

Dear Patient, Dear Parents,

We look forward to welcoming you soon at the Medizinisches Versorgungszentrum (MVZ) Peters & Kollegen. It is important that you bring the enclosed starter pack (patient information, consent form and family history) with you to your initial consultation with one of our psychologists.

Try to fill in as much information as possible. The family history ("Anamnesebogen") includes information which is directly important for the treatment or diagnosis. Our psychologist can thus refer to the medical history in the conversation and invest more time in e.g., providing information and counselling.

In order for the appointment to take place, please bring the following with you to the initial consultation:

- Child's insurance card
- Starter pack

Parents or at least one person with custody (e.g., guardian) must be present for the initial consultation. If you have problems with the German language, bring a person who can translate for you (e.g., family helper, relative).

If you have any questions, you can always contact us by phone: +49 (0)30 - 42088159.

Yours sincerely,

Your MVZ team

Patient information

A) ON DATA PROTECTION

Dear Patient, Dear Parents,

the protection of your personal data is important to us. According to the EU Data Protection Regulation (DSGVO), we are obliged to inform you about the purpose for which our practice collects, stores or forwards data. The information also tells you what rights you have.

1. Responsibility for data processing

Responsible for data processing is:

Medizinischen Versorgungszentrum (MVZ) Peters & Kollegen
Irina Peters
Mühlenstraße 17
12247 Berlin

2. Purpose of the data processing

Data processing is carried out on the basis of legal requirements in order to fulfil the treatment contract between you and your doctor and the associated obligations. For this purpose, we process your personal data, in particular your health data. This includes medical histories, diagnoses, therapy suggestions and findings that we or other doctors collect. For these purposes, other doctors or psychotherapists with whom you are being treated may also provide us with data (e.g., in doctor's letters). The collection of health data is a prerequisite for your treatment. If the necessary information is not provided, careful treatment cannot take place.

3. Recipients of your data

We only transfer your personal data to third parties if this is permitted by law or if you have given your consent. Recipients of your personal data may primarily be other doctors / psychotherapists, Association of Statutory Health Insurance Physicians ("Kassenärztliche Vereinigungen"), health insurance companies, the medical service of the health insurance companies, medical associations and private medical clearing centres. The transmission is mainly for the purpose of billing for the services provided to you, for clarifying medical questions and questions arising from your insurance relationship. In individual cases, data is transmitted to other authorized recipients.

4. Storage of your data

We only keep your personal data for as long as is necessary to carry out the treatment. Due to legal requirements, we are obliged to keep this data for at least 10 years after completion of the treatment.

5. Your rights

You have the right to obtain information about the personal data concerning you. You can also request the correction of incorrect data. In addition, under certain conditions, you have the right to have data deleted, the right to restrict data processing and the right to data portability. The processing of your data is based on legal regulations. Only in exceptional cases do we require your consent. In these cases, you have the right to revoke your consent for future processing.

You also have the right to complain to the competent data protection supervisory authority if you believe that the processing of your personal data is not lawful.

The address of the supervisory authority responsible for us is:

Landesamt für Gesundheit und Soziales Berlin
Postfach 31 09 29
10639 Berlin
Tel.: (030) 90229-0

6. Legal basis

The legal basis for the processing of your data is Article 9(2)(h) DSGVO in conjunction with Section 22(1)(1)(b) Bundesdatenschutzgesetz (German Federal Data Protection Act). If you have any questions, please do not hesitate to contact us.

B) TYPE OF INSURANCE

Name of the insurance company: _____

Bill payer: _____

Invoice address: _____

C) MVZ VISIT

You can hereby give us permission for your child to leave the practice independently after an appointment.

Is your child allowed to leave the practice alone?

- YES
- NO

D) REPORTING REQUIREMENT ACCORDING TO EBM 2.1.4 TO THE GENERAL PRACTITIONER/PEDIATRICIAN

Please confirm with your signature the arrangement you prefer:

I do not have a general practitioner/pediatrician.

I will inform you when a report is needed.

I do not want a report to the pediatrician/general practitioner.

E) EXEMPTION FROM CONFIDENTIALITY

I hereby release the Medizinisches Versorgungszentrum (MVZ) Peters and Colleagues from the duty of confidentiality towards the following person(s)/institution (e.g. school, offices):

Name

Name

The undersigned expressly agrees with their signature to waive the confidentiality obligation in accordance with §203 of the German Criminal Code (StGB) and other relevant data protection regulations towards the employees of the MVZ Peters and colleagues within the scope of internal collaboration, insofar as this is necessary for the proper execution of medical treatment, care, or other services.

