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Injunction against the Careggi University Hospital of Florence - 20 October 2022

Register of measures

no. 345 of 20 October 2022

THE GUARANTOR FOR THE PROTECTION OF PERSONAL DATA

IN today's meeting, which was attended by prof. Pasquale Stanzione, president, prof.ssa Ginevra Cerrina Feroni, vice president, dr. Agostino Ghiglia and the lawyer Guido Scorza, components and Dr. Claudio Filippi, deputy secretary general;

HAVING REGARD TO Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data, as well as on the free circulation of such data and repealing Directive 95/46 /CE, “General Data Protection Regulation” (hereinafter the “Regulation”);

HAVING REGARD TO Legislative Decree 30 June 2003, n. 196 containing the "Code regarding the protection of personal data", containing provisions for the adaptation of national legislation to Regulation (EU) 2016/679 of the European Parliament and of the Council, of 27 April 2016, relating to the protection of natural persons with regard to the processing of personal data, as well as the free movement of such data and repealing Directive 95/46/EC (hereinafter the "Code");

CONSIDERING the Regulation n. 1/2019 concerning internal procedures having external relevance, aimed at carrying out the tasks and exercising the powers delegated to the Guarantor for the protection of personal data, approved with resolution no. 98 of 4/4/2019, published in the Official Gazette no. 106 of 8/5/2019 and in www.gpdp.it, doc. web no. 9107633 (hereinafter "Regulation of the Guarantor n. 1/2019");

HAVING REGARD to the documentation in the deeds;

GIVEN the observations made by the Secretary General pursuant to art. 15 of the Regulation of the Guarantor n. 1/2000 on the organization and functioning of the office of the Guarantor for the protection of personal data, in www.gpdp.it, doc. web no. 1098801;

Speaker Dr. Agostino Ghiglia;

WHEREAS

1. Reporting and preliminary investigation

a) Premise

With a note dated XX, the Authority received a report from Mr. XX, who complained that he had received at his PEC address, dated XX, from the Careggi University Hospital of Florence (hereinafter the "Company"), located in Largo Brambilla n. 3 – zip code 50134, VAT number 04612750481, "the certified e-mail with the subject "Pathological Anatomy Report XX" (...) (which) as an attachment contained the histological examination report of a certain XX".

b) The preliminary investigation

Following the report, the Office, with a note of the XX (prot. n. XX), asked the Company - pursuant to art. 157 of the Code - to provide useful elements for the evaluation of the relevant profiles on the subject of personal data protection.

With a note of the XX (prot. n. XX), the Company provided a response representing, among other things that:

- "(...) with respect to the data processing in question, it does not perform the role of data controller but rather of data controller with respect to the controller ISPRO (Institute for the Study, Prevention and Oncological Network), body of the Regional Health Service ";
- "A framework agreement (renewed on 1 March 2021) is active between the Company and ISPRO to regulate various services, each regulated by a specific executive sheet. Among the activities that the Company, through the Department of Services (at which the SOD Histology Pathology and Molecular Diagnostics is established, which carries out laboratory activities of Pathological Anatomy), performs in favor of ISPRO, there is that relating to histological examinations on breast, colorectal, cervical biopsies, on polyps of the rectum and on skin lesions, to which the examination reported to Ms XX is attributable. The executive form of this activity precisely qualifies the Company, with respect to ISPRO, as Data Processor pursuant to art. 28 of the General Regulations";
- "(...) as a result of the difficulty in travel related to the SARS-COV2 epidemic, the SOD Histology, Pathology and Molecular Diagnostics regularly sends reports via PEC (at least those for which particular advice is not required) to users who request it in writing at the time of acceptance, an average of 100 per month";
- "Those in charge of the secretariat of the SOD Pathological Histology and Molecular Diagnostics download the report from the Pathological Anatomy software by optical reading of the bardcode present on the acceptance form, and save it in pdf on a spool folder; positioning themselves in the PEC box, they therefore type in the PEC address of the recipient present on the authorization form signed by the patient, and attach the corresponding report from the spool folder; before sending, they check by means of a preview that the report is the correct one; they therefore note on the paper documentation relating to the file that

the transmission of the report via PEC was carried out";

