

Privacy statement regarding the Care Performance Model (ggz¹)

The undersigned:

[patient: Name]
[patient: Date of birth of the insured]
[patient: Insured number]
[patient: Citizen Service Number]

and

[healthcare provider: Healthcare provider name]
[healthcare provider: Address]
[healthcare provider: Coordinating practitioner name]
[healthcare provider: AGB² code of the healthcare provider]
[healthcare provider: AGB code of the referring practitioner]

Declare:

1. That the undersigned have entered into a treatment relationship with respect to mental health care, for which the healthcare provider wishes to charge a fee in accordance with the Healthcare Market Regulation Act.

Adoption of data on the statement of the fees charged

2. For reasons of protection of privacy, the patient objects to the adoption of data, which can be traced back to a diagnosis and/or the care demand defined by the healthcare provider in relation to the patient, in the statement of the fees charged.
3. In accordance with Article 4.3 of the Mental Health and Forensic Care Regulations, the healthcare provider shall omit adoption of the details listed under 2.

Submission to NZa

4. For privacy protection reasons, the patient objects to the supply of data, which can be traced back to a diagnosis and/or the care demand defined by the healthcare provider in relation to the patient, to the NZa³.
5. In accordance with article 4.3 of the Mental Health Care and Forensic Care Regulations, the care provider shall omit the supply of the data referred to under 4 to the NZa.

PLACE:

DATE:

Patient's signature

Coordinating care practitioner's signature

version: 26 October 2021

¹ Mental health-care institution

² Care provider general data management

³ Dutch Care Authority