



European Committee  
of the Regions

## Record of processing activity – Working document

### Medical File

#### PART 1 - Record

##### 1. General Information

Reference number	RE3-15
Last update	27/09/2024
Controller	European Committee of the Regions
Directorate	Directorate E
Unit	E.3 Working conditions and talent management
Contact details	ServiceMedicalCdR@cor.europa.eu
Joint controller	N/A
Joint controllership arrangement	Available internally
DPO contact details	<a href="mailto:data.protection@cor.europa.eu">data.protection@cor.europa.eu</a>
Processor(s)	The responsible contractor (as processor) for the processing of personal data related to the Laboratory Test (on behalf of the controller) is the LBS Cerba HealthCare Belgium sc sprl.
Data processing agreement	Available internally

##### 2. Purpose and description of the personal data processing

Purpose(s) of the personal data processing	<p>The purpose is to allow the processing of medical, personal and confidential data in the context of the CoR's preventive occupational health policy, in particular in the context of the following procedures:</p> <ol style="list-style-type: none"><li>1) medical examination of employment (and medical commission)</li><li>2) annual medical visits</li><li>3) medical examinations and medical expertise</li><li>4) consultations and emergencies (including making medical/hospital appointments for the benefit of the patient)</li><li>5) drawing up of medical certificates</li><li>6) monitoring absenteeism (medical checks and arbitrations)</li><li>7) invalidity Committee</li><li>8) management of accident and occupational disease files</li><li>9) drawing up medical opinions to the Appointing Authority (in the context of the procedure for granting special leave, family leave, part-time leave, teleworking, authorisation to spend sick leave outside the place of employment, etc.)</li><li>10) collective occupational medicine (conferences, awareness-raising activities,...)</li><li>11) payment of invoices and reimbursement of expenses</li></ol>
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	<p>incurred for the annual medical examination</p> <p>12) day-to-day management of the socio-medical secretariat and medical records</p> <p>13) exchange of medical records between institutions</p> <p>14) inter-institutional collaboration</p> <p>15) cooperation with the EESC's medico-social service</p>
<p>Categories of persons whose personal data are processed</p>	<p>The categories of data subjects vary according to the type of procedure:</p> <p>1) medical examination of employment (and medical commission) Applicants for a post at the CoR</p> <p>2) annual medical visits Officials, temporary agents, contract agents, special advisers and seconded national experts employed by the CoR</p> <p>3) medical consultations, medical examinations and medical expertise Officials, temporary agents, contract agents, special advisers and seconded national experts employed by the CoR</p> <p>4) emergencies Officials, temporary staff, contract staff, special advisers and seconded national experts employed by the CoR as well as any other person present on CoR premises (trainee, temporary agency, external service providers, Members, visitors, etc.)</p> <p>5) medical certificates Officials, temporary agents, contract agents, special advisers and seconded national experts employed by the CoR</p> <p>6) monitoring absenteeism (medical checks and arbitrations) Officials, temporary agents, contract agents, special advisers and seconded national experts employed by the CoR</p> <p>7) invalidity Committee Officials, temporary staff (with an open-ended contract) and contract staff (with an open-ended contract) employed by the CoR</p> <p>8) accidents and occupational diseases Officials, temporary agents, contract agents, and special advisers employed by the CoR</p> <p>9) notice to the Appointing Authority (special leave, family leave, part-time leave, teleworking, authorisation to spend sick leave outside the place of employment,...) Officials, temporary staff, contract staff, special advisers and seconded national experts employed by the CoR and, as appropriate, their family members</p> <p>10) collective occupational medicine (conferences, awareness-raising activities,...) Officials, temporary agents, contract agents, special advisers and seconded national experts employed by the CoR</p> <p>payment of invoices and reimbursement of expenses incurred for the annual medical examination Officials, temporary agents, contract agents, special advisers and seconded national experts employed by the CoR</p> <p>11) payment of invoices and reimbursement of expenses incurred for the annual medical examination Officials, temporary staff, contract staff and special advisers employed by the CoR</p> <p>12) day-to-day management of the socio-medical secretariat and</p>