I have taken note of all the information on data protection and on visiting the MVZ and agree to the conditions stated.

Berlin, _____(Date)

Signature _____
Parents / Guardian Parents / Guardian

In case of shared custody, the signatures of **both** parents are needed.

Anamnesebogen

Bitte lesen Sie die Fragen zur Entwicklung, zum Verhalten und zur allgemeinen Lebenssituation Ihres Kindes / Jugendlichen sorgfältig durch und antworten Sie ausführlich.

Ausgefüllt von: _____ Beziehung zum Kind: Mutter Vater Andere: _____

Ausgefüllt am: _____

I. Angaben zum Kind / Jugendlichen

Name und Vorname Kind / Jugendliche Geburtsdatum Geschlecht

Anschrift

Festnetznummer / Mobilnummer Staatsangehörigkeit

E-Mail-Adresse

Kindergarten / Schule Klasse (falls zutreffend)

Aktuelle Kinderarzt/ärztin // Psychiater/in: Körpergröße Gewicht

Kind / Jugendliche lebt bei: Eltern Mutter Vater Heim/WG Anderes: _____

II. Bisherige Behandlung

War/Ist Ihr Kind schon einmal in psychologischer / psychiatrischer Behandlung?

- Nein, Mein Kind war **noch nie** in psychologischer / psychiatrischer Behandlung.
- Ja, Mein Kind war **schon** in psychologischer / psychiatrischer Behandlung bei...
 (z.B. psychotherapeutische Praxis, Sozialpädiatrisches Zentrum, Klinik für Kinder- und Jugendpsychiatrie)

 Name der Einrichtung Beginn/Ende der Behandlung

- Ja, mein Kind ist **derzeit (im aktuellen Quartal)** in psychologischer / psychiatrischer Behandlung bei...
 (z.B. psychotherapeutische Praxis, Sozialpädiatrisches Zentrum, Klinik für Kinder- und Jugendpsychiatrie)

 Name der Einrichtung Beginn der Behandlung

Hat Ihr Kind gesundheitliche Probleme?

- Neurologische Erkrankungen (z.B. Epilepsie) _____
- Andere Erkrankungen (z.B. Allergien, Herzprobleme) _____

Bekommt Ihr Kind regelmäßig Medikamente (auch alternative Heilmittel)?

- Nein.
- Ja, nämlich: _____

III. Angaben zu den Eltern (Zutreffendes bitte ankreuzen bzw. ausfüllen)

- Eltern leben zusammen getrennt
- Kind lebt bei beiden Eltern Mutter Vater Anderes: _____
- Sorgerecht Gemeinsames Sorgerecht Alleiniges Sorgerecht bei: _____

MUTTER

- leibliche Mutter
- Adoptivmutter
- Pflegemutter
- Stiefmutter

Name, Vorname Geburtsdatum Staatsangehörigkeit

Anschrift (falls abweichend zu Kind / Jugendliche/r)

E-Mail-Adresse

Telefon- und Mobilnummer / Erreichbarkeit Beruf

- Vollzeit
- Teilzeit
- arbeitssuchend
- Hausfrau

Psychische und/ oder körperliche Erkrankungen

VATER

- leiblicher Vater
- Adoptivvater
- Pflegevater
- Stiefvater

Name, Vorname Geburtsdatum Staatsangehörigkeit

Anschrift (falls abweichend zu Kind / Jugendliche/r)

E-Mail-Adresse

Telefon- und Mobilnummer / Erreichbarkeit Beruf

- Vollzeit
- Teilzeit
- arbeitssuchend
- Hausmann

Psychische und/ oder körperliche Erkrankungen

IV. Angaben zu Geschwistern (G), Halbgeschwistern (HG), Stiefgeschwistern (SG) (falls vorhanden)

- Wie viele Geschwister (auch Halb-/Stiefgeschwister) leben mit im Haushalt? _____

Name, Vorname	Alter	Körperliche / psychische Probleme	<input type="checkbox"/> G <input type="checkbox"/> HG <input type="checkbox"/> SG
---------------	-------	-----------------------------------	--