- "The training of secretarial staff takes place by coaching the staff who have been established for the longest time";

- “Regarding the specific alleged violation, the following has been reconstructed: on Friday 30 April, the operator who dealt with the transmission of the reports via PEC that day uploaded all the reports to be sent in the spool folder. The report of Mr. XX and Mrs. XX were one after the other. For mere clerical error, the wrong report was attached”;

- “On the XX date, Mr. XX sent an email to the ordinary email address segreteriaap@aou-careggi.toscana.it in which he stated that he had received another person's medical report (which he attached together with the documentation relating to the acceptance that concerned him). Within 24 hours, the secretariat sent an apology email from the PEC mailbox of the Department of Services to the PEC mailbox of Mr. XX and the correct report”;

- "Ms. XX had duly received her medical report";

- "as an improvement action (and while aware that whenever human intervention is necessary, errors are possible), operators have been given instructions to load only one report at a time into the spool folder, carrying out a further check once the report has been attached related file".

Following what emerged from the investigation also launched against I.S.P.R.O., the Authority deemed it necessary to request the Company, pursuant to art. 157 of the Code, further information useful for the assessment of the case, with particular reference to the processing of personal data carried out by the Company itself, especially in the context of the activities carried out by the S.O.D. Pathological Histology and Molecular Diagnostics, both as owner and as data processor.

The Company, with a note of the XX (prot. n. XX), provided a response representing, among other things, that:

- "In the model of instructions (...), made available to the persons in charge (as the expressly designated natural persons referred to in Article 2-quaterdecies of Legislative Decree 196/2003 are called in the Company) with Provision of the General Manager no. 378 of 24 May 2019), a general indication is certainly given of the following tenor: evaluate, before sending personal data via e-mail and in particular those attributable to the categories of data referred to in articles 9 and 10 of the GDPR, the lawfulness and legitimacy of the operation, as well as the methods of it (in particular, the use of message encryption techniques is recommended, or the use of encryption of the data contained in the text of the communications; to avoid the risk of transmitting personal data to unauthorized subjects, enter the data in an attached document and not in the body of the email, check the attached document before sending it, verify that the addressee is correct, avoid forward e-mails

already sent due to the risk that they contain data referable to other subjects). But it is a question of a prescription which probably cannot have any effective use in the case of a mere material error, which by definition does not depend on a rational and controlled application of the provision";

- "where possible, these instructions are printed and posted in the service rooms, in direct evidence to the persons in charge concerned (as in the case of the structure involved in the violation, the secretariat of the SOD Pathological Histology and Molecular Diagnostics); in other cases they are made to be signed by the appointees themselves for acceptance and kept in the records; this due to the independent assessments of the respective data processors";

- "The instructions from the Data Controller (ISPRO) are those provided for in the agreement pursuant to art. 28 GDPR (…), in particular in the articles 6 and 11-13";

- "The procedure for managing the reports to be transmitted and the personnel training methods have already been specified in our previous reply to the Authority";

- "Access to the system and data is permitted with strict profiling ("administrative" profile, with access to consultation, printing, extraction of reports and modification of data entered during acceptance), limited to strictly necessary functions, in consistency with those authorized in the instruction form";

- "You have now been instructed to download only one medical report at a time into the service folder, deleting it after transmission. (…) This is a solution that slows down the activity and which in any case does not help, for example, if the person in charge associates the report he intends to send to a wrong PEC (the person in charge does not normally enter the address but goes to look for in the box the PEC of request, to which he replies by attaching the report file)";

- "Regarding the question of the "segregation" of duties (carried out as Owner or as Manager), it is noted that this Company carries out numerous laboratory activities in favor of external subjects, public and private, and currently (...) (several) agreements are active relevant to the laboratory. These reports are processed on the system regardless of the type of service beneficiary; a compartmentalisation of the reports by data controller is a measure currently not practicable and which in any case would not ensure, in our opinion, any added value from the point of view of the security of the processing operations and risk minimization: in fact, the data breach will it would in any case be the case if the report of a different interested party were sent to a patient, whatever the privacy role - owner or manager - of the Company was".

