Privacy statement Zorgprestatiemodel (ggz)

Signed:

patient: Name	....
patient: Birth date	....
patient: Insured number of health insurance	....
patient: BSN	....
patient: Date of start treatment (date intake)	....

and

health care provider: Name health care provider
health care provider: Adress
health care provider: Name coordinating practitioner
health care provider: AGB-code health care provider
health care provider: AGB-code coordinating practitioner

to declare:

1. That there is a treatment relationship between the undersigned in the context of mental health care entered into, for which the healthcare provider wishes to charge a rate in accordance with the Healthcare Market Regulation Act.

Note in declaration

2. That the patient is there from the point of view of protecting his privacy objects to data that can be traced back to a diagnosis and/or healthcare demand characterization made by the healthcare provider with regard to the patient, being included in the declaration.
3. That the healthcare provider, in accordance with Article 4.3 of the Mental Healthcare and Forensic Care Regulations, will omit the information stated under 2.

Delivery to NZa

4. That the patient is there from the point of view of protecting his privacy objects to data that can be traced back to a diagnosis and/or healthcare demand characterization made by the healthcare provider with regard to the patient, being provided to the NZa are delivered.
5. That the healthcare provider, in accordance with Article 4.3 of the Mental Healthcare and Forensic Care Regulations, will refrain from supplying the data referred to under 4 to the NZa.

PLACE: ....

DATE: ....

Signature patient   Signature coordinating practitioner