

ADHD OUTPATIENT CENTER: REGISTRATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Title
<input type="text"/>		<input type="text"/>
Street (providing the address is mandatory)		Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal Code	City	Date of Birth
<input type="text"/>		<input type="text"/>
Email address (voluntary, for contacting you)		Telephone number (<u>mandatory</u> , for contacting you)

May we contact you via SMS?

☐ yes ☐ no

May we leave a message on your voicemail / mailbox?

☐ yes ☐ no

At the ADHD-Outpatient Center I'm interested in:

- ☐ Diagnostics: Determine whether I have ADHD.
- ☐ Group-Psychotherapy: Help in dealing with ADHD.
- ☐ Medication: Advice on and prescription of ADHD-specific medication.

In which time slots can you not attend appointments with us?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8-9 am						
9-10 am						
10-11 am						
11-12 am						
12-1 pm						
1-2 pm						
2-3 pm						
3-4 pm						
4-5 pm						
5-6 pm						
6-7 pm						

Please mark the periods when you are unable to attend appointments.

ADHD OUTPATIENT CENTER: REGISTRATION

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

Have you ever been in treatment for psychological problems?

☐ **yes**

☐ **no**

If yes:

☐ outpatient

☐ inpatient

from:

to:

☐ outpatient

☐ inpatient

from:

to:

Mental illnesses that have been diagnosed already (stating when and by whom)

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)

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 on undertaking 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 psychotherapy consultation session with an authorized 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: Given your consent we would like to contact you 6 months after your treatment ended. 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 FROM CONFIDENTIALITY

- ☐ I allow the personnel of the *Psychotherapeutisches Gesundheitszentrum / vfkv – MVZ am Goetheplatz gGmbH* to disclose my medical information among each other purposes of treatment coordination and intervention (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)*
- ☐ I release my practitioners and other employees from their duty of confidentiality so that billing can be carried out via PVS pria GmbH to bill my statutory health insurance. I agree to the described data processing (page 9). *(Prerequisite for therapy at the expense of the insurance)*

CONSENT TO SCIENTIFIC USE OF DATA

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 anonymized data being processed for scientific purposes as described above. *(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.

Place, date and signature (patient or legal representative)



NOTES ON DATA SECURITY

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
phone: 089-452 41 66-60
mail: info@ptgz.de
manager: Fabian Drasdo

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 anamneses, 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 to 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 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 the case that 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.

PVS-BILLING DECLARATION

Dear patient,

In order to relieve ourselves of the increasing administrative burden, we have transferred **the billing of our services with the health insurance companies to PVS pria GmbH, Remscheider Str. 16, 45481 Mülheim.** The employees of the aforementioned companies are subject to professional secrecy and the provisions of data protection like a doctor. For (voluntarily) members of a statutory health insurance fund, the PVS invoices the services provided directly to the statutory health insurance companies on our behalf.

We kindly ask you to sign (on page 6) to give us your consent for the transmission of the personal treatment data necessary for the billing of our services to the above-mentioned PVS companies for the purpose of invoicing our services. We remain your contact person and responsible party in terms of data protection.

Our services are not dependent on this consent. You can revoke your consent with effect for the future at any time. Data processing carried out up to the time of revocation remains lawful. Your data may then still be processed to the extent required by law. Please declare your revocation to us in writing. If you do not wish to give your consent, we can only offer you therapy with us as a direct payer, which means that you will bear the costs of treatment yourself. If you wish to do this, please contact us and we will provide you with a form regarding cost absorption.

PSYCHOTHERAPY WITHIN A TRAINING PRACTICE

Therapies at the ADHS Ambulanz are carried out by psychologists who are advanced participants in psychotherapy training.

Psychotherapy under supervision: The therapists in our ADHS Ambulanz are psychologists who are undergoing training in behavioral therapy. Therefore, supervision takes place regularly, which means that an experienced therapist discusses the progress of your therapy/diagnosis with the therapists in training and together they discuss the best way to help you.

Supervision also includes the regular recording of therapy sessions so that they can be discussed with the supervisor. These recordings are destroyed after the therapy ends. Supervision is also necessary for experienced therapists and is a substantial quality feature of our work.

Confidentiality: It goes without saying that the practice staff, your therapist and the accompanying supervisor are subject to the legal duty of confidentiality. Communication with previously and/or currently treating physicians and other individuals is only possible with your explicit written consent. An exception to this rule only applies in extreme situations, e.g. if you are endangering yourself or others.

Outpatient Psychotherapy in Public Insurance (PTV 10)

People insured with public health insurance are entitled to psychotherapeutic treatment.

What is psychotherapy?

Psychotherapy is a treatment of mental illnesses with scientifically approved procedures, methods and techniques. Mental illnesses can severely impair experience and behavior as well as mental and physical well-being and can be accompanied by suffering, anxiety, uncertainty and restrictions on quality of life.

Psychotherapy is recommended when psychological problems lead to symptoms of illness and the everyday demands of life can no longer be coped with.

Before starting psychotherapy, a doctor should assess whether physical causes may be responsible or partly responsible for the mental illness.

How does psychotherapy work?