The Company has documented what is represented, attaching the deed containing "Provisions applicable to the Company

identified as data controller pursuant to art. 28 of EU Regulation 2016/679 (art. 2 and art. 11 Framework Agreement)", as well as the acknowledgment note to the previous request for information from the Authority, dated XX (prot. n. XX).

On the basis of what was declared and documented, the Office, with deed dated XX (prot. n. XX), notified the Company, pursuant to art. 166, paragraph 5, of the Code, the initiation of the procedure for the adoption of the provisions pursuant to art. 58, par. 2, of the Regulation, considering that the Company, in relation to the episode that occurred concerning the sending to the reporting person, via PEC, in the absence of a legitimizing prerequisite, a report from a patient of I.S.P.R.O - for which the Company carries out activities laboratory of Pathological Anatomy, as data controller - has carried out a treatment in violation of a treatment in violation of the basic principles of treatment referred to in Articles 5, par. 1, lit. f) and 9 of the Regulation, as well as the security obligations of the processing pursuant to art. 32 of the same Regulation, also in relation to the failure to provide for measures, such as, for example, different authorization profiles - with specific reference to the different roles performed as data controller and data processor, in compliance with the segregation of duties - or the separation (physical or logical) of the information treated for different reasons.

The Office also invited the Company to produce written defenses or documents to the Guarantor or to ask to be heard by the Authority (art. 166, paragraphs 6 and 7, of the Code; as well as art. 18, paragraph 1, of the Law No. 689 of 11/24/1981).

With a note of the XX (prot. n. XX), the Company presented a defense brief, in which, reiterating what had already been communicated in response to the aforementioned requests for information, it highlighted and added, among other things, that:

- it "deems (...) necessary to expose (...) the ways in which the process of creating and transmitting reports in SOD Histology Pathology and Molecular Diagnostics is managed, (...) (This) in order to account for the distinctions/ logical separations that, at an operational level, the system already ensures";

- "In the SOD Histology Pathology and Molecular Diagnostics, the process that from the entry of the sample into the laboratory leads to the delivery of the cyto-/histological report (hereinafter referred to as "report") is traced in every phase on an IT management system (Armonia, Dedalus) and the relevant phases of it are described below in order to clarify the method of returning the reports to the patients. The sample arrives in the laboratory accompanied by a paper request for cytological/histological examination by a healthcare professional. During the acceptance phase, the health personnel in charge registers the entry of the sample into the laboratory on the IT management system by entering the patient's personal data and further information, such as the type of examination requested and material sent, the attending physician, the source structure.

