


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 (Selien Hoessen)
- 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
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

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

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 | Meesjespraktijk Wondelgem

Selien Hoessen

Psychologist Registration Number (Belgium): 872110940 | Visum Number (Belgium): 280494 |
Company Number: 0842.824.288

Inès Bekhakh

Psychologist Registration Number (Belgium): **922115301** | Visum Number (Belgium): **260904** |
Company Number: **0739.761.095**