best practice

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Your privacy - information for patients

Introduction

Under the Dutch General Data Protection Regulation (AVG), I am required to post a privacy statement on my website or make it available at my practice. This brochure is not intended to replace the privacy statement, but to supplement it.

Your Medical Record

To provide proper care, I, as your healthcare provider, must create a medical record—whether on paper, digitally, or a combination of both. This means that I will record your information in this record starting from the moment you register. This includes information about your health, such as your medical history and notes from our sessions, as well as administrative information, such as your name, date of birth, address, and phone number. As a healthcare provider, I am required to verify your identity and record your citizen service number (BSN).
I also keep in your file the information necessary for your treatment that I have received from other healthcare providers, such as the referral letter from your primary care physician or information from another practitioner.

Security of Your Medical Record

I have taken all legally required measures to ensure that your data is stored securely and that it is not lost or falls into unauthorized hands. Should any data still be leaked or lost, I am required to report this to the Dutch Data Protection Authority and take appropriate measures to prevent a recurrence in the future. I will also notify you in such a case.

Access to Your Medical Record

All staff members at the practice involved in your treatment have access to your medical record. This also applies to the colleague who substitutes for me in my absence due to illness, vacation, or other reasons. Like me, they are bound by professional confidentiality. Your medical record will only be accessed to the extent necessary to provide you with proper care.

Sharing Information With:

Primary Care Physician/Referring Physician

I may only disclose information to your primary care physician/referring physician or, if applicable, to a practitioner to whom I refer you with your consent. This may involve, for example, information regarding a referral or a report. Such information consists of relevant details from your medical record. Each time information is actually shared, I will ask for your consent again so that you know what information I am sharing, for what purpose, and with whom. If you give consent or object to the disclosure of information to your primary care physician, I will make a note of this in your medical record. If you object, I will not disclose the information.

Health Insurance Providers

- I am legally required to record certain personal and treatment details about you. Some of this information will also appear on the invoice sent to the health insurance provider (such as name, address, city of residence, and Social Security number). In specialized mental health care, this also includes your diagnosis. If you object to this, you can sign a privacy statement. This is a form in which you indicate that the diagnosis may not be disclosed to your health insurer. On claims for general basic mental health care, I am not required to include the treatment diagnosis.
- For some treatments—based on the terms of your health insurance policy—you are only entitled to reimbursement if your health insurer has given prior approval. This is also referred to as authorization. In such cases, the health insurer may ask me for information regarding the diagnosis. If you object to this disclosure of information, you can indicate this by signing a privacy statement. However, this may result in your health insurer not granting authorization, and thus the treatment will not be reimbursed.

Health insurers are permitted to verify that my records are in order and that the invoices are accurate. During an audit, a health insurer may sometimes request information or access to the medical file. I am obligated to cooperate, but only if certain strict conditions established by law are met. In such cases, your consent is not required; however, I will inform you of this in advance.

The National DBC Information System (DIS)

DIS is the National DBC Information System. The data collected in the DIS is of great importance for tracking developments in healthcare. This system stores data on, among other things, diagnosis and treatment. The DBC Information System does not contain personal data such as your name, address, or place of residence. I am required to provide data (the “minimum dataset”) to the DIS. If you object to this, you may sign the privacy statement mentioned above. I will then not provide any data to the DIS.

Questionnaires (ROM)

Mental health care providers are legally required to have their clients complete questionnaires. This is called routine outcome measurement (ROM). I will ask you to complete such a questionnaire digitally at the beginning, during, and at the end of treatment. This information will be included in your record. With this data, I can closely monitor the progress of your treatment

There is a national organization that compares the results of all mental health care providers in the Netherlands. This organization uses the ROM data for this purpose. For the time being, I will not submit any ROM data (even if you give your consent) until I am certain that the data is truly anonymous and your identity cannot be derived from it.

Site Visit, Peer Review, Supervision, Consultation

Site visits

Once every five years, an internal quality control review—known as a site visit—takes place at my practice. This is conducted by colleagues who, like me, are bound by professional confidentiality. I will only grant these colleagues access to your file if you have given your

consent upon being asked. Without your consent, the site visitors may only review the file after I have removed all information that reveals your identity.

Peer review, supervision, or consultation
In the context of peer review, supervision, or consultation, I use only information from which your identity cannot be deduced.

Third Parties

If other individuals or organizations request information about your treatment, I am not obligated to provide it. In any case, I need your specific consent, and I will discuss with you in advance what information is involved and for what purpose it will be used. An example would be a request from an occupational physician. I will not cooperate in providing information to a disability insurance provider or a personal injury insurance provider.
If you have given me your consent, I will make a note of this in your medical record. If you object, I will not disclose the information. In my role as a (former) treating physician, I may only provide factual information, such as details regarding the diagnosis and the duration of treatment. For example, I may not express expectations or suspicions, nor may I offer opinions for any purpose other than a healthcare purpose, such as a financial or legal purpose.
Even if you give consent to disclose information to a third party, I must make my own assessment as to whether this is permissible in light of my professional confidentiality obligations. I may still decide not to disclose information if, in my judgment, doing so could interfere with your treatment or be harmful to you. You can read more about this in the LVVP's guideline on health statements.

Retention Period for Your Record

Once your treatment is complete, your record will be retained for at least 20 years. If you wish to have your record destroyed (see below), the retention period may be shorter.

Your Rights

As a client, you have certain legal rights regarding the information recorded about you in your file. Your legal representative (parent, guardian, or mentor) or someone you have authorized in writing may also exercise these rights on your behalf. There is one exception: if, in my judgment, exercising these rights would harm your best interests, I am not required to comply with your request.

Right to Access and Copy

You have the right to access your file and may request a copy; I will respond to your request within one month. You are entitled to one free copy. For a second copy, I may charge a reasonable fee based on administrative costs. If you requested a copy digitally, I may also provide you with a digital copy of your file. If information about others, such as your partner or child, is recorded in the same file, this may affect your right of access (unless you provided this information yourself). In that case, I will inform you accordingly.

Right to Correction or Supplementation

If you believe that certain information in your file is incorrect, you may ask me to change, correct, or supplement it. This applies only to factual inaccuracies; it is not possible to change or correct my professional judgment. However, if you wish, I can include an additional statement in the file setting out your own perspective. If you believe the recorded information was not relevant at the time but you still wish to keep it, you may request that it be restricted from access by staff members. I will respond to your request within one month.

Right to Destruction

You may submit a written request to have (part of) your data destroyed from your treatment file. I will respond to your request within one month. If it proves impossible to comply with your request within that period, I will notify you. In that case, a two-month extension is possible.
The foregoing applies only to the data in the treatment file. As for your data in my administrative records (invoices, billing system), I am required by tax laws and audits by health insurers to retain them for a longer period.
In certain cases, I may refuse to comply with your request on legal grounds; I will explain to you why.

Secure Communication

To communicate securely with each other outside of our scheduled treatment sessions, I recommend that you do not email, WhatsApp, or FaceTime me any personal information related to your treatment. This is only possible if the connection is secure. I use a secure email program for this purpose.
For more information about the privacy of your data, please refer to the privacy statement on my website www.praktijkbestpractice.nl