This phase ends with the generation of a unique alphanumeric code, which identifies the sample/client in all stages of the process, reported on adhesive labels simultaneously affixed to the sample and to the paper request. With reference to the structure of origin, the patients are distinguished between: 1. patients hospitalized or in any case followed up in structures (SS.OO.DD.) of the Careggi AOU (…): the services performed are identified and grouped with reference to the center code the cost of the SOD that requires the service; 2. assisted persons belonging to entities in agreement with AOU Careggi: the services provided are identified and grouped with reference to the unique agreement code for each institution in agreement; 3. external patients: the services provided are identified and grouped with reference to the code that recognizes patients not in charge of Careggi AOU outpatient clinics/inpatient wards. This subdivision, for eminent administrative-economic purposes, also involves (...) a different method of returning the medical report to the patients by the administrative offices. At the end of the cyto/histopathological analyses, the healthcare professional draws up and digitally signs the report. The original is therefore always a .pdf signed with a digital signature. The professional himself then delivers the paper request to the administrative office of the SOD, having read which the administrative staff in charge verifies which type of user, among those mentioned above (patients hospitalized at Careggi AOU or in any case managed by a corporate structure, patients belonging to entities in agreement with AOU Careggi, external clients) the report is attributable. With reference to the delivery of the report, the procedures, by type of user, are: (…) 1. Patients hospitalized at the Careggi AOU or in any case managed by a company structure. The requesting doctor, in service at a company SOD, using the "external" interface of the IT management system of the Histology, Pathology and Molecular Diagnostics SOD, after logging in with personal credentials and "filtering" the reports by entering the cost center of the SOD to which he pertains, prints the single report and calls and delivers the report to the patient. No fulfillment is required of the administrative personnel belonging to the SOD Pathological Histology and Molecular Diagnostics other than filing the paper request in special folders. 2. (For patients) belonging to entities in agreement with AOU Careggi (…): the administrative staff belonging to the secretariat of the SOD Histology, Pathology and Molecular Diagnostics accesses, with personal credentials, the IT management system, "filters" the reports referable to a given institution using the agreement code, print the single report, insert it in an envelope and deliver the sealed envelope to a courier appointed by the structure in agreement; alternatively, upon request explicit and authorized in the deed of agreement, the report is sent by PEC. 3. External assistants. Remembering that the cyto-/histological report is not sent from the reporting application to the patient's Electronic Health Record, the latter can first of all personally collect a certified hard copy of the

report, printed on-demand by the company administrative staff of the Service Center (at the New Careggi Entrance); access to the documentation takes place through the interface of the IT management system used by the Pathological Histology and Molecular Diagnostics SOD. Alternatively, the assisted person has the possibility to request, pursuant to articles 38 and 65 of the CAD, by sending a specific request form by e-mail or PEC accompanied by a copy of an identity or recognition document, the transmission of the report by PEC. The administrative staff files the printout of the requests for electronic transmission of the report on a daily basis in a special binder, noting on each one the respective unique alphanumeric code generated during the acceptance of the sample. The staff checks daily which reports for external users have been signed and are therefore ready to be sent. The reports available for delivery are "downloaded" from Armonia and saved - identified by patient name/surname and report ID - in a Spool folder. The administrative staff searches for the request sent by the patient, displays (in electronic format) the attachments received, verifying that the personal data match, and attaches the report to the PEC by searching for it in the Spool folder. Once the PEC has been sent, its receipt is checked; subsequently the sent PEC is eliminated and the delivery receipt is kept. At the end of the sendings, the Spool folder is emptied manually. Given the above, we therefore want to highlight that the current structuring of the archive is already set up following a criterion of logical organization of the data, and that the error occurred not due to a structural deficit of the system - which, as described above, allows to distinctly qualify, from an operational point of view, through specific metadata, the documentation by type of user, and consequently of ownership - but at the level of the Spool folder";

- "(...) the person in charge, forgetting to empty the Spool folder, and finding two almost identical in it, uploaded the wrong report (deceived, in verifying the name, by the almost identical name)";
- "(...) it should be noted that the Secretariat Office of the SOD Pathological Histology and Molecular Diagnostics, made up of four employees, in 2021 managed the reports of as many as 14,769 outpatients and 8372 under the agreement, and that being in support of the activity assistance must respect the extremely compressed rhythms and times that characterize the latter. Therefore (…) as regards the subjective element of the violation, there is no particularly negligent conduct of the person in charge, i.e. which integrates behavior that is at least negligent, given that the error, in a repetitive activity such as to determine a physiological lowering of the threshold of attention, is unfortunately consubstantial to it";
- "(...) having seen what happened, in the awareness of the need to research and prepare even more adequate security measures in the processing of data, as well as to correctly fulfill contractual obligations, on the basis of the information

collected, we started a discussion with the technicians IT departments of ESTAR - which are entrusted, within the Tuscany Region, with the technical support services to the companies of the Regional Health Service - to verify the possibility of implementing further physical or logical segregation measures, as indicated by the Authority. In this regard, the Company has asked to ensure that the reports included in the Spool folder can be deleted with any automatism, eliminating a phase which, like all manual interventions, represents a risk factor";

