

Consent Statement Care Performance Model (mental health).

I, the undersigned patient:

[Name]

[Date of birth insured]

[Insured number]

[BSN]

Give herewith permission to the undermentioned health care provider, that it **may** share the data mentioned on this statement may be shared with the patient's health insurer.

[Name healthcare provider]

[AGB code healthcare provider]

[Name of primary care provider]

[AGB code primary care provider]

You and your care provider have agreed on treatment with ggz care. For this treatment

Until 1 January 2025 your practitioner registered data about you on the instructions of the Nederlandse Zorgautoriteit (NZa) data about your care need: the DSM main group diagnosis or the basic ggz profile. This data were shared with the health insurer or mentioned on the invoice. The obligation to share this data with the health insurers followed from regulations of the NZa in the context of the declaration that was valid until December 31, 2024.

As of January 1, 2025, the laws and regulations have been amended. The NZa no longer requires that the aforementioned data be shared. However, health insurers must still receive the patient's DSM main group diagnosis or basic GGZ profile in order to verify claims from the healthcare provider. The Minister of Health will make clarifying regulations to this end. Until those regulations are published, we work with the patient's permission for sharing these data with the health insurer. You have been informed that you are not obliged to give permission and that there are no adverse consequences for you if you give (no) permission. If you do not want to share the data on the DSM main group diagnosis or the basic gz profile with the health insurer, you can confirm this by completing an addendum to the privacy statement (see next page). The claim for the care to be provided to you will then be met.

With this statement of consent, you give the above-mentioned healthcare provider permission to share this data - namely DSM major group or basic mental health profile - with the health insurer and to include it on the invoice for your health insurer. You can withdraw this consent at any time.

Information already made available to the health insurer through the invoice , cannot be retroactively destroyed.

PLACE:

DATE:

Signature of patient

Signature of primary care practitioner