**Privacy statement care performance model (Het zorgprestatiemodel) (ggz)**

The undersigned:

**Client:**

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BSN : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and

**Psychologist:**

Name Practice : Praktijk voor Psychologie

Name Psychologist :

□ M.D. Pulles-Hendriks (AGB-code psychologist: 94-006010)

□ D. Otten (AGB-code psychologist: 94-011041)

□ H. van Verseveld (AGB-code psychologist: 94-101915)

□ T. Broekman (AGB-code psychologist: 94-100077)

Address (zip-code) : Heyendaalseweg, 6525 SM Nijmegen

AGB-code practice : 94-055585

Declare:

1. That a treatment relationship within the ggz care has been established between the parties, for which the health care provider likes to charge a rate corresponding the Act ordering healthcare market (Wet marktordering gezondheidszorg)

*Notice by declaration*

1. That from the perspective of protecting his/her privacy the client has objected to the recording of data of the client that can be traced back on the declaration to a policy set by the health care provider.
2. That the health care provider omits the data as noted under item 2, in accordance to Article 4.3 of the Regulations Mental Health Care and forensic care.

*Supplying to NZa*

1. That from the perspective of protecting his/her privacy the client has objected to the recording of data of the client that can be traced back to clients diagnose or/ of “zorgvraagtypering” as described by the psychologist to the NZa.
2. That the health care provider omits the data to the NZa as noted under item 4, in accordance to Article 4.3 of the Regulations Mental Health Care and forensic care.

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

Signature client: Signature psychologist:

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