**Registration Form and Psychological Guidance Consent Document**

**Dear patient,**  
Welcome to Psy-Online. This document helps us to start together in a safe and transparent way. It contains information about your rights, privacy, and how we process your data. We also request some information necessary to ensure your safety in exceptional situations.

**Important:** Filling out this document **does not** mean that there is a problem or crisis. It is a standard precaution in online psychological care.

📧 Please return this completed document before your initial appointment:

* [info@psy-online.be](mailto:info@psy-online.be) (Selien Hoessen)
* [ines.bekhakh@gmail.com](mailto:ines.bekhakh@gmail.com) (Inès Bekhakh)

**1. Confidentiality and Professional Secrecy**

* Your psychologist is bound by professional secrecy.
* All information is treated strictly confidentially.
* Professional secrecy can only be lifted in **exceptional situations** where your safety or that of others is at serious risk.

*Therapy always begins in a safe and voluntary context.*

**2. Personal Information**

| **Information** | **To Complete** |
| --- | --- |
| Full Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of Birth | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| General Practitioner | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Treating Psychiatrist (if applicable) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**3. Emergency/Contact Persons**

Please provide at least one contact person. These individuals may be contacted in very exceptional situations where your safety could be at risk.

| **Name** | **Phone** | **Relationship** |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Note:** If contact persons are not reachable, an emergency number may be called. Any costs are the responsibility of the patient.

**4. Current Medication**

Helps us to monitor your safety and the course of therapy.

Medications such as anxiolytics, sleeping aids, painkillers, antidepressants, antipsychotics, …

**5. Consent to Shared Professional Secrecy**

I give my consent for relevant information in the context of my therapy to be shared among:

☑ The psychologists working within the practice (Psy-Online or Meesjespraktijk)

Additionally, if applicable, I give consent for consultation with:  
☐ My general practitioner  
☐ My psychiatrist  
☐ Other healthcare professional (specify) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

More information: [www.psy-online.be](http://www.psy-online.be/)

**6. Mandate in Exceptional Situations**

The psychologist may share necessary information with trusted persons or professionals (general practitioner, psychiatrist, emergency services).

Information that may be shared includes:

* Full name
* Address and date of birth
* Contact details
* Information regarding the situation

*This occurs only in exceptional situations and for the purpose of ensuring your safety.*

**7. Electronic Patient Record (EPR) & GDPR**

* Your data is stored securely and confidentially.
* Only relevant information is kept: personal details, GP, appointments, administration, reports (with your consent).
* Retention period: 10 years after the end of therapy, then data is destroyed.

**8. Consent to Therapy Start**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby confirm that I voluntarily choose psychological counselling with the practice “Psychologist Online”. I declare that I have completed this document truthfully and I agree to the terms and conditions.

| **Patient Name** | **Signature** | **Date** |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Psycholoog Online** – [www.psy-online.be](http://www.psy-online.be) | **Meesjespraktijk Wondelgem**   
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