Name, Vorname	Alter	Körperliche / psychische Probleme	<input type="checkbox"/> G <input type="checkbox"/> HG <input type="checkbox"/> SG
---------------	-------	-----------------------------------	--

Name, Vorname	Alter	Körperliche / psychische Probleme	<input type="checkbox"/> G <input type="checkbox"/> HG <input type="checkbox"/> SG
---------------	-------	-----------------------------------	--

V. Vorgeschichte

a) Geburt

- Alter der Mutter bei Geburt: _____ Jahre
- Geplante Schwangerschaft: nein ja
- Kinderwunschbehandlung: nein ja
- Schwangerschaftskomplikation nein ja, welche:

Haben Sie als Mutter/ Vater die Schwangerschaft als belastend erlebt?

Körperlich: gar nicht 1 2 3 4 5 sehr belastend

Psychisch: gar nicht 1 2 3 4 5 sehr belastend

Diese Angaben finden Sie im gelben Untersuchungsheft:

Geburtsgewicht: _____ Geburtslänge: _____

Kopfumfang: _____ Dauer der Geburt: _____

Geburt in der Schwangerschaftswoche: _____

Komplikationen bei oder kurz nach der Geburt:

nein ja, beim Kind: _____

ja, bei der Mutter: _____

Geburtsmodus:

Spontangeburt Zangengeburt Not-Kaiserschnitt

Vakuumextraktion Geplanter Kaiserschnitt

b) Entwicklung im Kleinkindalter

Freies Sitzen mit _____ Monaten

Laufen mit _____ Monaten

Erste Worte mit _____ Monaten

Erste Sätze mit _____ Monaten

Tags trocken mit _____ Monaten

Nachts trocken mit _____ Monaten

Gab es Auffälligkeiten in den ersten Lebensjahren (z.B. Unruhe, beim Essen, in sozialen Kontakten, im Schlafverhalten)?

nein

ja, diese: _____

c) Vorschulische Entwicklung

Besuch Krippe nein ja

Besuch Kindergarten nein ja

- *Wie ist / war das Verhalten in Krippe / Kindergarten?* unauffällig es gibt / gab Schwierigkeiten, weil:

d) Schulische Entwicklung

- *Wann wurde Ihr Kind eingeschult?* _____

- *Schulart?* _____

- Gibt es schulische Probleme (soziales Miteinander/Lernstoff)? nein es gibt / gab Schwierigkeiten, weil:

- Was sind die Lern-Stärken / Lern-Schwächen Ihres Kindes?

- Regelmäßigkeit des Schulbesuchs:

regelmäßig verspätet sich oft schwänzt häufig fehlt häufig, wenn: _____

- Hat Ihr Kind bereits einen Schulabschluss? Wenn ja, welchen? _____

Nennen Sie die Lieblingsbeschäftigung und Lieblingshobbies Ihres Kindes / Jugendlichen.

Nennen Sie Fähigkeiten / Stärken / Begabungen Ihres Kindes / Jugendlichen.

Gab oder gibt es schwerwiegende Ereignisse (z.B. Todesfälle, schwere Erkrankungen, Arbeitsplatzverluste) in der Familie oder im familiären Umfeld? nein ja, folgende:

VI. Beziehungen zu anderen Personen

Wie ist das Verhältnis zwischen Kind und Eltern (z.B. besseres Verhältnis zu Mutter oder Vater)?

Wie verträgt sich das Kind mit seinen Geschwistern? (Bitte jeweils angeben, um welches Geschwisterkind es sich handelt, z.B. schlecht mit... im Allgemeinen gut mit... häufigster Anlass zum Streit ist...)?

Hat es Freunde / Freundinnen? nein ja, Anzahl: _____

Wie häufig verbringt das Kind seine Freizeit mit Freunden?

fast täglich nicht täglich, sondern _____ ist lieber für sich allein

Wie verträgt es sich in der Gruppe? (außerhalb der Schule)

kommt gut mit anderen aus möchte andere beherrschen leicht durch andere zu beeinflussen beschimpft

rechthaberisch nimmt anderen gern etwas weg zwickt, stößt, schlägt wird von anderen beschimpft

zieht sich von anderen zurück prahlt gern wird von anderen wenig beachtet / gemieden

VII. Vorstellungsanlass

Welches Problemverhalten Ihres Kindes hat Anlass gegeben, unser MVZ aufzusuchen? Seit wann bestehen die Probleme?