- "ESTAR has proposed, in order to reduce the risk of errors, to enable the affiliated institutions to autonomously acquire the reports directly from the Armoniaweb application (through an interface of the management system used by the Pathological Histology and Molecular Diagnostics SOD) : in this way authorized and specially profiled operators will be able to access the reports of the institution they belong to through protected channels, in a logic of application cooperation. This will make it possible to progressively reduce, until it is eliminated, the intermediation work of the corporate administrative offices, bringing it back to our area of ownership alone, decreasing the number of operations and consequently the risk of error";
- "(...) the current management system is being replaced with the new application that will be present in all Pathological Anatomy laboratories present in the Tuscan healthcare companies (...). The requests, as well as the tracking after the sending of the materials, will be managed for any Company through the same application, in the same way as the communications regarding the reporting of the case and for all the archiving and storage operations of the materials, thus going to reduce considerably the operations that today require manual intervention by support personnel, are entirely replaced by digital communications that automate the exchange of information between AOUC and the affiliated entities".

2. Outcome of the preliminary investigation

Having taken note of what was represented during the preliminary investigation procedure by the Company, the following is observed.

The processing of personal data must take place in compliance with the applicable legislation on the protection of personal data and, in particular, with the provisions of the Regulation and of the Code.

With particular reference to the question raised, it should be noted that personal data relating to health deserve greater protection since the context of their processing could create significant risks for fundamental rights and freedoms (Cons. No. 51 of the Regulation).

The "Data Processor" is the natural or legal person, public authority, service or other body that processes personal data on

behalf of the data controller (art. 4, paragraph 8, of the Regulation).

The regulation on the protection of personal data establishes that personal data must be "processed in such a way as to guarantee adequate security (...), including protection, through appropriate technical and organizational measures, against unauthorized or unlawful processing and against loss , from accidental destruction or damage (principle of “integrity and confidentiality”)” (Article 5, paragraph 1, letter f) of the Regulation). In this sense, the Regulation also provides that the data controller and the data processor implement "adequate technical and organizational measures to guarantee a level of security appropriate to the risk", taking into account, among other things, "the nature, object, context and purpose of the processing, as well as the risk of varying probability and severity for the rights and freedoms of natural persons (...) which include, among others, (...) the ability to ensure permanent basis the confidentiality, integrity, availability and resilience of the processing systems and services (..) When assessing the appropriate level of security, particular account is taken of the risks presented by the processing which derive in particular from the destruction , loss, modification, unauthorized disclosure or access, accidentally or illegally, to personal data transmitted, stored or otherwise processed" (Article 32, paragraph 1, letter b) and 2 of the Regulation) .

As regards, specifically, the health sector, the regulations on the protection of personal data also provide that information on the state of health can only be communicated to the interested party and can be communicated to third parties only on the basis of a suitable legal prerequisite or upon indication of the interested party subject to written authorization from the latter (Article 9 of the Regulation, as well as Article 84 of the Code - in the previous version the reformulation of the same Code by the legislator with Legislative Decree 10 August 2018 , no. 101 - in conjunction with art. 22, paragraph 11, Legislative Decree no. 101 of 10 August 2018).

In relation to the aforementioned legislation, from what is represented and documented in the Company's documents and, in particular, through the defense brief regarding the procedure with which - with reference to the activities carried out by the Company both in its capacity as owner and in quality of data controller - the process of creating and transmitting reports in the SOD Histology Pathology and molecular diagnostics is managed, the following is considered.

