

Carrer Rosselló, 214, Esc. A, 1r 1a
08008 Barcelona

RESOLUTION of the rights protection procedure no. PT 15/2018, petition against the private Foundation Casal dels Avis d'Espluges La Mallola

Background

1.- On 23/02/2018 it was registered with the Catalan Data Protection Authority a letter from Ms. (...) (hereinafter, the person claiming), for which he formulated a claim for the alleged disregard of the right of access to the personal data of the deceased person, Mrs. (...), (grandmother of the claimant, who had previously worked before the private Foundation Casal dels Avis d'Espluges La Mallola (hereinafter, the Foundation). The person making the claim provided various documentation relating to the exercise of this right

2.- In accordance with article 117 of Royal Decree 1720/2007, of December 21, which approves the Regulation implementing Organic Law 15/1999, of December 13, on data protection of personal character (hereafter, RLOPD and LOPD, respectively), by means of an official letter dated 02/28/2018, the claim was transferred to the Foundation so that within 15 days it could formulate the allegations that relevant estimates

3.- The Foundation made allegations in a letter dated 03/21/2018, in which it set out, in summary, the following:

"Mrs. (...) (epd), was a user of the Center (...) (first in a day center and then in a residence) from 12-9-2011 until 12-9-2017 when she was discharged for success

Ms. (...) (epd) died in the hospital (Hospital Moisès Brogi de Sant Joan Despí) after being admitted on 8-15-2017 due to worsening of his state of health.(...)

It should be noted that during her stay at the center, the reference family member of Ms. (...) it was his daughter, Mrs. (...) (...), who was always informed of all the progress and medical treatment of her mother, and was therefore the one with whom the center maintained coordination and speed of agreements, although her The family environment also included his two granddaughters Mrs. (...) and Ms. (...).

SECOND.- It is necessary to indicate that during the stay of Mrs. (...) (epd) at the center (7 years old), neither she nor any of her relatives filed any type of complaint regarding a lack of information about the resident's state of health, nor to express the his disagreement with the medical guideline that was followed with the same.(...).

It was not until the time of the death of Mrs. (...) (epd) at the hospital (Hospital Moisès Brogi de Sant Joan Despí), when his granddaughter, Mrs. (...), required the center to obtain his grandmother's medical documentation.

Well, it should be noted that the Foundation responded to the request for access to information from the granddaughter of the deceased (...)

In response to the indicated request, the center gave him a copy of the requested medical reports.

Even so, and given that the granddaughter of the deceased again demanded the medical reports, the Care Coordinator of the center indicated to her that, although she had already given them to her, she was going to give them to her again. (...)

2) Even so, on November 27, 2017, at 2:27 p.m., the granddaughter of the indicated resident sent a new email to the Coordinator

Care of the center, in which although it acknowledges that the center has delivered a medical report, it requests the delivery of other reports(...) in front of the new request for the delivery of documentation of the granddaughter, the center decided to contact the petitioner by phone in order to:

- a) Specify the reasons for requesting the medical documentation.
- b) And require the authorization of his mother, Mrs. (...), who was the contact person with the center.

The granddaughter of the deceased sent the authorization on December 12, 2017, attached as Document nº 6 is the email in which the indicated authorization is attached.

3) In order to clarify which report I needed and for what purpose, since the center had already delivered all the reports it had (...), on December 20, 2017, the director of the center, Ms. . (...), sent an email to the granddaughter of the deceased indicating that Dra. (...) (no. Col·legiada (...)), who had been in charge of her grandmother's treatment, wanted to arrange a visit with her mother, Mrs. (...). (...)

With which, it is made clear that:

- a) The Foundation attended to the right of access requested by the granddaughter of the deceased.
- b) In addition, he acted diligently, taking care of the deceased's personal data (asking for authorization from her daughter, as well as requesting the purposes for which the medical report was required).
- c) And without being obliged to do so, in order to help the family of the deceased to resolve any kind of doubt that he could have, he arranged a visit with the daughter of the deceased and Dra. (...).
- 4) However, on December 21, 2017, the granddaughter of the deceased sent a new email to the Director of the center, requesting that Dr. (...) prepared certain medical reports of his grandmother. (...)
- 5) On the same day, December 21, 2017, the director of the center sent a new email to Ms. (...), in which she indicated that the Doctor was preparing the report, and on December 29, 2017, the Director contacted the granddaughter of constant reference (...) on on January 4, 2017, Dr. (...) and the Director of the Center met with Mrs. (...) (...) and his daughters, Mrs. (...) and Ms. (...) Martinez. (...)

