



## Treatment Agreement

These payment terms, including the conditions, policy lines, guidelines and instructions stated herein, (“Payment Terms”) and the general terms and conditions relating to your access to our services (“General Terms and Conditions”) form a legal contract between iMindU, Chamber of Commerce 67312969, having its registered office at Rapenburg 34A, 2311 EX LEIDEN, The Netherlands, and you, the patient and/or his/her legal representatives who has/have entered into a treatment relationship with us.

By accepting or otherwise consenting to our Payment Terms including informed consent, you acknowledge that you have read and understood these Payment Terms, and have accepted that you are bound by these Payment Terms. If you do not consent to these Payment Terms (or if you are not authorised to bind hereto the undertaking or other corporate identity that you represent), you do not have permission for access to or use of our Payment Service and you may not accept these Payment Terms.

The terms defined in the Payment Terms of iMindU have the same meaning as the terms that are used in the General Terms and Conditions of iMindU, unless otherwise stated here.

Name of patient:	
Date of birth:	
Telephone number:	
E-mail address:	

hereafter referred to as “the Patient” and his/her legal representatives

and

iMindU, owner of the practice Ms M.J. van Hoof, (child and adolescent) psychiatrist, psychotrauma therapist, remedial educationalist,

hereafter referred to as “iMindU”

Agree to the contents of the document “Treatment Agreement”. This Agreement is subject to the General Terms and Conditions and the Payment Terms of iMindU. These General Terms and Conditions and Payment Terms (Billing conditions) of iMindU have been given to you in printed form or can be downloaded from the website of iMindU <https://www.imindu.nl>.



Signed as seen and agreed:

Patient:

Responsible practitioner:

M.J. van Hoof , *MD, PhD, MSc*

Signature:

Signature:

City, date:

City, date:

*If applicable:*

Parent/legal representative 1:

Signature

City, date:

Parent/legal representative 2:

Signature:

City, date:



## General Terms And Conditions iMindU

iMindU wishes to provide you with the best possible service, tailored to you as an individual. The purpose of this document is to inform you in advance about our service provision. This document with general terms and conditions, the billing conditions and the informed consent form an integral part of the Treatment Agreement into which you enter with us.

### **1. Care**

After first having explored your question for help and having performed more detailed diagnostics, you must first be accepted for care by iMindU. Then, together with you, the practitioner of iMindU will draw up a treatment plan. If you sign the treatment plan, the treatment will be implemented in accordance with this plan. The treatment plan can be changed, by agreement between you and the practitioner. You have the right to stop the treatment at any time. iMindU can only cancel the Agreement if there is an exceptional reason, such as refusal to cooperate with the treatment, improper or aggressive behaviour or unpaid invoices.

### **2. Reimbursement**

iMindU offers psychiatric treatments in the Specialist GGZ (Dutch Association of Mental Health and Addiction Care), but as uninsured products. You therefore need to provide a valid, on-time and specific referral from your physician or general practitioner for this. In most cases the treatment will be reimbursed by your health insurance provider, but you should check this with the insurance provider in advance. For a child (below the age of 18 years), the treatment provided by iMindU, as an uninsured product, will not be reimbursed by the municipality, but there is a possibility that you may receive partial reimbursement (maximum 51 euros/hour) if you have applied in advance for a Personal Budget (PGB) from the municipality where the child is registered. As an adult, you must be insured with a health insurance provider and registered with a Dutch municipality belonging to the Association of Netherlands Municipalities (VNG) for the entire duration of the Treatment Agreement. All our treatments are covered by the basic insurance, unless otherwise stated, as may be the case with respect to the personal contribution for psychotherapy. However, the statutory excess (*eigen risico*) is applicable, possibly with an additional excess if you have agreed this with your health insurance provider. Your health insurance provider will send you an invoice for the amount up to your excess. If you have any questions about this, we advise you to contact your health insurance provider. More generally, we advise you to read your policy conditions carefully. If iMindU cannot claim the costs of the treatment, either in full or in part, from your health insurance provider or Personal Budget, or if you have asked us not to claim the costs from your health insurance provider or municipality, you are liable to pay iMindU the costs of the treatment. iMindU has the right to transfer any claim that it has on you to a third party and in that case you can only make the payment to this party. More information about possible reimbursements can be found in the document “Payment terms, compensation, and invoicing”, which is applicable in full to this Agreement.

If you have agreed to pay the costs to iMindU yourself, you may request a cost estimation. iMindU will give you an estimate in advance of what the diagnostic and/or treatment programme could cost only if that is more or less possible according to our judgement and



subject to additional or unforeseen costs. If you so wish, we can provide you in advance with a price quotation for the diagnostic programme after the intake interview, and for the treatment programme after the diagnostic programme. If treatment, such as medication, commences at the same time as the diagnosis, then you will receive only one price quotation. This is also the case if your treatment plan is changed. This amount must be paid in advance to iMindU, in full or in part (to be determined by agreement).