	<p>medical records  Officials, temporary agents, contract agents, special advisers and seconded national experts employed by the CoR</p> <p>13) exchange of medical records between institutions  Officials, temporary agents, contract agents, special advisers and seconded national experts employed by the CoR</p> <p>14) inter-institutional collaboration  In principle only discussion based on anonymous data</p> <p>15) cooperation with the EESC’s medico-social service  Occasional transfer of data to the EESC’s socio-medical service concerning officials, temporary agents, contract agents, special advisers and seconded national experts employed by the CoR</p>
<p>Categories of personal data processed</p>	<p>The following administrative data may be processed as necessary:</p> <ul style="list-style-type: none"> <li>a) Surname, first name</li> <li>B) internal addresses and contact details (current and previous)</li> <li>C) Assignment services (current and previous) functions (current and previous)</li> <li>age</li> <li>seniority</li> <li>g) work regimes (current and previous)</li> <li>H) address and private contact information</li> <li>i) data in relation to family members (surname, first name, address,)</li> <li>j) medical reports;</li> <li>k) medical certificates;</li> <li>l) hiring visit forms;</li> <li>m) Laboratory analysis results</li> </ul> <p>In addition, any data of a medical or social nature relating to the staff member or members of his family deemed relevant by the socio-medical service in the context of preventive occupational medicine (individual or collective), including contact details and information obtained from external doctors treating or following the person concerned or members of his family, may be treated, as appropriate. In addition, as part of the reimbursement of the costs incurred for the annual medical examination, also the type of care provided and the cost of such treatment will be treated.</p>
<p>Recipients of the personal data</p>	<p>All medical data are subject to medical confidentiality; other personal and confidential data processed by the sociomedical service are subject to professional secrecy.</p> <p>No data subject to medical confidentiality shall be disclosed to any third party, other than the staff member concerned or the external doctor designated by him/her.</p> <p>Only conclusions of administrative relevance may be communicated, in full respect of medical confidentiality, to the Appointing Authority and/or the relevant human resources management services. Depending on the case, these are the relevant services of Unit E2 – Recruitment and Career (e.g.: fitness for work) or Unit E3 – Working conditions (e.g.: conclusion of a medical check-up; conclusion of an Invalidity Committee; opinion on special leave, family leave, part-time work, teleworking, authorisation to spend sick leave outside the place of employment; etc.)</p>

For the payment of invoices from the socio-medical service or for the reimbursement of medical expenses incurred by staff members in connection with the annual medical check-up, only the administrative and financial data necessary to make the payment in due form shall be disclosed, in full respect of medical secrecy, to the persons involved in the financial circuit.

In the event of an interinstitutional transfer of an official, his or her medical file shall be sent to the medical service of the host institution after the official's formal agreement, in confidence. In the event that a former staff member 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 to the medical service of the host institution under confidential form. 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 communicated to the General Court.

A number of measures for mutual sharing and collaboration are put in place as part of the enhanced cooperation between the CoR and EESC medical services (see attached document "Implementing arrangements for increased cooperation between the Health Services of the Committee of the Regions and the European social and economic committee"). Most of these measures do not involve the transfer of medical or personal data, or will be organised in such a way that no medical or personal information concerning a staff member is disclosed (e.g. in the context of the annual report, the relationship with the contact points within the respective administrations, the development of procedures, conferences and awareness-raising activities, the management of medicines and (para-)medical equipment, inter-service or inter-institutional meetings, etc.)

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

a) Timetable sharing

In order to promote interdepartmental collaboration, colleagues assigned to the two socio-medical services will share access to their respective IT agendas. However, absences or appointments will be informed in such a way that the agenda does not reveal the underlying reasons for the absence or appointment.

B) Emergency response

During working hours, including during the lunch break, the two medical services provide alternate medical services. In the event that the medical service of one Committee is called upon to intervene in the context of a medical emergency involving a member of the 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 of affiliation.

To this end, the attached access request form will be completed and

signed by or on behalf of the medical officer of the institution responsible for the intervention and placed in a register related thereto by the socio-medical service of the person concerned. This form shall specify, inter alia, whether the person concerned was in a position to consent to his medical file being consulted by the socio-medical service of the other Committee within the meaning of Article 5(d) of Regulation (EU) 2018/1725. At the end of the intervention, a detailed report will be drawn up by the medical officer responsible for the intervention and communicated to the medical officer of the committee of affiliation of the person concerned.

In any event, such access shall also be based on the need to safeguard the vital interests of the data subject as provided for in Article 5(e) of Regulation (EU) 2018/1725.

D) consultation of the medical record of one member of staff of the other Committee

Where it deems it essential for the proper performance of his duties outside emergency situations, a medical officer may send a duly substantiated request to the medical officer of the other Committee for access to the medical file of one member of the staff of the other Committee, using the attached access request form.

