

Terms and Conditions of Treatment – Psychology Practice Shalita

1. Information Exchange and Communication with Referring Physician

Unless you explicitly object, I will inform your general practitioner at the start of treatment—following the intake phase—regarding the diagnosis and proposed treatment plan. Additionally, your general practitioner or referring physician will receive at least one annual update on the progress of your treatment. Upon conclusion of the treatment, they will be notified once again. All correspondence intended for your general practitioner will be shared with you in advance and will only be sent with your explicit consent. No letters containing your personal information will be sent without your prior review and approval.

2. Complaints and Professional Conduct

You have been informed of the appropriate channels for submitting any complaints regarding the professional conduct of your psychologist. Detailed information can be found on the website of the Dutch Association of Independent Psychologists and Psychotherapists (LVVP): www.lvvp.info. This website also contains information regarding accessibility, coverage during absence, your rights and responsibilities, and the formal complaints procedure.

3. Reimbursement and Payment Terms

If your health insurance policy covers the treatment sessions, invoices will be submitted directly to your insurer. For non-contracted care, you will receive a monthly invoice from Psychology Practice Shalita, which you are required to pay directly. You may subsequently submit the invoice to your insurer for reimbursement. For non-contracted care, the practice adheres to 100% of the maximum rates established by the Dutch Healthcare Authority (NZa) for both basic and specialized mental healthcare services (GGZ).

4. Disclosure of Diagnosis and Data Storage

You may indicate whether or not you consent to the disclosure of your diagnosis on invoices and/or to the National Information System (DIS). Your treatment records are stored in an Electronic Health Record (EHR), which will be retained for 20 years. By entering into this treatment agreement, you consent to the storage and processing of your data in this manner. You may request access to your records at any time. Details on data handling are provided in the privacy statement available at www.praktijkshalita.nl.

5. Statutory Deductible

For the year 2025, a statutory deductible of €385 applies.

6. Appointment Cancellations

Appointments must be canceled at least 24 hours in advance via telephone (06-1190 6883; voicemail accepted) or by email (info@praktijkshalita.nl). Failure to cancel on time, or absence without notice, will result in a charge of €90, regardless of the reason.

7. **Record Keeping and the WGBO**

Your treatment file is maintained in accordance with the Dutch Medical Treatment Contracts Act (WGBO). By signing this agreement, you acknowledge and accept the general terms and conditions of Psychology Practice Shalita, available at www.praktijkshalita.nl.

8. **Evaluation of the Treatment Plan**

A treatment plan will be formulated at the outset of your care. This plan will be reviewed with you regularly and at minimum once annually.

9. **Confidentiality**

I am legally and ethically bound by confidentiality. Information will only be shared with third parties—such as insurance providers, occupational health services, or your referring physician—if you have given written consent. In emergency situations, where there is imminent danger to yourself or others, confidentiality may be lawfully breached. Without requiring your consent, I may consult with professional colleagues for supervision purposes, provided they are likewise bound by confidentiality obligations.

10. **Right to Lodge a Complaint**

You have been informed of your right to file a complaint regarding the psychologist's professional conduct. Further information about the complaints procedure, accessibility, coverage during absence, and your rights and obligations can be found on the LVVP website.

11. **Privacy Policy**

Psychology Practice Shalita is legally required to record certain personal and treatment-related data, including your name, address, place of residence, citizen service number (BSN), diagnosis, and care demand classification. Some of this information will be shared with your health insurer. As of January 2025, the Dutch Healthcare Authority (NZa) may also request access to care demand classifications. Should you object, you may submit a signed privacy statement, which must be filed within one month of the treatment's commencement.

Declaration

A copy of this agreement has been provided to the client. The client confirms that they have read and understood the contents of this treatment agreement and agrees to the above terms and conditions.

Client Name: _____

Signature: _____

Date: _____