

Treatment Agreement

Certain aspects of care, concerning the individual relationship between the patient and the health care provider, are regulated in the WGBO (law on the medical treatment agreement) and the AVG (General Data Protection Regulation). This Treatment Agreement was drawn up to meet these requirements. It contains the aspects that are agreed upon concerning the treatment and method of reimbursement. By signing this document both parties will comply to the rules and obligations of speech therapy practice Bomenbuurt. It certifies the expectations and obligations regarding the therapy for both parties. The original copy of this Agreement shall be kept in our practice files and a copy of the original is for you.

Expectations and agreements:

Communication

In the interest of the therapy, you have given speech therapy practice Bomenbuurt your permission (in writing) to communicate with:

<input type="checkbox"/> Your family doctor	
<input type="checkbox"/> Your medical specialist	
<input type="checkbox"/> Your teacher	
<input type="checkbox"/> Your intern supervisor	
<input type="checkbox"/> Your pedagogical staff	
<input type="checkbox"/> Your paediatrician/youth-nurse	
<input type="checkbox"/> Your dentist/orthodontist	
<input type="checkbox"/> Others, like	

Treatment

You were/your child was referred to us due to complaints in the area(s) of:.....

After a thorough speech examination, a treatment plan will be presented and explained to you. To benefit from the treatment we require you to participate actively during the process of the treatment and to follow our advice. Improvement is not possible without the involvement of the parents. Also, parents of patients under the age of 12 are required to attend at least 50% of the treatments. If you or your child get(s) weekly homework assignments, they need to be done and taken along with you to the next treatment session. As parents/guardians it is your responsibility that all the homework assignments are properly done. Assignments that are not regularly done, can be a reason to end the treatment. We kindly request you to immediately inform us if any changes occur, such as a change of address or your phone number, a change of family doctor and/or a change of insurance agency.

Please mute the ringtone of your cell phone and do not make phone calls during the treatment (of your child).

Fee and rates

If we have an agreement with your health care insurance agency, our declarations of the treatments will directly be sent to them and they will reimburse all costs directly to us. If this is not the case, the declarations will be sent to you. Adults must take into account the compulsory personal contribution. In the waiting room and on our website, you will find an extensive overview of our rates and payment terms.

Absence

Treatments take place at the time and place as agreed between you and your speech therapist. Cancellation of an appointment must be done **at least** 24 hours in advance, by phone or email (only in the case of illness of the client it can be done the same day before 8:00 a.m.). If you don't show up or show up too late, we are forced to charge the treatment to you anyway. Please note: invoices of neglect are not reimbursed by the health care provider.

In the case of absence of your speech therapist, you will be contacted in time to make a new appointment.

Continuity of the treatment

Speech therapy practice Bomenbuurt ensures a continuity of treatments in order to not unnecessarily interrupt or inhibit your (child's) development. Therefore, the speech therapy treatments always continue during holidays, study days, (pre) school activities, etc. During these times a different schedule may occur. In case you have a certain week in which you cannot come,

you need to inform us about that at the beginning of each month. We will then adjust the schedule ~~treatment plan~~ to make sure you will still have an appointment that week.

Permission for photo-, audio- and film recordings

You hereby give your speech therapist permission to photograph and/or make film recordings of the treatments for the benefit of the treatment, for counselling, for diagnosing or for professionalising the employees of speech therapy practice Bomenbuurt.

Accessibility

To make or cancel an appointment our practice is always reachable by phone. During treatments, we cannot answer the phone. Therefore, we kindly request you to answer our voice mail, stating your name and telephone number and the name of the speech therapist for whom you are calling.

Good consultation and coordination are important contributions to the success of the treatment. Please communicate your questions, comments or ideas. If you have any complaints and you cannot speak freely to solve them, you can always turn to the complaints desk paramedics at www.klachtenloketparamedici.nl.

Storage period patient data

Patient information will be stored for 15 years. After 15 years the patient data will be destroyed by the practice holder. For files that contain treatment information of minors, the storage period of 15 years starts from the moment the person turns 18 years of age.

Tick to agree:

- I declare to agree to the above information and I will abide by the agreements reached, for instance about the homework assignments, in order for the treatment to be as beneficial as possible. If there is a switch in insurance agency, I will inform the speech therapist immediately.
- I give explicit permission to process personal data that is required for the treatment.
- I give explicit permission to exchange personal data with other care takers or others involved, if this is necessary for the treatment.
- I agree to the contents of the full privacy agreement that I can acquire at the speech therapist or find on the website www.logopediebomenbuurt.nl.

Name client:.....

Name of contact person of the client:..... Telephone
number:.....

Email:

Name speech therapist:..... Phone number.....

Email: @logopediebomenbuurt.nl Working days Mon/Tue/Wed/Thu/Fri

Parent involvement in the therapy appointments (minimum 50% direct)

- present weekly
- present every other week
- Otherwise.....

Signature (s) client/parents/legal representatives:

..... Date:.....

We look forward to a pleasant cooperation!