The medical officer receiving such a request shall assess the follow-up to the request. As appropriate:

- o access shall be refused, in particular where the statement of reasons is manifestly insufficient,
- o access shall be granted, possibly accompanied by conditions, where the request is considered legitimate and purely preventive grounds give rise to the request (e.g.: avoid contamination),
- o the medical officer shall seek the consent of the staff member concerned before granting access, if the reasons for the request are not exclusively preventive (e.g. to clarify situations of conflict or perceived harassment in the workplace),
- o the medical officer shall seek the consent of his Appointing Authority before granting access, where the reasons for the request are not exclusively preventive and it is not appropriate to seek the consent of the member of staff concerned.

C) Opinion requested by the Appointing Authority from the medical officer of the other Committee

In principle, each Appointing Authority shall refer 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 prevented from delivering the opinion in good time, the appointing authority of a Committee may request a medical opinion (e.g. for a medical examination for recruitment, on a request for special leave or family leave, etc.) from the other Committee's medical officer.

Where appropriate, the Appointing Authority will establish a specific mandate on this subject by means of the attached request for an opinion form, stating the reasons for the request for an opinion, clearly identifying the person to be examined and explaining in detail

	<p>and delimiting the precise purpose of the request for an opinion. The issuing of such a specific mandate will require, if necessary, authorisation for the medical officer requested to consult the medical file of the person concerned (if existing).</p> <p>In his opinion, the requested medical officer will indicate, inter alia, whether the person concerned has given his consent to have his/her medical file consulted by the socio-medical service of the other Committee within the meaning of Article 5(d) of Regulation (EU) 2018/1725. Otherwise, such processing shall be deemed to be based on the need to carry out a mission pursuant to legislative acts adopted on the basis of the Treaty of the European Union (in particular the Staff Regulations) and/or other decisions relating to the legitimate exercise of the appointing authority, within the meaning of Article 5(a) of Regulation (EU) 2018/1725.</p> <p>D) collaboration between social workers</p> <p>Except in exceptional circumstances, the staff member shall address the social worker on his or her own initiative.</p> <p>During periods of absence of a social assistant of one Committee, the social assistant of the other Committee shall, as a general rule, be permanent. When a member of staff addresses the social worker of the other Committee (due to the absence of the social assistant of his or her own Committee), and where the social worker considers it necessary to consult the medical file of the person concerned for a better understanding of the file, he shall send a request to the socio-medical service of the other Committee.</p> <p>To this end, the attached access request form will be completed and signed by the social worker and placed in a relevant register by the socio-medical service of the person concerned. This form states, inter alia, that the person concerned has given his consent to have his medical file consulted by the social worker of the other Committee within the meaning of Article 5(d) of Regulation (EU) 2018/1725. At the end of the intervention, a detailed report will be drawn up by the social assistant who followed the person concerned and sent to the social assistant of the Committee of affiliation of the person concerned.</p> <p>Where the Social Assistant of a Committee wishes to discuss a file with his or her counterpart in the other Committee, he or she shall as a general rule do so without revealing the identity of the staff member concerned. Where he or she considers it legitimate that the identity of the person concerned is nevertheless disclosed, he or she shall first seek the consent of the staff member concerned within the meaning of Article 5(d) of Regulation (EU) 2018/1725.</p>
Transfers of personal data to a third country or an international organization	No
Retention period of the personal data	In accordance with the opinion of the Medical College, medical records are kept for 30 years after the end of work at the CoR.

	<p>In the case of persons exposed to carcinogens or mutagens, the file will be kept for 40 years after exposure (application of Belgian law: General Regulation for the Protection of Workers, Art. 16, Occupational Medical Services).</p> <p>Records of hiring visits, which do not give rise to a commitment, will be destroyed within 5 years.</p>
<p>General description of security measures, where possible</p>	<p>Concerning physical files The premises of the medical service are locked during any absence. The rooms hosting medical records are locked at all times and access to these secure locations is reserved exclusively for members of the medical service. The cabinets are also locked.</p> <p>The person responsible for cleaning works in the presence of a security officer or a member of the medical service staff.</p> <p>Concerning electronic files Computer data is only accessible by persons in the medical service, who have access to the shared drive through their password-protected profile.</p> <p>Notes or messages to the administration do not include any medical notion. If necessary, only conclusions of administrative relevance shall be communicated to him.</p> <p>The exchange of notes with external doctors is done only by confidential mail.</p> <p>Medical data are only transmitted in cases of necessity (such as invalidity or medical examination) or at the request of the person concerned.</p>
<p>Data protection notice</p>	<p>Published internally</p>