The Company - despite the represented observance of the principle of segregation of duties, in the declared respect for the separation (physical or logical) of personal data and assignment of different authorization profiles for access to the same - has determined, for the activities it carries out on behalf of I.S.P.R.O. as data controller ("histological tests on breast, colorectal,

cervical biopsies, colorectal polyps and skin lesions"), a communication of data on the health of a patient of I.S.P.R.O to a person who is not entitled to receive them. This, in the absence of a suitable legal prerequisite, thus carrying out a treatment in violation of the basic principles of the treatment referred to in articles 5, par. 1, lit. f) and 9 of the Regulation, as well as in violation of the processing security obligations pursuant to art. 32 of the same Regulation.

In this regard, in order to minimize the risk of future similar events, the Company has instructed the operators to "download only one medical report at a time into the service folder, eliminating it after transmission", as well as starting discussions with the IT technicians by ESTAR to improve existing physical or logical segregation measures of personal data.

3. Conclusions

In the light of the assessments referred to above, taking into account the statements made by the Company during the investigation □ the truthfulness of which may be called upon to answer pursuant to art. 168 of the Code "False statements to the Guarantor and interruption of the execution of the duties or the exercise of the powers of the Guarantor" □ it is represented that the elements provided by the same in the defense briefs do not allow to overcome the findings notified by the Office with the act of initiation of the procedure, since none of the cases provided for by art. 11 of the Regulation of the Guarantor n. 1/2019.

For these reasons, the unlawfulness of the conduct held by the Company, as data controller, is ascertained for having carried out treatment in violation of the basic principles referred to in articles 5, par. 1, lit. f) and 9 of the Regulation, as well as the security obligations of the processing pursuant to art. 32 of the same Regulation.

The violation of the aforementioned provisions makes it applicable, pursuant to art. 58, par. 2, lit. i), the administrative sanction provided for by art. 83, par. 4 and 5 of the Regulation, as also referred to by art. 166, paragraph 2, of the Code.

In this framework, taking into account that the Company has implemented measures aimed at minimizing the risk of the occurrence of similar events, characterized by human error, giving instructions to the operators to "download only one report at a time into the service file, eliminating it after carrying out the transmission", the prerequisites for the adoption of prescriptive or inhibitory measures pursuant to art. 58, par. 2, of the Regulation.

4. Adoption of the injunction order for the application of the pecuniary administrative sanction and accessory sanctions (articles 58, paragraph 2, letter i and 83 of the Regulation; article 166, paragraph 7, of the Code).

The violation of the articles 5, par. 1, lit. f), 9 and 32 of the Regulation caused by the conduct put in place by the Company for the activities it carries out on behalf of I.S.P.R.O. as data controller ("histological examinations of breast, colorectal, cervical

biopsies, colorectal polyps and skin lesions") in the matter covered by this provision, is subject to the application of the administrative fine pursuant to art. . 83, par. 4 and 5 of the Regulation and 166, paragraph 2, of the Code.

It should be considered that the Guarantor, pursuant to articles 58, par. 2, lit. i) and 83 of the Regulation, as well as art. 166 of the Code, has the power to "impose a pecuniary administrative sanction pursuant to article 83, in addition to the [other] [corrective] measures referred to in this paragraph, or instead of such measures, according to the circumstances of each single case" and, in this context, "the College [of the Guarantor] adopts the injunction order, with which it also orders the application of the ancillary administrative sanction of its publication, in whole or in part, on the website of the Guarantor pursuant to article 166, paragraph 7, of the Code" (art. 16, paragraph 1, of the Guarantor's Regulation no. 1/2019).

