

Treatment Agreement Psychotherapy

The Medical Treatment Agreement Act (Dutch abbreviation: WGBO) contains the regulations for both clients and therapists. This treatment agreement has been drawn up on the basis of the WGBO. The WGBO regulates, among other things: right to information; required consent for minors; right to inspect this file; confidentiality of client data.
This treatment agreement has been drawn up based on the guidelines of the European Association for Psychotherapy (EAP).

Therapist data:

Therapist name: Wilbert Derks
Practice address: St Agnetenweg 23a
Postal code: 6545 AS
Residence: Nijmegen
AGB-code W. Derks: 90047943/ 94017345
AGB-code praktijk: 90056516/ 94060753

Client data:

First name – Last name: _____
Address: _____
Postal code: _____
Residence: _____
Date of birth: _____
Country of birth: _____
Phone number: _____
Emailaddress: _____
Insurance company: _____
Policy number: _____
General practitioner: _____
Address gp: _____
Postal code-residence gp: _____
Phone number gp: _____

Help request client:

What is/are your complaint(s)? Since when?

What is your request for help?

What is the therapy's goal, how will you know if you have accomplished this goal through therapy?

What general practioners have you been consulting?

Dr. _____ GP at: _____

Dr. _____ Specialist at : _____

What diagnosis did the GP / specialist make?

What advices did the GP / specialist give you?

What has been the result of the previous therapies so far (regular and alternative)?

Are you on any kind of medication? YES/NO (please circle). If yes, what medication are you on?

Have you been in psychological/ psychiatric treatment? YES/NO (please circle):

If yes, name (former) therapist / specialist:

Client DOES / DOES NOT allow (please circle) the therapist to inform himself in advance at the GP / therapist or specialist.

Client DOES / DOES NOT appreciate (please circle) the therapist informing the GP or a colleague-therapist during or after treatment.

Supplementary information that may be important with regards to the therapy:

I hereby allow the therapist to share my emailaddress with my professional association for the purpose of the client satisfaction survey after therapy.

Yes No

The survey will be completely anonymous and the emailaddress will only be used for the benefits of the survey. If you want to participate you will receive an email after therapy proposing you to fill in the online survey.

Client is aware of the fact that withholding any kind of information as present in the medical file of the GP, specialist or other practitioners, while known to the client, may possibly lead to negative effects that are client's responsibility.

Date:

Residence:

Signature therapist:

Signature client:

GENERAL TERMS OF PAYMENT

Article 1.

These terms of payment apply to all treatment agreements between therapist and client.

Article 2.

Client agrees a tarif of €90,- per therapy session. A therapy session lasts 60 minutes. The client receives the invoice and pays the therapist.

Article 3.

Canceling an appointment is to be done 24 hours at the latest. If not done so, the therapist is allowed to send an invoice for the session.

Article 4.

An invoice is to be payed within the 14 days.

Article 5.

If the cliënt has not payed the amount due within the 14 days after the invoice date the cliënt is in default without necessicity of notice of default. The therapist will charge 1% interest per month or a part of the principal amount during the period over wich the client is in default.

Article 6.

The therapist may send a payment reminder to the client. For this reminder, the client will be charged €12,50.

Article 7.

If the client does not pay the invoice within the 14 days, the therapist is allowed to charge a collection agency or a third party to take care of the client's payment.

Article 8.

All extrajudicial collection costs regarding the invoiced payments will be at the client's expense.

Article 9.

In case of payment arrears the therapist is allowed to postpone the treatment – unless this is in conflict with the treatment - until the client has lived up to the payment obligations.

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PRIVACY-DOCUMENT

This document concerns the way the therapist (Wilbert Derks) handles your privacy

Being your therapist, I am required to create a file. I am obliged to do so by law (WGBO, Dutch medical agreement treatment act). Your file contains notes concerning your health and data on possible examinations, diagnoses and treatments.

Your file also contains data necessary to the treatment that I, with your explicit written permission, have requested from another practitioner, your GP for example.

I will do the best I can to guarantee your privacy. This means among other things that I:

- carefully deal with your personal and medical records,
- prevent unauthorized persons from having access to your personal and medical records

Being your therapist, I am the only person who has access to your personal and medical records. I have a legal obligation of confidentiality.

Data from your file can also be used:

- to inform other practitioners, for example after treatment or referral to another practitioner. I will only do so with your explicit written permission.
- to inform my acting colleague during my absence, where this to be necessary. I will only do so with your explicit written permission.
- for anonymized use in peer reviews. I will only do so with your explicit written permission.
- for my financial administration/bookkeeping, allowing me or my bookkeeper to prepare an invoice.

If by any other means I wish to use your data I will inform you first and explicitly ask for your permission.

The data in the client file will be stored for 20 years, as is mandatory according to the WGBO (Dutch medical treatment agreement act). You are entitled to view the stored data, to edit them or to have them removed.

WEBSITE PRIVACY

The website does not use cookies.

INVOICE PRIVACY

Your invoice contains data requested by your insurance company, allowing you to declare it if possible.

- your name, address and residence
- your date of birth
- the consult date
- a brief description of the treatment, such as consult psychotherapy/ couples counselling/ coaching and a code formulated by the insurance companies
- the consults' costs.
- your policy number

I have read this privacydocument:

Date:

Residence:

Client name:

Signature: