the CoR and the EESC.

12. General description of security measures, where possible

Concerning physical files

The premises of the medical service are locked whenever no one is present. Rooms in which medical files are kept remain locked at all times and only members of the medical service have access to these secure places. Cupboards are also kept locked.

The person responsible for cleaning works with a security guard or a member of staff of the medical service present.

Electronic files

Computer data may only be accessed by medical service staff who have access to the shared drive using their password-protected profile.

Memos or messages to the administration do not contain any medical information. Where necessary, only conclusions of administrative relevance are communicated to the administration.

Memos are only exchanged with external doctors via confidential mail.

Medical data is only forwarded where there is a genuine need (such as invalidity or medical check-ups) or at the request of the person concerned.

13. Privacy statement

[Management of medical files](#)

Part 2 Compliance check and risk screening

1.a) Legal basis and reason for processing

- necessary for the performance of a task carried out in the public interest
- (a) or in the exercise of official authority vested in the Union institution or body
 - (b) necessary for compliance with a legal obligation to which the controller is subject (see point 1b) below)
 - (c) processing is necessary for the performance of a contract to which the

data subject is party or in order to take steps at the request of the data subject prior to entering into a contract

- (d) the data subject has given consent to the processing of his or her personal data for one or more specific purposes
- (e) necessary in order to protect the vital interests of the data subject or of another natural person

[Tick (at least) one of the boxes]

1b) Legal basis

2. Are the purposes specified, explicit and legitimate?

Yes, the data is processed solely for the stated purposes of the above procedures.

All the data on the persons concerned collected in this way is necessary and/or relevant for the implementation of the institution's preventive occupational health policy and for the implementation of the relevant provisions of the Staff Regulations and other regulations in force.

3. Where information is also processed for other purposes, are you sure that these are not incompatible with the initial purpose(s)?

The information is not processed for other purposes

4. Do you really need all the data items you plan to collect?

Yes, All of the medical data collected is relevant to fulfil a wide range of statutory legal obligations and to ensure that the institution's preventive occupational health policy is implemented. In the event that a request or any subsequent document contains personal data that is not essential, the data controller erases it.

5. How do you ensure that the information you process is accurate?

Administrative data on staff members and their family members is accessed via the EESC's human resources management application (SYSPER).

6. How do you rectify inaccurate information?

Staff members have access to their medical file and may request that inaccurate data be corrected.

7. Are they limited according to the maxim "as long as necessary, as short as possible"?

Yes

8. If you need to store certain information for longer, can you split the storage periods?

Not applicable

9 How do you inform data subjects?

The privacy statement is published on the medical service's intranet page and is displayed in the medical service.

10. Access and other rights of persons whose data are processed

All medical data is stored in the personal medical file of the staff member in line with Article 26a of the Staff Regulations.

Upon written request, and with the prior agreement of the medical officer, the member of staff may consult their medical file on the premises of the medical service, in the presence of a member of the medical service's team. While access covers in principle all documents in the medical file, the medical officer may decide only to disclose certain information, taking account of its nature, through a doctor appointed for that purpose by the person concerned. If the medical officer considers it appropriate, their personal notes may be removed from the medical file.

Data subjects may exercise their rights under Regulation (EU) 2018/1725 at any time upon request. The rights and procedures relating to access, correction, blocking, erasure, etc. of personal data are explained in the privacy statement relating to the medical file mentioned above.

11. Does this process involve any of the following?

- (a) data relating to health, (suspected) criminal offences or other special categories of personal data
- (b) evaluation, automated decision-making or profiling
- (c) monitoring data subjects
- (d) new technologies that may be considered intrusive

Part 3 Linked documentation

1. Links to threshold assessment and DPIA (where applicable)



No hyperlink inserted

2. Where are your information security measures documented?



No hyperlink inserted

Internal written procedures are available on the team site.

3. Links to other documentation



No hyperlink inserted

4. Other relevant documents

See the leaflets available from the medical service.