One of the granddaughters, Mrs. (...), (...) and at no time the explanations given meet their expectations, although Dra. (...) gave him the report he had prepared according to the request made by the granddaughter and in accordance with art. 18 of law 41 / 2002, of November 14, previously transcribed. (...).

FOURTH.- It is also necessary to point out that although the granddaughter made the request to exercise the right of formal access by fax on January 10, 2018 (as can be deduced from the documentation provided by of the granddaughter of the deceased), this right had already been exercised previously, which, as it appears from the communications provided, was taken care of by the entity (...)."

4.- On 04/09/2018, the Authority received an email from the person claiming, through which he requested a copy of the statement of objections presented by the Foundation in the procedure of hearing, which was sent to him on the same date, in accordance with article 26 of Law 26/2010, of August 3, on the legal regime and procedure of the public administrations of Catalonia.

Carrer Rosselló, 214, Esc. A, 1r 1a
08008 Barcelona

5.- On 04/13/2018, the Authority received another email from the person making the claim, in which he expressed his disagreement with the Foundation's statement of objections. Specifically, he stated that he would not have received some of the documents that the Foundation had sent to the Authority together with the letter of allegations in order to certify the delivery of the documentation to the person requesting the 'access, now claiming. And on the other hand, he expressed his complaint for not having received a copy of the clinical course and the medical agenda referring to his grandmother.

6.- On 21/04/2018 he received a last email from the person claiming, through which he stated that his grandmother would have been taking a certain antibiotic during the period between 9/08/2017 and 15 /08/2017.

Fundamentals of Law

1.- The director of the Catalan Data Protection Authority is competent to resolve this procedure, in accordance with articles 5.b) and 8.2.b) of Law 32/2010, of October 1 , of the Catalan Data Protection Authority.

2.- Article 15 of the LOPD, in relation to the right of access, determines the following: "1. The interested party has the right to request and obtain free of charge information about their personal data being processed, the origin of the data and the communications made or planned to be made.

2. The information can be obtained through the mere consultation of the data through visualization, or the indication of the data that is the subject of treatment through writing, copying, telecopy or photocopy, certified or not, in a legible and intelligible form legible, without using keys or codes that require the use of specific mechanical devices.

3. The right of access referred to in this article can only be exercised at intervals of no less than twelve months, unless the interested party proves a legitimate interest for this purpose, in which case they can exercise it earlier."

For its part, article 27 of the RLOPD, in its first and second sections, provides the following regarding the right of access:

"1. The right of access is the right of the affected person to obtain information on whether their own personal data is being processed, the purpose of the processing that, if applicable, is being carried out, as well as the information available on the origin of the aforementioned data and the communications made or planned for this data.

2. By virtue of the right of access, the affected person can obtain from the controller information relating to specific data, to data included in a certain file, or to all their data subjected to processing.

However, when reasons of special complexity justify it, the person in charge of the file may request the affected person to specify the files in respect of which he wishes to exercise the right of access, and for this purpose he must provide him with a list of all the files."

Likewise, also on the right of access, article 29 of the RLOPD establishes the following:

"1. The person in charge of the file must decide on the access request within a maximum period of one month from the receipt of the request. The deadline has passed

without expressly responding to the access request, the interested party can file the claim provided for in article 18 of Organic Law 15/1999, of December 13.

In the event that it does not have the personal data of those affected, it must also notify them within the same period.

2. If the request is approved and the person in charge does not accompany his communication with the information referred to in article 27.1, access must take effect within ten days of the aforementioned communication.

3. The information provided, regardless of the medium in which it is provided, must be provided in a legible and intelligible manner, without the use of keys or codes that require the use of specific mechanical devices.

The information must include all the basic data of the affected person, the results of any computer processing or process, as well as the information available on the origin of the data, the transferees of the data and the specification of the specific uses and purposes for which the data was stored."

Finally, article 18 of the LOPD, regarding the protection of rights of access, rectification, opposition and cancellation, establishes in its sections 1 and 2 the following:

"1. Actions contrary to the provisions of this Law may be the subject of a claim by the interested parties before the Data Protection Agency, in the manner determined by regulation.