Gab es irgendwelche besonderen Ereignisse, die mit dem ersten Auftreten des Verhaltens zusammenfielen?

Wie hat sich das Verhalten im Laufe der Zeit entwickelt?

Zeigt sich das Verhalten häufiger / seltener, an bestimmten Orten / zu bestimmten Tageszeiten / mit bestimmten Personen?

Wer in Ihrer Familie (oder Verwandtschaft) leidet oder litt unter ähnlichen Problemen?

Was erhoffen Sie sich von der Vorstellung in unserem MVZ?

Vielen Dank für das Ausfüllen des Anamnesebogens!

Treatment contract

After receiving detailed information and clarification about the conditions of outpatient treatment, an agreement is made between the staff of the practice MVZ Peters and colleagues, hereinafter referred to as **practice**

and

Mrs/Mr _____ born on: _____

Place of residence: _____

If applicable, legal guardian with address: _____

hereinafter referred to as **patient**

have agreed to undergo a psychotherapeutic and/or psychiatric treatment.

The treatment costs are to be billed according to the following declaration of the patient:

I am covered by the compulsory health insurance: _____

I would like treatment to be paid for by my health insurance company. via the Association of Statutory Health Insurance Physicians.

I am privately insured with: _____

The psychotherapy costs will be billed to me by the practice according to GOP¹ at the 3.5-fold rate and reimbursed by my above-mentioned private health insurance. The psychiatric costs will generally be billed to me according to GOÄ² at up to the 2.3-fold rate, and, under justified circumstances, also at up to the 3.5-fold rate, and reimbursed by my above-mentioned private health insurance.

I am eligible for assistance, assistance office (Beihilfestelle): _____

The psychotherapy costs will be billed to me by the practice according to GOP¹ at the 3.5-fold rate and reimbursed by my above-mentioned private health insurance. The psychiatric costs will generally be billed to me according to GOÄ² at up to the 2.3-fold rate, and, under justified circumstances, also at up to the 3.5-fold rate, and reimbursed by my above-mentioned private health insurance.

I want to pay for the treatment costs myself.

The psychotherapy costs will be billed to me by the practice according to GOP¹ at the 3.5-fold rate. The psychiatric costs will generally be billed to me according to GOÄ² at up to the 2.3-fold rate, and, under justified circumstances, also at up to the 3.5-fold rate.

Psychotherapy costs are covered by the following payer:

I undertake that I will make my own efforts to obtain reimbursement for the treatment costs:

Irrespective of reimbursement by third parties (e.g., private health insurance, subsidy, statutory health insurance under § 13 para. 2³ or 3⁴ SGB V), the patient owes the full amount of the practice's fee. In the case of privately insured patients, the invoice will be issued in **accordance with the GOP at 3.5 times the incremental rate**. I am aware that therapy costs are not always covered in full by health insurance. Statutorily insured patients are billed according to the currently valid Einheitlicher Bewertungsmaßstab (EBM).

In addition, the patient and practice agree on the following:

The patient undertakes to cancel an agreed treatment appointment at least **24 hours** in advance if he/she is unable to attend. hours in advance. If the appointment is not canceled in time, the patient will be charged **50 %** of the fee due to the psychotherapist. This cancellation fee is to be paid by the patient regardless of the type of insurance. In this case, there will be no reimbursement by the private or statutory health insurance or state aid. Please also inform your child about this if your child tends to attend appointments independently.

_____	_____
Place	Date
_____	_____
Signature patient	Signature practice

The original of the treatment contract remains in the practice. The patient receives a duplicate.

I have received and read the **information sheet on outpatient psychotherapy** and agree to it.

Signature patient

- 1 Schedule of Fees for Psychological Psychotherapists and Child and Adolescent Psychotherapists
- 2 Schedule of Fees for Physicians
- 3 Reimbursement agreement with the statutory health insurance fund in accordance with § 13 Para. 2 Fifth Book of the German Social Code (SGB V)
- 4 Reimbursement of costs by the statutory health insurance fund in the case of self-procured services in accordance with § 13 Para. 3 of Book V of the Social Code (SGB V)

Information sheet on outpatient psychotherapy

Dear Patient¹,

With this leaflet we would like to give you some more important information about psychotherapy and explain the process of psychotherapeutic treatment:

General

1. As a rule, the first contact with a psychotherapist is made via the psychotherapeutic consultation, in which the initial diagnosis is made and it is clarified whether psychotherapy, acute treatment or another recommendation is indicated. You will receive written information about the outcome.
2. Acute treatment may follow if crisis treatment or rapid treatment is indicated to avoid chronification. It comprises a maximum of 12 sessions per year and is not to be confused with psychotherapy.
3. Comprehensive and long-term treatment of a mental illness is carried out by means of psychotherapy. This begins with at least two probationary sessions, in which it is clarified whether the intended psychotherapy is promising for the mental disorder and whether the relationship between patient and therapist is sustainable. In addition, the scope and frequency of the individual treatments are determined.
4. During the probationary phase, at the latest at the end of the probationary phase, the psychotherapist and you decide together whether the psychotherapy should be commenced on a regular basis and, if necessary, whether an application should be made to the relevant funding body for the assumption of costs.
5. The therapeutic sessions usually last 50 minutes, but can be divided (2 x 25 minutes) or extended (double sessions or sessions lasting several hours) due to content-related requirements / in the case of certain psychotherapeutic interventions.
6. Psychotherapy can be requested and conducted as short-term therapy (12 hours + 12 hours) or as long-term therapy. Long-term continuation as relapse prophylaxis is also possible. After the initial application (first treatment period), it is possible to apply for any necessary extensions of therapy.
7. the maximum scope of treatment and the scope of the individual approval stages are regulated differently for outpatient psychotherapies within the framework of statutory health insurance, depending on the treatment procedure of the psychotherapist. In the case of private health insurance, the general insurance conditions and the respective tariff conditions are decisive, in the case of allowance, the allowance regulations are decisive.
8. In the treatment of children and adolescents, but also in the treatment of adults, it may be appropriate and helpful for the patient **in individual cases** if caregivers are temporarily involved in the therapeutic sessions. In the treatment of children and adolescents, such sessions can be requested additionally for the patient up to 1/4 of the sessions.
9. All documents provided or completed by you will go into the patient's file, which will be kept by the psychotherapist for at least ten years after completion of treatment.

Request for psychotherapy and prior somatic assessment

10. The implementation and, if necessary, extension of outpatient psychotherapy in health treatment is subject to application and approval both for those with statutory health insurance and for those with private health insurance. In any case, the applicant is you as the patient. The psychotherapist will support you in the application process, in particular by providing professional justification for the therapy application.
11. In order to apply for therapy, you must obtain a consultation report from an authorized physician on the prescribed form (GKV and Beihilfe) and submit it to the psychotherapist as soon as possible. For patients with private health insurance, an informal medical certificate is often sufficient. Even in the case of self-paying

¹ The term "persons" always refers to both males and females; for ease of reading, only the masculine form is used in the following.

patients, for whom no application procedure is required by nature, a somatic clarification by an authorized physician must take place before the start of regular psychotherapy.

12. Your personal data and medical findings are made anonymous by means of a patient cipher when you apply for psychotherapy vis-à-vis the statutory health insurance fund and the responsible assessor. This is to ensure the protection of your data and the psychotherapist's duty of confidentiality.
13. If you are privately insured and entitled to benefits, the protection of personal data and medical findings cannot be guaranteed due to the special features of the application procedure and the practices of the payers in this regard, and cannot be ensured by your treating psychotherapist.

Therapy approval

14. The insurance carriers, e.g., statutory health insurance, allowance, private health insurance, cover the costs of outpatient psychotherapy from the date of the explicit, written approval to the approved extent. You will receive a notification of this directly from your insurance provider. Please be sure to bring this with you for your therapist.
15. Psychotherapeutic treatment will therefore not begin until you, as the patient, have received written confirmation of cost coverage. In the event that you request an earlier start of treatment and in the further event that the costs are not reimbursed in full or in part by your insurance carrier, you as the patient owe this fee in full to the practice.

