

Privacy statement Care Performance Model, mental health care
(Privacyverklaring Zorgprestatie model, ggz)

Name:

Date of birth:

Health insurance policy number:

BSN:

and

Name of practice: Psychologiepraktijk Schwartz

Name of mental health care provider: J.S. Schwartz

AGB-code practice: 94066718

AGB-code mental health care provider: 94101760

declare:

Mental health care provider and patient have agreed on mental health care treatment. For this treatment, the health care provider registers data about the diagnosis and the severity of the symptoms of the patient. The health insurer uses this information to check the health care provider's claims. The NZa can use this data to further improve the funding of mental health care in the future. To see exactly which data are used, see Article 4.3 of the Mental Health Care and Forensic Care Regulations of the Dutch Healthcare Authority (NZa). This regulation can be found on www.nza.nl.

The patient hereby indicates that the health care provider may **not** share this information with the patient's health insurer and may **not** share it with the NZa.

PLACE:

DATE:

Signature patient

Signature health care provider