2. The interested party who is denied, in whole or in part, the exercise of the rights of opposition, access, rectification or cancellation, may bring this to the attention of the Data Protection Agency or, where applicable, of the competent body of each autonomous community, which must make sure of the validity or inadmissibility of the refusal."

In line with the above, article 16.1 of Law 32/2010 provides:

"1. Interested persons who are denied, in part or in full, the exercise of their rights of access, rectification, cancellation or opposition, or who may understand that their request has been rejected due to the fact that it has not been resolved within the established deadline, they can submit a claim to the Catalan Data Protection Authority."

Apart from the previous regulation, given the nature of the entity claimed here and the type of data with respect to which the right of access is exercised, it is also necessary to take into account the precepts of the health (2.1) and socio-health regulations (2.2.) which apply to the present case, and which are transcribed below.

2.1. Applicable health regulations

Basic State Law 41/2002, of November 14, on Patient Autonomy (hereinafter, Law 41/2002) applies to health centers and services, and is defined as such in its art. 3, "any care unit with its own organization, equipped with the technical resources and qualified personnel to carry out health activities". And the same precept defines the clinical history as the "set of documents that contain the data, assessments and information of any kind on the situation and the clinical evolution of a patient throughout the care process".

The same Law 41/2002, in its article 18, regulates the right of access to the clinical history in the following terms:

"Rights of access to the clinical history

1. The patient has the right of access, with the reservations indicated in section 3 of this article, to the documentation of the clinical history and to obtain a copy of the data contained therein. Health centers must regulate the procedure that guarantees the observance of these rights.

2. The patient's right of access to the clinical history can also be exercised by duly accredited representation."

3. The patient's right of access to the clinical history documentation cannot be exercised to the detriment of the right of third parties to the confidentiality of the data contained therein collected in the patient's therapeutic interest, nor to the detriment of the right of professionals who participate in its preparation, who can object to the right of access to the reservation of their subjective annotations.

4. Health centers and private practitioners must only provide access to the medical records of deceased patients to people who are related to them, for family or de facto reasons, unless the deceased has expressly prohibited it and be accredited in this way. In any case, a third party's access to the medical history motivated by a risk to their health must be limited to the relevant data. Information that affects the privacy of the deceased or the subjective notes of professionals must not be provided, nor that harms third parties."

For its part, article 13 of Catalan Law 21/2000, of December 29, on Patient Autonomy and Rights to Information and Clinical Documentation (hereinafter, Law 21/2000) determines the following: "Rights of access to the clinical history 1. With the reservations indicated in section 2 of this article, the patient has the right to access the documentation of the clinical history described by article 10, and to obtain a copy of the data that appear there. It is up to the health centers to regulate the procedure to guarantee access to the clinical history.

2. The patient's right of access to the documentation of the clinical history can never be to the detriment of the right of third parties to the confidentiality of their data appearing in the aforementioned documentation, nor of the right of the professionals who have involved in the preparation of this, who can invoke the reservation of their observations, appreciations or subjective notes.

3. The patient's right of access to the clinical history can also be exercised by representation, as long as it is duly accredited."

Regarding the documentation that makes up the clinical history, article 15 of State Law 41/2002, in its 2nd section, refers to the main purpose of the clinical history, and specifies what its minimum content is:

"2. The main purpose of the medical history is to facilitate health care, recording all the data that, under medical criteria, allow truthful and up-to-date knowledge of the state of health. The minimum content of the clinical history must be the following:

a) The documentation relating to the clinical statistics sheet.

Carrer Rosselló, 214, Esc. A, 1r 1a
08008 Barcelona

- b) Entry authorization.
 - c) The emergency report.
 - d) History and physical examination.
 - e) Evolution.
 - f) Medical orders.
 - g) The interconsultation sheet.
 - h) The reports of complementary explorations.
 - i) Informed consent.
 - j) The anesthesia report.
 - k) The operating room or birth registration report.
 - l) The pathological anatomy report.
 - m) The evolution and planning of nursing care.
 - n) The therapeutic application of nursing.
 - ñ) The graph of constants.
 - o) The clinical discharge report.
- Paragraphs b), c), i), j), k), l), ñ) io) are only required in the formalization of the clinical history when it is about hospitalization processes or it is arranged in this way. "

For its part, article 10.1 of Catalan Law 21/2000 determines that the medical history must contain:

"b) Clinical care data:

Physiological and pathological family and personal history.

Description of the disease or current health problem and successive reasons for consultation.

