

Addendum Privacy Statement Care Performance Model (mental health)

The undersigned, patient:

[Name]

[Date of birth insured]

[Insured Person Number]

[BSN]

and healthcare provider/director:

[Name of care provider]

[AGB code healthcare provider]

[Name of primary care provider]

[AGB code referring practitioner]

States:

Health care provider and patient have agreed on treatment with mental health care. For this treatment, the care provider registers data on the patient's DSM main group diagnosis or basic mental health profile. The health insurance company needs this data to verify the care provider's claims.

The patient hereby indicates that the care provider may not share this data with the patient's health insurer until the regulations of the Ministry of Health, Welfare and Sport are published. The claim for the care to be provided to you will then be settled.

PLACE:

DATE:

Signature of patient

Signature of primary care practitioner