

GPRD

Best,

In order to have a pleasant collaboration between psychologist and patient, it is important to make a number of practical agreements.

- I, Selien Hoessen, declare that I am bound by the deontological code of psychologists.
- All conversations and information are covered by professional secrecy and are therefore strictly confidential.
- This professional secrecy can only be broken in emergency situations. By emergency situations we mean situations in which there is an imminent, serious or acute danger to a person (yourself or another person).

However, I would also like your commitment and permission to start individual therapy. It is required by law to demonstrate this consent with a document to be kept by the psychologist. May we ask you to complete this document and return it completed.

**I, (insert name)
have chosen to undergo individual therapy in the private online practice of
psychologist: Selien Hoessen.**

You agree that the psychologist creates a personal written file, this is an EPD (or an Electronic Patient File). Your personal data is protected in accordance with the GDPR (General Data Protection Regulation) of May 2018. Only relevant data (below) will be kept in the EPD.

- Name and surname
- Address
- Date of birth
- GSM
- E-mail
- Care provider/GP/referrer
- Information for scheduling appointments
- The treatment process
- Administrative information: invoices and health insurance certificates
- Reports to third parties

The EPD and personal notes will be kept for 10 years and will then be destroyed. Your personal file will be kept confidential and locked. Consultation with third parties or other healthcare providers will never take place without your permission. Consultation means every oral and written exchange, including the EPD and personal notes.

Note: personal notes from your psychologist are not covered by the EPD and therefore not covered by the above regulation. However, after 10 years the personal notes will be destroyed.

I have fully read and understood the above information. I am aware of what personal information will be collected, for what purposes and how it will be processed and stored.

- yes**
- no**

Thank you for completing this document and please do not hesitate to ask additional questions!

Please sign for approval: name, followed by date and signature:

NAME en SIGNATURE:

DATE:

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