Clinical procedures used and their results, with the corresponding opinions issued in case of specialized procedures or examinations, and also the interconsultation sheets.

Clinical course sheets, in case of admission.

Medical treatment sheets.

Informed consent form if applicable.

Information sheet provided to the patient in relation to the diagnosis and the prescribed therapeutic plan, if applicable.

Epicrisis or discharge reports, if applicable.

Voluntary discharge document, if applicable.

Necropsy report, if available.

In the case of surgical intervention, the operating sheet and anesthesia report must be included, and in the case of childbirth, the registration data."

2.2.- Socio-health regulations

With regard to the right of access to the care file, article 10 of Law 12/2007, of 11 October, on social services provides that: "In the field of social services, all people have right to claim and receive truthful information about the services and, in particular, they have the right to:

(...)

- d) Access their individual files, in all that does not violate the right to privacy of third parties, and obtain copies thereof, in accordance with what is established by law.

Carrer Rosselló, 214, Esc. A, 1r 1a
08008 Barcelona

This right does not include, however, access to the annotations that professional staff have made in the file."

Regarding the content of the care file, Decree 176/2000, of 15 May, amending Decree 284/1996, of 23 July, regulating the Catalan Social Services System establishes the following in articles 7.2 and 18.8:

"7.2 Upon entry, the entity that owns the residential establishment must have a medical report, carried out no later than three months prior to entry, with the exception of urgent cases, and which must contain at least:

- a) Personal data.
- b) Active diseases.
- c) Allergies and contraindications.
- d) Prescribed medication.
- e) Dietary regime.
- f) Health or nursing care you need.
- g) Valuation of the decrease, when appropriate."

"18.8 Residential establishments and day care centers will also have a care file which must include, at least:

Identification data

Family member or responsible person of the user.

Medicopharmaceutical prescription."

3.- Once the regulations applicable to the case have been set out, it is necessary to make some preliminary considerations relating to the exercise of the right of access by persons other than the data subject or owner, as well as the right access to information about a deceased person.

The right of access is a very personal right, and therefore, in principle, its exercise is reserved for the affected person or holder of the right, as is the subsequent claim presented to this Authority. However, article 18.4 of Law 41/2002

-previously transcribed- recognizes the right of people related to the deceased, for family or de facto reasons, to access the latter's medical history, with the caveats indicated by said precept.

It is certified that the claimant here was the granddaughter of the deceased person regarding the which exercise the right of access. However, the personal data in respect of which the claimant exercised the right of access are included in an assistance file, as such consideration must be attributed to the files processed by the Foundation, given that this entity provides the residential care service for the elderly on a temporary or permanent basis, and offers certain assisted places, on behalf of the Government of the Generalitat, with whom it would have signed the corresponding agreement, and would therefore form part of the public network of social services.

The problem lies in the fact that, with regard to the data of the deceased person, the social and health regulations mentioned in the previous legal basis recognize the right of dependent people to access information regarding the

Carrer Rosselló, 214, Esc. A, 1r 1a
08008 Barcelona

his person, but does not recognize the right of access - with respect to the deceased person's data - to family members and people linked to that person.

But it must be taken into account that the Foundation's residence has qualified personnel to carry out health activities, that the deceased person would have received medical attention, and that his care file in respect of which the right of access has been exercised contains also medical data, specific to the clinical history. This is why, with regard to this medical information and assistance, the sectoral regulations governing access to the medical history are considered applicable, which do provide for access by relatives and those linked to the deceased person. It is worth saying, however, that this application will have to be nuanced and will have a limited scope, because at the outset it should be noted that the minimum mandatory content of a care file is much smaller than that of a medical history.

Regarding the legitimacy of access by relatives and those related to the deceased person, it is not superfluous to add that the application of the transparency laws to the case would lead to the same conclusion as the one now exposed, although with the limits there provided for, which are set out in the fifth law foundation.

4.- Regarding the reasons for the claim, it should be noted that the person making the claim submitted together with the letter of claim a copy of a fax that the Foundation would have received on 10/01/2018, through which access to the "complete socio-health documentation" of the deceased person was requested. It is worth saying that the person who made this request for access was the daughter of the deceased person, and not the granddaughter who later presented the claim to the Authority. This could alter the admission of the claim, because the person who submits a claim for neglect of the right of access is the one who must prove to the Authority that he has previously exercised this right

before the person responsible for the file or treatment, as determined by article 16.1 of Law 32/2010, of October 1, of the Catalan Data Protection Authority, in consonance with what is foreseen in the LOPD.

