

## Treatment agreement

Version January 2024

This agreement sets out the conditions under which therapy will take place. In addition to this agreement, a treatment plan will also be discussed with you after the intake, in which the individual goals and agreements are written down. Both agreements will be discussed with you before signing. With your signature under both documents you declare that this information had been discussed with you, that you understand it and that you agree to all agreements and rules.

### Familiarity with information on the website

Praktijk voor Psychologie tries to provide you as much information as possible, for example about the working method, waiting times, rates and reimbursements for insured and for uninsured care, expenses related to cancelling an appointment, complaints regulations and your medical file. By signing this agreement you indicate that you are familiar with and agree to the information provided on the website.

### Points of attention:

#### Care insurer/ expenses

If you are 18 years or older, your mental healthcare treatment is usually reimbursed from the basic package of your health care provider. To be eligible for reimbursement, you need a referral from your general practitioner/ medical specialist. Health care providers with whom Praktijk voor Psychologie has a contract, Praktijk voor Psychologie will send the invoice directly to your health care provider, on a monthly basis. If Praktijk voor Psychologie does not have a contract with your health care provider, the invoice will be send to you directly on a monthly basis which you have to pay fully to Praktijk voor Psychologie, regardless of the reimbursement you receive from your health care provider. You can submit the invoice to your health care provider yourself. Your health care provider will then reimburse (part) of the costs.

Praktijk voor Psychologie tries to inform you about this as well as possible. *However, the responsibility for checking whether and how much your healthcare provider will reimburse, lies with you as a client. If, after the treatment has been completed, it turns out that the treatment is not/ not fully reimbursed, the (remaining) invoice for the treatment will be charged to you. So ask your provider whether your treatment will be reimbursed before you start the treatment process!*

### Contact us if you want to cancel your appointment!

Health care providers only reimburse if treatment has taken place. If you are suddenly unable to attend, please email your psychologist at least 24 hours in advance. In order with the 24-hour cancellation period, it is important to mention that you can also cancel an appointment by phone or email during the weekend. Please state your name and message clearly when you leave a voicemail message. Appointments that are not canceled in time or that are not fulfilled will be charged at the full rate of €132.24 per consultation.

E-mailing is the most convenient way because then your psychologist is immediately informed. She will respond on her working days. However, if this does not work for you, you can also call 06 233 88225. Please leave a message on the voicemail.

To confirm and as a reminder for your appointment, we will send you an SMS, e-mail or push-notification. You can use the AfsprakenApp. This confirmation and reminder service concerns an extra service on our part. You will stay responsible for scheduling, writing down and follow-up your appointment.

### Safe communication

In order to communicate with each other outside the agreed treatment sessions in a safe way, Praktijk voor Psychologie advises you not to send personal information about the

treatment to your therapist by the use of email, whatsapp or facetime / skype. This is only safe if the connection is secured. Your therapist uses a secure email, which is called Zorgmail.

### **Other (important) matters:**

#### **Questionnaires (ROM)**

GGZ providers are legally obliged to have their clients complete questionnaires. This is called Routine Outcome Measurement (ROM). At the beginning, in the interim and at the end of the treatment you will be asked to fill in a questionnaire digitally. This information will be added to your file. With this data your therapist can closely follow the course of treatment. There is a national organization that compares the results of all GGZ providers in the Netherlands. This organization uses the ROM data for this. Your therapist will not provide ROM data for the time being (even if you do give permission), until we are sure that the data is actually anonymous and your identity can not be derived from it.

#### **Confidentiality**

Your psychologist may not inform other persons or organizations about your treatment, unless you have given separate written permission for this. The psychologist does not need your permission if she wants to discuss your treatment with colleagues. These colleagues also have an obligation of confidentiality. Only in extreme emergencies that cannot be solved otherwise, the psychologist can break her obligation of confidentiality if serious danger to yourself or others can be prevented by doing so. Your psychologist is also legally obliged to report serious suspicions of child abuse.

Once every 5 years, the (administrative) completeness of your file will be reviewed by an LVVP inspector as part of the quality control. The content of the file will not be examined.

#### **Right of complaint**

If you have complaints about the treatment, you can contact the professional associations [www.psynip.nl](http://www.psynip.nl) and/or [www.lvvp.info](http://www.lvvp.info). Here you can submit any complaints.

However, it is highly appreciated if you first discuss your complaints with the treating psychologist.

### **PERMISSION STATEMENT REGARDING THE COLLABORATION AGREEMENT**

The undersigned hereby declares to understand and agree to the information and agreements as described in the document.

Name and initials: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Signature client: \_\_\_\_\_