

REGISTRATION FORM

Last Name

First Name

Title

Street (providing the address is mandatory)

Number

Postal Code

City

Date of Birth

Email address (voluntary, for contacting you)

Telephone number (mandatory, for contacting you)

May we contact you via SMS?

yes no

May we leave a message on your voicemail / mailbox?

yes no

Have you ever been in treatment for psychological problems?

yes no

If yes:

outpatient inpatient

from:

to:

outpatient inpatient

from:

to:

Marital status

Learned occupation

Current position / job

Who recommended us? (physician, counseling center, etc.), if possible please provide contact person

Family doctor (GP / Hausarzt), if possible please provide address



REGISTRATION FORM

Physical diseases / allergies

Current medication (which kind; since when and which dosage)

Last Name: _____

First Name: _____

Mobile phone: _____

Close relative (for contacting in medical emergencies)

Here you can fill in the times in which you are certainly not available for an appointment

Other

I declare that all information provided by me on this registration form is to the best of my knowledge correct and confirm this with my signature:

Place, date and signature (patient or legal representative)



GENERAL INFORMATION AND CONDITIONS

Dear patient,

Before you decide to undertake a therapy at our outpatient department, we'd like to refer to some specifics and conditions: these must be signed before the start of a therapy.

Procedure: At the start of the psychotherapy process there is an initial consultation session with an authorised therapist. In this consultation we determine together what you most likely are suffering from and find out if psychotherapy is an appropriate way of helping you. This psychotherapy consultation session will take place at the Psychotherapeutisches Gesundheitszentrum / vfkv – MVZ am Goetheplatz gGmbH. For general information about outpatient psychotherapy, please read the [form PTV 10](#) „Ambulante Psychotherapie in der gesetzlichen Krankenversicherung“.

Emergency phone numbers: Please note that we **don't provide** crisis management for acute suicidal tendencies.

In case of emergency, please call...

- **Psychiatric crisis service** +49180 / 655 3000 (0,20€ / call from a fixed line, mobile roaming max. 0,60€ / call)
- **Psychiatric outpatient department, clinic for psychiatry and psychotherapy of the Ludwig-Maximilians-Universität München**, Nußbaumstraße 7, +4989/4400-555 11 or -555 12
- **Atriumhaus** at +4989 / 76 78 0
- **Telephone Counseling Munich** at +49800 111 0 111 (free of charge)
- or any **medical emergency service** at 112.

Innovative concept & research: All of our treatments are evidence-based and result from scientific findings of Psychotherapy research. Additionally the Psychotherapeutisches Gesundheitszentrum / vfkv – MVZ am Goetheplatz gGmbH takes an innovative leading role by focusing on the psychotherapy consultation session and acute therapy (= short-term intervention up to 12 sessions). Furthermore we are researching novel therapeutic concepts and aim to steadily improve our patient care. Only through your consent and support with our scientific surveys can we meet these aims.

Catamnesis: With your consent we would like to contact you 6 months after your treatment ends. We are interested how your well-being developed in the meantime. This follow-up examination gives you the opportunity to reflect the past months together with us and to become aware of your progress. At the same time you support us in our endeavour to continuously improve our therapeutic services and to provide the best possible support for affected patients.

Professional discretion: As a matter of course all members of the Psychotherapeutisches Gesundheitszentrum / vfkv – MVZ am Goetheplatz gGmbH are bound to professional discretion. Communication with physicians or other persons about prior or current treatments is only possible with your explicit consent in writing. Exemptions apply only in extreme situations, e.g. in case you pose a threat to harm either yourself or other persons.

Obligation to preserve records: All surveys, tests and other documents filled out or provided by you are part of your health record and must be preserved at our office for at least ten years after the completion of your treatment. You have the right to access these documents.

Medical consultation report: In case we decide to continue therapy after the initial consultation, it is mandatory to obtain a medical consultation report (Konsiliarbericht). In this report a doctor/specialist (e.g. a psychiatrist) confirms that you do not suffer from a physical disease in a way that would exclude a therapy. A copy of this report will be attached to the request sent to your health insurance provider.