The aforementioned pecuniary administrative sanction imposed according to the circumstances of each individual case, must be determined in the amount taking into account the principles of effectiveness, proportionality and dissuasiveness, indicated in art. 83, par. 1, of the Regulation, in the light of the elements provided for in art. 83, par. 2, of the same Regulation, in relation to which it is observed that:

- the communication made by the Company of data relating to health to a third party not authorized to receive them concerned only one patient (Article 83, paragraph 2, letters a) and g) of the Regulation);
- with respect to the matter, no willful behavior on the part of the Company can be found (Article 83, paragraph 2, letter b) of the Regulation);
- a provision concerning a pertinent violation has previously been adopted against the Healthcare Authority itself (Article 83, paragraph 2, letter e) of the Regulation);
- the Company has behaved collaboratively with the Authority (Article 83, paragraph 2, letter f) of the Regulation);
- the Company has taken steps to adopt technical and organizational measures aimed at preventing the recurrence of the incident (Article 83, paragraph 2, letter f) of the Regulation);
- with respect to the intensity of the oncological investigation activity (cf. defense brief of the 20th for which "the Secretariat Office of the SOD Histology, Pathology and Molecular Diagnostics, made up of four employees, in 2021 managed the reports of as many as 14,769 outpatients and 8372 in the agreement, and which, being in support of the assistance activity, must respect extremely compressed rhythms and times that characterize the latter"), it must be taken into account that it was an isolated case, caused by human error (art. 83, paragraph 2, letter k) of the Regulation).

Based on the aforementioned elements, evaluated as a whole, it is decided to determine the amount of the pecuniary sanction provided for by art. 83, par. 4 and 5 of the Regulation, to the extent of 9,000.00 (nine thousand) euros for the violation of articles 5, par. 1, lit. f), 9 and 32 of the Regulation as a pecuniary administrative sanction, pursuant to art. 83, par. 1, of the Regulation, effective, proportionate and dissuasive.

It is also believed that due to the nature of the data, the ancillary sanction of publication, on the website of the Guarantor, of this provision, provided for by art. 166, paragraph 7, of the Code and art. 16 of the Regulation of the Guarantor n. 1/2019.

Finally, it should be noted that the conditions pursuant to art. 17 of Regulation no. 1/2019 concerning internal procedures having external relevance, aimed at carrying out the tasks and exercising the powers delegated to the Guarantor.

ALL THIS CONSIDERING THE GUARANTOR

declares the illegality of the processing of personal data carried out by the Careggi University Hospital of Florence, located in Largo Brambilla n. 3 – zip code 50134, VAT number 04612750481 for the violation of the articles 5, par. 1, lit. f), 9 and 32 of the Regulation in the terms referred to in the justification;

ORDER

pursuant to articles 58, par. 2, lit. i) and 83 of the Regulation, as well as art. 166 of the Code, to the Careggi University Hospital of Florence, to pay the sum of 9,000.00 (nine thousand) euros as an administrative fine for the violations indicated in this provision; it is represented that the offender, pursuant to art. 166, paragraph 8, of the Code, has the right to settle the dispute by paying, within 30 days, an amount equal to half of the fine imposed;

ENJOYS

to the aforementioned Company, in the event of failure to settle the dispute pursuant to art. 166, paragraph 8, of the Code, to pay the sum of 9,000.00 (nine thousand) euros according to the methods indicated in the annex, within 30 days of notification of this provision, under penalty of adopting the consequent executive acts pursuant to art. 27 of the law n. 689/1981.

HAS

pursuant to art. 166, paragraph 7, of the Code, the entire publication of this provision on the website of the Guarantor and believes that the conditions set forth in art. 17 of Regulation no. 1/2019 concerning internal procedures having external relevance, aimed at carrying out the tasks and exercising the powers delegated to the Guarantor.

Pursuant to art. 78 of the Regulation, of the articles 152 of the Code and 10 of Legislative Decree no. 150/2011, against this

provision it is possible to lodge an appeal before the ordinary judicial authority, under penalty of inadmissibility, within thirty days from the date of communication of the provision itself or within sixty days if the appellant resides abroad.

Rome, 20 October 2022

PRESIDENT

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THE SPEAKER

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THE DEPUTY SECRETARY GENERAL

Philippi