

F020 Form to request the registration of a healthcare professional

Document to be sent for the attention of the administration manager at Abrumet – 11 rue de la Montagne, 1000 Brussels or info@abrumet.be

I, the undersigned,

1/ Field to be completed

National number

Date of birth

NIHDI number

Profession

Genre

Name (*capital*)

F M

First name

Address

E-mail

Mobile

a healthcare professional authorised in accordance with the legislation and regulations that apply in Belgium, freely acknowledge my membership of the Brussels Health Network and undertake to abide by the [privacy regulations](#) and general conditions of use, as published on the website at www.brusselshealthnetwork.be.

I hereby state that I have examined and am aware of the features of the Brussels Health Network and the fact that **publishing and consulting health documents via this network is only permitted in the context of the continuity of patient care.**

I acknowledge that the liability of Abrumet does not relate to the content of the health data, or to the use that is made of that data by healthcare professionals, or to the advisability of publishing these documents.

In the context of the administrative management of the Brussels Health Network, I give my consent for personal data relating to me to be stored on the server. This relates to:

- my administrative data associated with the health data of my patients,
- my administrative data required for management of the network,
- as well as records of the occasions of which I have accessed the Brussels Health Network and the health documents of patients listed on the Brussels Health Network.

This form is intended for the administrative manager of Abrumet acting as subcontractor under the terms of the GDPR on behalf of healthcare providers connected to the Brussels Health Network and I hereby request him/her to handle my registration to the Brussels Health Network.

Drawn up

On

Signature

2/ Documents to attach

Please attach **a front/back copy of your identity card**

In all cases, you will receive a confirmation e-mail as soon as your registration becomes operational.

The rights of the person concerned, as provided by the GDPR (right of access, right of modification, etc...) may be exercised with the data controller. However, and to enable the efficient exercise of these rights, this request may, where applicable, be sent to the Data Protection Officer at Abrumet – Brussels Health Network (dpo@abrumet.be), who will pass it on as quickly as possible to the relevant data controller to follow up on the request.