However, it is also true that the Foundation itself has stated in the hearing procedure that the claimant (granddaughter of the deceased person) had previously and repeatedly exercised the right of access regarding certain reports referring to her deceased grandmother, a question that is not controversial. Likewise, it is also certified that the Foundation gave an answer to the claimant here, although the controversial point is precisely whether with this answer the right of access was fully effective, and according to the provisions of the transcribed legislation to the foundation of law 2nd.

Well, in relation to the documentation that the claimant states that the Foundation should have delivered to him by virtue of the exercise of the right of access of the LOPD, but that he had not yet done so, in one of the emails that he sent to the Authority, the now claimant referred to the clinical course and the medical agenda, adding that part of the documentation that the Foundation would have delivered to the Authority would not have been received either.

With regard to the information requested regarding the clinical course and the medical agenda, it is necessary to start from the premise that this refers to documentation that in any case

Carrer Rosselló, 214, Esc. A, 1r 1a
08008 Barcelona

it would be part of a clinical history. Indeed, as regards the information relating to the clinical course, art. 10.1.b of Law 21/2000 expressly provides that the "clinical course sheets" form part of the content of a clinical history, a concept that could be understood as equivalent to "evolution", as content required by art. 15.2.e) of Law 41/2002. Regarding the information regarding the medical agenda, although the health regulations do not make an express reference to it, it does refer to "medical treatment sheets" (art. 10.1.b Law 21/2000), and "medical orders" (art. 15.2.f Law 41/2002).

On the other hand, with regard to the care file, art. 18.8 of Decree 176/2000 does not foresee among the mandatory documentation (identifying data, family or responsible person of the user, and medico-pharmaceutical prescription.) the reference to the clinical course. And as for the medical agenda, he doesn't seem to be referring to that either.

Another thing is that, aside from the mandatory information, the information requested by the claimant can be included in an assistance file. If this were the case, the Foundation would be obliged to deliver a copy to the person making the claim, as the right of access covers all processed personal data, regardless of whether or not its collection obeys a legal imperative. However, this does not seem to be the case, because during the hearing phase the Foundation stated before the Authority that it had already provided the now claimant with a copy of all the documentation it had regarding her grandmother, providing a copy to the Authority, which, once visualized, does not seem to correspond to either the clinical course or the medical agenda. The e-mails sent by the Foundation to the now claimant, where they informed him that they did not have additional documentation to the one already provided, made up of several medical reports, would be indicative of the non-existence of this information. In fact, the last report that the Foundation gave him was drawn up after the access request, taking into account the information that was requested there.

In conclusion, the information that the claimant here seems to be seeking is not information that must have been included in the Foundation's care file, and there are no indications to consider that it was included in said file such documentation. That being the case, it is obvious that the Foundation could not hand over documentation that it did not have.

Another thing is that some of the documents that the Foundation sent to the Authority in order to certify compliance with the right of access had not been sent to the now claimant, as she maintains. If so, the claimant here would certainly have the right to access said documents, and it should be borne in mind that in accordance with art. 25.5 of the RLOPD, it is up to the data controller to prove compliance with the duty to respond to the access request.

Finally, with regard to the information not given to the person making the claim, it is also necessary to refer to that information about the deceased person that the Foundation could have considered to be part of their privacy, and for this reason not having delivered it to the person here claiming. Indeed, in the Foundation's statement of allegations Article 18 of Law 41/2002 is invoked and the following sentence is underlined: "No information will be provided that affects the privacy of the deceased or the

Carrer Rosselló, 214, Esc. A, 1r 1a
08008 Barcelona

subjective annotations of the professionals, nor that harms third parties"; and in the fifth allegation it is added that "The Foundation facilitated the family of Ms. (...) (epd) all the information and documentation requested and that according to art. 18.4 of Law 41/2002, of November 14, the entity has the obligation to deliver".

Well, aside from the particularities of the specific case indicated in the third-party law foundation, it is necessary to insist on the idea that the regulation regulating access to the care file is the socio-health regulation, that is to say, Law 12/2007 and Decree 176/2000, and the transparency laws. However, the limits to the right of access provided for by these rules would coincide in essence with those indicated in the regulations on transparency and access to public information.