What all psychotherapeutic treatments have in common is that they take place through personal conversation, supplemented by special methods and techniques (e.g. unrestricted communication of thoughts and ideas, concrete tasks e.g. for overcoming fears or playful activities in the therapy of children). Treatment can take place with the therapist alone or as part of group therapy. Individual treatments usually have a duration of 50 minutes, group therapies 100 minutes. Particularly when treating children and adolescents, it can be helpful and necessary to involve attachment figures from the family and social environment. An essential condition for the success of any psychotherapy is a trusting relationship between patient and therapist as well as clarifying whether the planned psychotherapy procedure meets the patient's expectations. On this basis psychotherapy offers the opportunity to discuss, experience and rethink one's own experiences and behavior as well as relationship experiences in a safe environment and, as a result try out and bring about changes.

Who covers the costs of psychotherapy?

Public health insurance covers the costs of psychotherapy in case it is a necessity to treat a mental illness. Outpatient psychotherapy is a co-payment-free service. A referral is not required; the presentation of the electronic health insurance card is sufficient. The patient must inform the therapist promptly of any change of health insurance. During the psychotherapeutic consultation, the patient and therapist clarify whether psychotherapy or another measure is suitable for the individual situation. Pure educational, couples, life or sexual counseling is not psychotherapy and is not covered by public health insurance. These measures are provided by appropriate counseling centers, usually free of charge.

How do I apply for psychotherapy?

Before psychotherapy begins, trial sessions the so-called "probatorische Sitzungen" take place. Here patient and therapist check whether the "chemistry" between them is right and whether a trusting relationship can be established. The therapist explains the procedure. The therapy goals, treatment plan and expected duration of therapy are discussed and determined together. If the patient and therapist decide to undergo psychotherapy, the patient submits a request to their health insurance company to have the costs covered. Once the application has been received, the health insurance company checks whether the costs can be approved and informs the insured accordingly.

Who carries out psychotherapeutic treatment?

Psychotherapeutic treatments within the framework of public health insurance may only be provided by psychological psychotherapists, child and adolescent psychotherapists and doctors working in the field of psychotherapy if they are accredited by health insurance. In addition to the psychotherapeutic treatment of mental illnesses, additional drug treatment can be useful, but this may only be carried out by doctors.

Which psychotherapeutic treatment options are available?

Psychotherapeutic consultation (Sprechstunde)

The psychotherapeutic consultation serves to clarify whether there may be a clinically significant disorder and further specialist help within the public health insurance system is necessary. If a mental illness is suspected, an orienting diagnostic assessment is carried out during the consultation; for patients who don't seem to have a mental illness, low-threshold help is recommended.

Acute psychotherapeutic treatment

If there is a particularly urgent need for treatment, acute psychotherapeutic treatment of up to 12 sessions lasting 50 minutes each may be considered. Acute treatment is used for crisis intervention and can - if necessary - be converted to short-term psychotherapy or long-term psychotherapy. Therapy units already completed during acute treatment are credited towards the subsequent psychotherapy. Only one-on-one sessions are provided in acute treatment.

Outpatient psychotherapy

Outpatient psychotherapy can be carried out in all psychotherapy procedures as individual therapy, in a group or as a combination of individual and group psychotherapy, in systemic therapy also in a multi-person setting (e.g. by including the family). The frequency of sessions can vary depending on the therapy procedure and course of treatment and is agreed upon individually by the patient and therapist. Group psychotherapy additionally utilizes relationship experiences and mutual learning between patients in the group.

The Gemeinsame Bundesausschuss (www.g-ba.de) decides which psychotherapeutic procedures are approved as public health insurance benefits. At this time those are:

Analytical psychotherapy

Analytical psychotherapy assumes that symptoms of illness are caused and maintained by unconscious conflictual processing of life and relationship experiences acquired early or later in life. In the therapeutic relationship between patient and therapist, recognizing and becoming aware of repressed feelings, memories and relationship patterns that are currently causing symptoms of illness play a central role. In this way, initially incomprehensible feelings and actions can be understood and changed in the therapeutic work.

Systemic therapy

Systemic therapy understands mental disorders with a particular focus on relationships. In addition to looking at stressful issues, the focus is on utilizing the patient's own skills and abilities and those of their environment. The therapy is based on the patient's requests and concerns. The aim is to help transform symptom-promoting behaviors, interaction patterns and appraisals to develop new health-promoting solutions. Life partners or other important attachment figures can be included in the therapy. Systemic therapy in a multi-person setting, which then takes place together with the nuclear or extended family, uses relatives as a resource for the treatment and changing of significant relationships and interactions.

Psychodynamic therapy

Psychodynamic therapy sees symptoms of mental illness as the result of current conflicts in relationships or unresolved relationship experiences and conflicts from earlier phases of life. These conflicts and experiences can determine later life and result in mental illness. The aim of the treatment is to recognize the underlying unconscious motives and conflicts of the current symptoms and to deal with them. During psychotherapy, the patient is supported in achieving changes in their experience or behavior through insights into the connections and causes of the current symptoms.

Behavioral therapy

Behavioral therapy assumes that psychological complaints are the result of conscious and unconscious learning processes. At the beginning of the treatment, it is considered together with the patient which conditions in their life history and current life situation have contributed to the development and maintenance of the psychological symptoms and continue to have an effect. On this basis, the therapy goals and treatment plan are determined together. In behavioral therapy, the patient is motivated to actively change the way he or she acts, thinks and feels. In doing so, the already present strengths and abilities are identified and utilized for the process of change.