

Information Sheet & Consent Form for Psychological Guidance

Dear patient,

Welcome to Psy-Online / Praktijk de Hazelaar. This document helps us to begin our work together in a safe, transparent and confidential way. It contains information about your rights, professional ethics, privacy and the way in which we process your data. In addition, we ask for certain information that is necessary to safeguard your safety in exceptional situations.

Important: Completing this document does not mean that there is a problem or crisis. It is standard procedure for psychological support, both online and in the practice.

Please return this completed document to your treating psychologist before the introductory session:

 info@psy-online.be (Selien Hoessen)

 ines.bekhakh@gmail.com (Inès Bekhakh)

Part A – GDPR, Professional Ethics & Confidentiality

1. GDPR & protection of personal data

The psychologists of this practice are legally obliged to process and protect your personal data securely.

- Your personal data is kept in an electronic patient file (EPD).
- Only relevant information is recorded:
 - personal information (name, address, date of birth, contact details)
 - general practitioner or referring professional
 - information concerning the treatment process, intake question and dates
 - administrative data (invoices, insurance certificates)
 - reports to third parties (only with your consent)
 - questionnaires

- Retention period: the file is stored for 10 years after the end of treatment and then destroyed.
- Your personal file is stored confidentially and securely.
- Personal notes of the psychologist are not part of the EPD but are also destroyed after 10 years.
- You always have the right to request access to, correction or removal of your data.

2. Ethical code

The psychologists in this practice work according to the ethical code of the Commission of Psychologists.

- This means respect for your autonomy, human dignity and voluntary participation in therapy.
- You choose freely to begin psychological guidance and may stop this process at any time.

3. Professional confidentiality

- All psychologists in this practice are strictly bound by professional confidentiality.
- All information is treated confidentially.
- Shared confidentiality: in the interest of treatment, information may be shared within the practice team, for example when discussing new registrations, assigning cases, case discussions and/or intervision or supervision. This always takes place with discretion and solely for the purpose of ensuring the quality of care.
- Consultation with third parties or other healthcare providers will never occur without your consent. Consultation includes any oral or written exchange, including the EPD and personal notes.
- Only in exceptional cases – when there is a serious and acute danger to yourself or others – may professional confidentiality be breached.

Signature Moment 1 – GDPR / Professional Ethics / Confidentiality

I, the undersigned, confirm that I have read the above information and agree with these conditions.

Patient name: _____

Signature: _____

Date: _____

Part B – Personal and Medical Data

Personal Information

Name and first name: _____

Address: _____

Date of birth: _____

Telephone number: _____

Email address: _____

Medical Information

General practitioner: _____

Treating psychiatrist (if applicable): _____

Current medication ((if applicable: sleeping medication, sedatives, painkillers, antidepressants, antipsychotics, antabuse, campral, blood pressure medication, etc.): _____

Crisis and emergency contacts

These persons may be contacted in exceptional situations where your safety is at risk.

 At least 1 contact person is required; preferably list multiple contacts. (Name – Phone – Relationship)

Note: If the contact persons cannot be reached, an emergency number (such as the federal police) may be contacted. Any costs incurred are the responsibility of the patient.

Part C – Consent & Therapeutic Agreements

1. Consent for information sharing

In the context of my treatment, it is necessary that information can be shared between:

- The psychologists associated with the practice (Psy-Online or Praktijk Hazelaar).

In addition, I give consent for consultation with:

- My general practitioner: _____
 My psychiatrist: _____
 Another healthcare professional, namely: _____

Shared confidentiality with the GP or other healthcare professionals may be necessary for optimal treatment. This is strongly recommended.

2. Mandate in exceptional situations

The psychologist may share necessary information with trusted persons or professional healthcare providers (GP, psychiatrist, emergency services).

The shared information may include:

- Name and first name
- Address and date of birth
- Contact details
- Information relating to the situation

This only occurs in exceptional circumstances and with the intention of safeguarding your safety.

3. Therapeutic agreements

- I have personally chosen to follow individual therapy at (multiple options possible depending on your referrer):

- Groepspraktijk Online Psycholoog
 Huisartsenpraktijk de Hazelaar in Mariakerke
 Huisartsenpraktijk Meesjesstraat (Meesjespraktijk) in Wondelgem

- I am prepared to attend the scheduled appointments as mutually agreed.
- During the introductory session I receive information about the nature of the psychological support and agree to work according to this method. If I do not agree, I take responsibility to communicate this.

- I take responsibility for the financial cost and will pay per session. If I wish reimbursement, I will present the required mutual insurance document myself to the psychologist.

- Cancellation policy:

- If you cannot attend an appointment, please inform us at least 48 hours in advance by email.
- If cancellation occurs later, the session will be charged in full (100%), except in cases of force majeure (such as illness, accident or death).
- If the psychologist is unable to attend, you will be informed as soon as possible. An alternative appointment will always be offered unless force majeure also applies.

Signature Moment 2 – Consent & Agreements

I confirm that I have read and understood the above and consent to the stated agreements, information exchange and contact in crisis situations.

Patient name: _____

Signature: _____

Date: _____

Practice information:

Psychologist Online – www.psy-online.be
Praktijk de Hazelaar, Mariakerke (Gent), Belgium

Selien Hoessen – Psychologist Registration Number: 872110940 | Visa Number: 280494 |
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