### **3. Intake and treatment**

All treatments are preceded by an intake interview, in which the precise nature of the help you are requesting is determined, together with you (or you as parents). A psychiatric (or child psychiatric) assessment will be scheduled in addition, including a heteroanamnesis (obtaining information about the medical history from other people) and obtaining information from previous supporting professionals and third parties, to find out exactly what the problem is. After the intake and psychiatric (or child psychiatric) assessment have been completed, the provisional diagnosis and provisional treatment plan will be discussed with you in an advisory interview. The intake usually consists of 1-3 interviews of around one hour. A psychiatric assessment usually consists of 1-2 interviews of one hour each. A child psychiatric assessment usually consists of 1-3 interviews and/or observations of one hour. Heteroanamnesis of parents or partners usually requires 1-2 interviews. The time required to obtain information from former or current helping professionals is around 1-3 hours, depending on the nature of the information and number of individuals to be contacted. We aim for clarity in your treatment, so that you know as precisely as possible where you stand. Therefore, before the treatment starts, we make an estimation of the duration and method of the treatment. We attune the treatment goals to the duration and method, and aim to complete your treatment within the specified period. In this context, we will rely on your own active efforts (child and parents) during the treatment, so that together we achieve a good recovery and ensure that your treatment has lasting results. Your practitioner will give advice about this, and you are expected to follow this advice. As far as possible and to the best of your knowledge, you must provide your practitioner with important information that is needed for the treatment. If it transpires during the diagnosis and treatment that the requirements are more than originally thought, we will adjust the treatment plan, in agreement with you, to the new treatment goals and estimated time periods.

### **4. Responsible practitioner**

In the GGZ (Dutch Association of Mental Health and Addiction Care) it is mandatory that a “responsible practitioner” determines your treatment plan. The responsible practitioner is a medical specialist – in the case of iMindU, a (child and adolescent) psychiatrist or possibly a paediatrician, or a psychotherapist or clinical psychologist – who bears final responsibility for treatment in conformity with the guidelines.



## **5. Cancelling appointments**

The treatment takes place on the basis of appointments. If you have an appointment with us that you will not be able to keep, we ask that you cancel it at least 24 hours in advance. If you do not cancel in time (at least 24 hours before the appointment) we will be compelled to charge you for the session, at a cost of € 100 per missed appointment. Cancellations can be made by telephone on 088-2919677 or by e-mail to [info@imindu.nl](mailto:info@imindu.nl) (also during the weekend) or via the patient portal.

## **6. Emergencies and opening hours**

Our practice does not have a 24-hour stand-by or crisis service, but can be contacted between 08.00 and 18.00 hours from Monday to Friday, on 088-2919677, fax 088-2919678. In case of emergency, we recommend that you contact your (on-duty) general practitioner (GP) or the GP out-of-hours service (huisartsenpost), or the nearest hospital in case of serious distress. If necessary, the GP out-of-hours service can contact the GGZ crisis service outside of office hours.

## **7. Quality**

We consider it important to measure your progress carefully, and therefore regularly use a digital questionnaire (Routine Outcome Monitoring: ROM) to measure the effect of your treatment. The results of this questionnaire will be discussed with you and used anonymously for additional research to enable further improvement of the quality of these treatments. You can also ask for these outcome measurements yourself. iMindU also measures the patient experience and satisfaction. The quality regulations of iMindU are available in the practice and can also be downloaded from the website <https://www.imindu.nl>.

## **8. Confidentiality**

The practitioners of iMindU have a medical confidentiality obligation. Without your consent, we will not disclose any information about you to others, or allow others to inspect or have a copy of the documents stored in your patient file. We do, however, wish to ensure that your referring physician or general practitioner is kept up-to-date with your treatment, as the “gatekeeper” for your health. For this purpose, we ask you to sign the attached Permission Statement and return it via the patient portal before the intake interview.



## **9. Patient file**

The practitioner will create and maintain your file with information about your diagnosis, the treatment, the results of the questionnaires and interview reports. iMindU will retain your file for fifteen years, counted from the date on which the file was created, except in the case of child abuse or neglect, or sexual abuse. In that case, iMindU will retain your file for 40 years, in accordance with legal requirements. At your request, you will be granted inspection or a copy of your patient file as soon as possible, unless you are a parent and it is not in the best interest of your child to do so. If your request relates to the information of an individual associated with you, different rules apply. You will then in some cases not be granted inspection or a copy of the file. The main consideration will then be whether giving you access to this information would conflict with the interest of protecting another person's privacy. After a request to this effect from the Patient, iMindU will destroy the documents and data stored in the patient file within three months, unless the request relates to documents or data whose retention may reasonably be assumed to be of considerable importance for an individual other than the Patient, or unless a legal requirement prevents this destruction.

## **10. Participation in scientific research**

iMindU sometimes participates in scientific research. If you or your child are eligible for participation in scientific research, your treatment provider will discuss this with you and your child (with no commitment required on your part). You will be given forms with information on the relevant study, so that you and your child can make your own decision regarding whether or not to participate. Choosing not to participate will not affect your treatment in any way.

## **11. Privacy and complaints regulations**

iMindU has a privacy policy, privacy statement and complaints and complaints procedure. Our privacy statement will be given to you together with this Treatment Agreement, and it can be downloaded, along with other documents, from the iMindU website <https://www.imindu.nl>. It is also available for inspection at the practice, or you may ask for a copy, if you wish. All the practitioners of iMindU are bound by a professional code. More information about these professional codes can be found on the websites of the various professional associations.

## **12. Communication**

Your practitioner and iMindU will send all correspondence and, if applicable, the invoices to the contact details that you provided as the Patient or the parent/legal representative of the Patient. It is your own responsibility to ensure that these details are kept up to date. The correspondence address of iMindU is: Rapenburg 34A, 2311 EX, Leiden.