Specifically and for what is of interest now, Law 19/2014, of December 29, on transparency, access to public information and good governance (LTC) starts from the recognition of the right of access to public information, although the art. 21 LTC points out that this can be denied or restricted if access to the information entails harm to privacy and other legitimate private rights (art. 21.1.f) -such as the right to honor-. And then the art. 22 LTC points out that in assessing the limits applied to the right of access it is necessary to take into account the circumstances of the specific case, especially the concurrence of a higher public or private interest that justifies access to the information - which in the specific case could be the interest of the granddaughter of the deceased person in knowing the state of health of her grandmother while she remained admitted to the residence, as well as the circumstances of her death. At this point it should be noted that the limits to the right of access derived from the right to data protection (art. 23 and 24 LTC) would not in principle be applicable, since it is a deceased person, so that the right to data protection would have been extinguished with the death of the person. Finally, however, it is necessary to go to the art. 22.2 LTC, which refers to the application of the time limits that may be provided by the applicable laws, which brings us to article 36 Law 10/2001, of July 13, on archives and document management, which brings under the title "validity of consultation exclusions", which establishes, in what is now of interest, that documents containing personal data that may affect the honor, privacy or image of people may be subject to public consultation when twenty-five years have passed since his death. So, for this specific type of personal data, the archive legislation extends the term of protection beyond the death of the person concerned. This provision applied to the present case would in any case lead to allowing access by the granddaughter to her deceased grandmother's healthcare and social health information, except for information to which access could affect honor, privacy or his grandmother's picture, which he could also access twenty-five years after his grandmother's death.

The above leads us to conclude that, if the Foundation had omitted certain information in order to preserve the right to privacy of the deceased person or of third parties, such restriction would be legitimate. However, the Foundation should specify this in the communication ordered in this resolution, as indicated in the following legal basis.

6.- In accordance with what is established in articles 16.3 of Law 32/2010 and 119 of the RLOPD, in cases of estimation of the claim for protection of rights, it must be required

Carrer Rosselló, 214, Esc. A, 1r 1a
08008 Barcelona

to the person in charge of the file so that within 10 days the exercise of the right becomes effective.

In accordance with this, it is necessary to require the Foundation to provide the claimant with a copy of all the requested documentation within 10 days from the day after notification of this resolution provided, as could be the case with any document provided to the Authority and not delivered to the claimant here. Likewise, in the letter of communication to the claimant in compliance with this resolution, he must also specify whether he has omitted certain information (whether documentation not delivered or information that appears among the documentation delivered) to consider that the access by third parties to this information would affect the privacy of the deceased person or third parties. Once the right of access has taken effect in the terms set out, within the same period of 10 days the claimed entity must report to the Authority.

For all that has been exposed,

RESOLVED

First.- Estimate the guardianship claim made by Ms. (...)(...)(...) against the private Foundation Casal dels Avis d'Esplugues La Mallola, although only with regard to the information mentioned in the fifth and sixth legal grounds.

Second.- Request the private Foundation Casal dels Avis d'Esplugues La Mallola so that within 10 counting days from the day after the notification of this resolution it makes effective the right of access exercised by the claimant, in the manner indicated in the sixth legal basis. Once the right of access has taken effect, within the same period of 10 days the claimed entity must report to the Authority.

Third.- Notify this resolution to the private Foundation Casal dels Avis d'Esplugues La Mallola and the person making the claim.

Fourth.- Order the publication of the Resolution on the Authority's website (www.apd.cat), in accordance with article 17 of Law 32/2010, of October 1.

Against this resolution, which puts an end to the administrative process in accordance with articles 26.2 of Law 32/2010, of October 1, of the Catalan Data Protection Authority and 14.3 of Decree 48/2003, of 20 February, by which the Statute of the Catalan Data Protection Agency is approved, the interested parties can file, as an option, an appeal for reinstatement before the director of the Catalan Data Protection Authority, in the period of one month from the day after its notification, in accordance with the provisions of article 123 et seq. of Law 39/2015 or directly file an administrative contentious appeal before the administrative contentious courts of Barcelona, within two months from the day after its notification, in accordance with articles 8, 14 and 46 of Law 29/1998, of July 13, regulating administrative contentious jurisdiction.

Carrer Rosselló, 214, Esc. A, 1r 1a
08008 Barcelona

Likewise, the interested parties may file any other appeal they deem appropriate for the defense of their interests.

The director,

M. Àngels Barbarà and Fondevila

Barcelona, (on the date of the electronic signature)

Machine Translated