

Informed consent form adults

Please print this document, complete it and bring it to the next session.

I have read the welcome brochure, or have been verbally informed of its contents, including rates <https://www.faresa.be/mentaal-welzijn#tarieven>). The content of this brochure is clear and I agree.

My general practitioner/referrer () _____ (insert name), living at _____
(insert place of residence) may/ may not (*) be informed of my counseling at Faresa.*

I do/do not () give permission for audio recordings of the sessions.*

(*) cross out what doesn't apply

Your first name and surname:

Date:

Signature: