



## Your privacy - information for clients

According to the General Data Protection Regulation (GDPR), I am obliged to place a privacy statement on my website or to have it available in my practice. This brochure is not intended to replace the privacy statement, but as a supplement to it.

### Your file

To be able to offer good treatment, it is necessary that I, as a practitioner, create a file: on paper, digitally or a combination of both. This means that from the moment of your application, I will record your data here. This concerns, for example, data about your health, your history and reports of conversations. But also administrative data, such as your name, date of birth, address and telephone number. As a healthcare provider, I am obliged to verify your identity and to record your citizen service number (BSN).

In your file, I will also keep the necessary data that I have received from other care providers, such as the referral letter from your doctor or information from another practitioner.

[Psychologiepraktijk Schwartz uses the electronic patient file Praktijkdata, provided by Telasoft.]

### Security of your file

I have taken all legally required measures to ensure that your data is stored securely and that it does not get lost or fall into unauthorized hands. In case of a data leak or data loss, I am obliged to report this to the Dutch Data Protection Authority and to take appropriate measures to prevent a recurrence in the future. I will also inform you.

### Access to your file

Only those directly involved in your treatment have access to your file. That means me as your therapist, and possibly a colleague who replaces me in the event of absence due to illness, vacation or other reasons. That colleague, like me, is legally bound to therapist-client confidentiality. Your file will only be viewed insofar as this is necessary to provide you with good care.

### Sharing of information with...

#### Doctor/referrer

Only with your explicit permission am I allowed to provide information to your doctor/referrer or possibly to a practitioner to whom I may refer you. This could be: relevant information necessary for the referral, or a report, for example. Each time information is actually shared, I will ask for your permission, so that you know which information is shared, for what purpose and with whom. If you give permission for or object to the provision of information to your doctor, I will make a note of this in the file. If you object, I will not provide the information.

#### Health insurers

- I am legally obliged to record some of your personal and treatment data in your file. Some of this information will also be included on the **invoice for the health insurer** (such as your name, address, place of residence, and BSN). As of 2022, I am also obliged to record the type of care (see below) and state it on the invoice to the health insurer. I will not state the treatment diagnosis on declarations; this is not obliged for treatment in general basic mental health care.
- Depending on the policy conditions of your health insurance, it may be the case that you are only entitled to reimbursement for certain treatments if your health insurer has given permission for this

in advance. This is also known as an authorization. In those cases, the health insurer can ask me for information about the diagnosis. If you object to this provision of information, you can make this known by signing a privacy statement. This may mean that your health insurer will not provide authorization and therefore that the treatment will not be reimbursed. [Psychologiepraktijk Schwartz: To date, authorization, and therefore signing a privacy statement regarding this, is not necessary in the case of short-term mental health care as provided by me.]

- **Health insurers are allowed to check** whether my administration is in order and whether the invoices are correct. During such an inspection, a health insurer sometimes asks for information or access to the file. I am obliged to cooperate with this, but only if a number of strict conditions are met that are laid down by law. [Psychologiepraktijk Schwartz: because I do not have contracts with health insurance companies, I am not permitted to give privacy-sensitive information without your explicit consent. In case of an inspection, your health insurer must ask you for your consent; if you give your consent, they may only view data that is necessary for their specific goal].

### **Dutch Healthcare Authority**

The Dutch Healthcare Authority (NZa) receives data about mental health care claims. They receive this via Vektis, which collects data from health insurers nationwide. This data is important for monitoring developments in healthcare. Declaration data include the type of care demand, diagnoses and consultations. The NZa database does not contain any personal information such as your name, address and place of residence. I am in principle obliged to provide this information to the health insurer and thus - anonymously - to the NZa. If you object to this, you may sign a privacy statement, which means that I will not provide this information.