Side effects of Psychotherapy: As with any other treatment, a therapy can have undesirable effects or risks. During the course of therapy emotional crises can occur, especially when problematic points are addressed. It is also possible to experience a transient worsening of your condition. Sometimes undetected conflicts and difficulties in various aspects of life (family, partnership, job etc.) can arise during the treatment. We'd like to emphasize that at any time you have complete freedom about decisions and choices regarding the contents of your therapy. Only in the case of posing an immediate threat to harm yourself or others are we forced to initiate specific therapy interventions, e.g. in a psychiatric hospital.

Criticism and complaints are handled in an open way. Should there be an occasion where you are not satisfied with your therapist please talk to them. You also have the possibility to contact the Bavarian Chamber of Psychotherapists (Beschwerdestelle der Psychotherapeuten-kammer Bayern).

Costs: For patients with public health insurance all costs for the psychotherapy consultation sessions and the probationary sessions are automatically covered. For coverage of additional psychotherapy sessions a written request to your health insurance provider is required. Your therapist will go through this together with you and answer any further questions you might have in this regard. Should your health insurance change during your therapy you are required to notify us about this immediately.

Cancellation fees: The time of your therapy session is reserved for you. Should you not be able to attend a session, please cancel as soon as possible - at the latest at 12:00 pm on the previous working day. An appointment on a Monday needs to be cancelled by Friday noon. In case you cannot show up to your appointment on short notice please still let us know. Unfortunately it is difficult to re-assign appointments that have been cancelled on short notice. Therefore please note that we will charge you a cancellation fee for appointments that have not been cancelled on time (regardless of the reason for cancellation).

The cancellation fee is:

- 80 Euro for a 50-minute session
- 40 Euro for a 25-minute session
- 40 Euro for a 100-minute group therapy session

The cancellation fee will not be reimbursed by your health insurance provider. If you provide a medical certificate stating that you are unable to attend, the cancellation fee will be waived.

DECLARATION OF CONSENT TO GENERAL CONDITIONS AND DATA PROTECTION

Last name

First name

Date of birth

- I hereby consent to the *Psychotherapeutisches Gesundheitszentrum / vfkv – MVZ am Goetheplatz gGmbH* collecting my personal data (e.g. name, address and contacts) for my treatment and follow-up care. *(required for therapy)*
- I have read and understood the points concerning data protection (pages 6-8). *(required for therapy)*
- I consent to the terms regarding the cancellation fee of up to 80 € (page 4). *(required for therapy)*
- I agree with the general terms (pages 3-4). *(required for therapy)*
- I have received the form „Ambulante Psychotherapie in der gesetzlichen Krankenversicherung“ (PTV10). *(required for therapy)*

RELEASE OF CONFIDENTIALITY OF THE PSYCHOTHERAPEUTISCHE GESUNDHEITZENTRUM/ MVZ AM GOETHEPLATZ GMBH

- I allow the personnel of the *Psychotherapeutisches Gesundheitszentrum / vfkv – MVZ am Goetheplatz gGmbH* to disclose my medical information among each other for the purposes of treatment coordination and peer consultation (professional exchange for improving treatment quality). In addition, I agree to my data being accessed and handled for administrative and organizational purposes and preparation of treatments. *(required for therapy)*

INFORMED CONSENT FOR SCIENTIFIC DATA EVALUATION

I consent to the *Psychotherapeutisches Gesundheitszentrum / vfkv – MVZ am Goetheplatz gGmbH* and its scientific collaborators processing my data (e.g. sociodemographic data, test data, medical data, feedback on therapy) in an anonymized and aggregated form. This means that no inferences can be drawn regarding my person and identity. Data will only be processed with my permission, exclusively for scientific purposes.

- Yes, I consent to my data being processed for scientific purposes as described above. *(optional, no requirement for therapy)*
- Additionally I agree with being contacted 6 months after the end of my therapy for scientific evaluation (follow-up care). *(optional, no requirement for therapy)*
- No, I do not consent to scientific processing of my data, even though they are anonymized.