### **Determining type of care and other questionnaires**

Mental health care providers are legally obliged to determine so-called 'type of care', in line with regulations under the care performance model (zorgprestatie model). For this I use the HoNOS+ questionnaire. In addition, if this benefits the treatment, I may ask you to complete a digital questionnaire at the beginning, in the middle and at the end of the treatment. This information will be kept in your file. With this data I can follow the course of the treatment accurately.

### **Visitation, consultation, supervision**

#### *Visitation*

Once every five years, an internal quality check is carried out in my practice, called a visitation. This is done by colleagues from my professional association, the LVVP who, like me, are bound to confidentiality. I will only give these colleagues access to your file if you have given permission for this upon request. Without your permission, the inspecting colleagues may only view the file after I have anonymized it and have removed all data that could identify you.

#### *Colleague consultation or supervision*

In the context of colleague consultation or supervision, I will only use data from which your identity cannot be deduced.

### **Third parties**

If other persons or bodies request information about your treatment, I am not obliged to provide it. For any information to be passed along to third parties I need your explicit consent and I will discuss with you in advance what information is requested and for what purpose it will be used. Requesting parties could be for example a company doctor, an occupational disability insurer or a personal injury insurer.

If you have given me permission, I will make a note of this in the file. If you object, I will not provide the information. In my role as a (former) practitioner, I am only allowed to provide factual information, such as data about the diagnosis and the duration of the treatment. However, I am not allowed to express expectations or suspicions or make judgments for a purpose other than a care purpose, such as a material or legal purpose [for example, any judgment about whether you are able to work or study.]

Even if you give permission to provide information to a third party, I must make my own assessment as to whether this is permitted in view of my therapist confidentiality. I may decide to not provide information if in my opinion this could hinder the treatment or be harmful to you. You can read more about this in the *richtlijn gezondheidsverklaringen* of the LVVP.

### **Retention period of your file**

Once your treatment has been completed, your file will be kept for at least 20 years. If you wish to have your file destroyed (see below), the retention period may be shorter.

### **Your rights**

As a client, you have a number of rights under the law regarding the data that is recorded about you in your file. Your legal representative (parent, guardian or mentor) or a person authorized by you in writing can also invoke these rights on your behalf. There is an exception to this: if in my opinion exercising these rights would harm your interests, I do not have to comply with this.

#### *Right of access and copy*

You have the right to inspect your file and you can ask for a copy; I will respond to your request within one month. You are entitled to one free copy. I may charge a reasonable fee for a second copy based on the administrative costs. If you have requested a digital copy, I may also provide you with a digital copy of your file. If data of others, such as your partner or child, are recorded in the same file, this will affect your right of access (unless this data has been provided by you). I will inform you about that in that case.

#### *Right to correction or addition*

If you believe that certain information in your file is incorrect, you can ask me to change, correct or supplement it. This only concerns factual inaccuracies; changing or correcting my professional judgment is not possible. I can, if you wish, include an additional statement with your own vision in the file. If, in your opinion, the recorded data was not relevant at the time, but you still want to keep it, you can request that it be protected from employees [NB: this is not relevant in the case of my practice]. I will respond to your request within one month.

#### *Right to destruction*

You can request in writing to have (part of) your data from your treatment file destroyed. I will respond to your request within a month. If it proves impossible to comply with your request within that period, I will let you know. In that case, a two-month delay is possible.

The above only applies to the data from the treatment file. For your data in my administration (invoice, declaration system) I have to keep it longer due to tax legislation and checks by health insurers.

In a number of cases I am allowed refuse to comply with your request on the basis of the law; I will then explain to you why.

### **Secure communication**

In order to communicate safely with each other outside the agreed treatment sessions, I advise you not to send any personal information about the treatment via insufficiently secure channels (eg. e-mail, WhatsApp or FaceTime). I use a secure e-mail program for such information.

For more information about the privacy of your data, please refer to the privacy statement on my website [www.psychologiepraktijkschwartz.nl](http://www.psychologiepraktijkschwartz.nl).

*Translation by Psychologiepraktijk Schwartz*