With my signature I confirm all information provided by me on this page is complete and accurate to the best of my knowledge.

Place, date and signature (patient or legal representative)



DATA PRIVACY INFORMATION

Dear patient,

The protection of your personal data is important for us. According to the General Data Protection Regulation (GDPR) we are obliged to inform you about the purpose of your personal data storage and forwarding. Your rights regarding data protection are detailed in this patient information.

1. Responsibilities concerning data processing and data security

Responsible for data processing and data security:

Psychotherapeutisches Gesundheitszentrum / vfkv – MVZ am Goetheplatz gGmbH
Lindwurmstraße 83/3
80337 München
pho. 089-452 41 66-60
mail: info@ptgz.de
manager: Tanja Koeniger, Margarete Kranzkowski

2. Purpose of data processing

The data are processed due to legal requirements to meet the treatment contract and the duties involved between you and the Psychotherapeutische Gesundheitszentrum / vfkv – MVZ am Goetheplatz gGmbH. Therefore we're handling your personal data or the personal data of your child, particularly health records.

These are amneses, diagnoses, treatment proposals and findings which we or other physicians collect.

For these purposes other physicians or psychotherapists by whom you or your child are treated, can also make data available (e.g. in physician's letter).

The collection of health data is required for your treatment. If the needed information isn't provided, a suitable treatment can't follow.

3. Recipients of personal data

We transfer personal data to a third parties, but only if it is legal and you've given your consent. Recipients of personal data are in particular physicians / psychotherapists, Associations of Statutory Health Insurance Physicians, health insurance funds, the Health Insurance Medical Service (MDK), medical chambers.

The transmission is executed to account for services rendered for you or your child and to clarify questions concerning medical issues and your insurance contract. On a case-by-case-basis we'll transfer data to further authorized recipients.

4. Storage of personal data

We store personal data as long as it is necessary to carry out your treatment.

Due to legal guidelines we are obliged to store these data for at least 10 years after completion of treatment.

Under other provisions longer storage periods may arise, for example 30 years for X-ray recordings according to section 28 Paragraph 3 of X-ray regulation.

5. Your rights

You have the right to receive information about your or your child's personal data. Also you can demand the adjustment of incorrect data.

Under certain conditions you are entitled to request the deletion of your data, the restriction of your data processing and the data portability as well.

The processing of personal data is based on legal regulations. In exceptional cases we need your consent. In those cases you'll have the right to revoke your permission for prospective processing.

Also you are entitled to complain to the responsible supervisory authority for data protection if you consider that the processing of your personal data or your child's personal data isn't executed lawfully.

The address of the supervisory authority which is responsible for us, is:

Bayrisches Landesamt für Datenschutzaufsicht (BayLDA), Promenade 27, 91522 Ansbach.

Rights of the person concerned:

Information, correction, deletion and constraint, right of objection

At any time you are entitled to the the Psychotherapeutische Gesundheitszentrum / vfkv – MVZ am Goetheplatz gGmbH to request all saved data concerning your person, corresponding to Art. 15 DS-GVO.

You are also entitled to demand the correction, deletion and constraint in the handling of your personal data at any time. Furthermore you have the right of complaint to a surveillance authority.

In addition you have the possibility to utilize your right of objection at any time in case you want to withdraw the declaration of consent without giving a reason. The cancellation of an agreement can be done either via letter, e-mail or via fax to vfkv (Psychotherapeutisches Gesundheitszentrum / vfkv – MVZ am Goetheplatz gGmbH, Lindwurmstr. 83 / 3. Stock, 80337 München, pho. +49 (89) 45 24 166 – 60, fax +49 (89) 45 24 166 – 70, mail: info@ptgz.de). There will be no other costs except for postage, respectively transmission.

Further information on protection of data privacy can be found on our website:

<https://psychotherapeutisches-gesundheitszentrum.de/datenschutz/>

6. Legal basis

Legal basis for the processing of your data is Article 9 Paragraph 2 lit. h) DS-GVO in conjunction with Section 22 Paragraph 1 Nr. 1 lit. b) BDSG.

If you have any questions, don't hesitate to contact us.