Confidentiality of the therapists/confidentiality of the patient

16. The psychotherapist is bound to secrecy with regard to third parties - with the exception of employees of the practice - and will only provide or obtain information about you from third parties with your express consent. If you have important reasons to the contrary, these will be respected after clarification with the psychotherapist.
17. As a patient, you release the psychotherapist and medical/psychotherapeutic pre-therapists and co-therapists from the duty of confidentiality in a separate declaration and expressly agree to the collection of information.
18. You expressly agree to the recording of therapy sessions on tape or video and permit the psychotherapist to use these recordings for the purpose of his or her own further training and education or for quality assurance therapy control. The same applies to the anonymized presentation of the course of treatment in intervision and/or supervision. If there are important reasons for you not to do so, these will be respected after clarification with the psychotherapist.
19. In order to promote interdisciplinary cooperation, the psychotherapist is obliged to send a report to the family doctor at the beginning of the therapy and once a year for patients with statutory health insurance. This requires your written declaration of release from confidentiality, unless you do not wish it. A declaration already given can also be revoked.
20. As a patient, you undertake to maintain confidentiality about other patients of whom you have become aware by chance, e.g., through contact in the waiting room.
21. It is possible to exchange information and data with the practice electronically by e-mail. This exchange is usually not encrypted and is therefore not secure and can possibly be viewed and manipulated by third parties. It is possible that personal facts may become known to unauthorized third parties as a result. The practice will use the electronic communication channels mainly for making appointments. Sensitive personal data will not be sent by e-mail. Feedback from the practice is deemed to have been received if it is available for download in the patient's e-mail inbox or is marked as having been received.

Fixed Appointment/Missed Appointment/Cancellation Fee

22. The psychotherapeutic sessions usually take place once a week at a fixed and binding date agreed between the patient and the psychotherapist, unless otherwise agreed.

23. the patient undertakes to attend the fixed treatment appointments punctually and, if he is unable to attend, to cancel them or have them cancelled in good time, i.e., 24 hours before the agreed appointment. For this purpose, a written notice (letter, fax, e-mail) or a cancellation by telephone, also on an answering machine, is sufficient. (The time limit of 24 hours makes it possible to schedule other patients for the following Monday, if necessary, if the appointment is cancelled on Friday).
24. Since psychotherapeutic practices work according to a strict ordering system due to the time-bound nature of psychotherapeutic sessions, and only one patient is called for each appointment, the patient will be charged a cancellation fee in the amount of 50% of the lost fee if the cancellation is not made in time, which is to be borne exclusively by the patient and will not be reimbursed by the insurance carrier.

Psychotherapy cost regulation for patients with statutory health insurance

25. For patients with statutory health insurance, outpatient psychotherapy is billed to the statutory health insurance exclusively via the Association of Statutory Health Insurance Physicians (Kassenärztliche Vereinigung). Psychotherapy as health treatment is a standard benefit in the statutory health insurance.
26. Patients with statutory health insurance are obliged to bring their chip card (health insurance card) to the first session in the course of a quarter.
27. The patient undertakes to notify the psychotherapist immediately of any change of health insurance fund or insurance company and to provide a confirmation of costs for the current psychotherapy. The psychotherapist will support the patient in the effort to obtain a new cost approval by providing any necessary professional justification.
28. In the case of regular termination of therapy, but also in the case of discontinuation of therapy, the psychotherapist is obliged to inform the statutory health insurance company of this - without providing any further details.
29. An interruption of therapy for more than half a year is only possible in the case of psychotherapy financed by the statutory health insurance with special justification. If this is not given or not recognized, the claim for psychotherapy cost coverage against the statutory health insurance expires as a rule for the period of two years.

Psychotherapy cost regulation for patients with private health insurance, including aid

30. Patients with private health insurance, including those with subsidies, or self-paying patients with statutory health insurance (reimbursement of costs in accordance with § 13 Para. 21 or 32 SGB V) are obliged to inform themselves in detail about the tariff conditions of their insurance contract before starting therapy and to clarify for themselves whether and to what extent the costs of therapy will be reimbursed.
31. Patients with private health insurance - including subsidies - will be invoiced in accordance with GOP3 in conjunction with GOÄ4 at 3.5 times the incremental rate.
32. Irrespective of reimbursement by third parties (e.g., private health insurance/aid), the patient shall owe the full amount of the fee to the practice in accordance with the invoicing.
33. The psychotherapist shall provide the patient with a copy of the GOP numbers and GOP fees in the latest valid version together with this psychotherapy contract and undertakes to inform the patient promptly in writing of any changes in the tariff.

Psychotherapy cost regulation for self-payers

34. In the case of exclusively self-paying patients who do not claim reimbursement from an insurance provider or a health insurance fund, invoicing shall be in accordance with GOP3 in conjunction with GOÄ4, with 3.5 times the incremental rate. Together with the present psychotherapy contract, the psychotherapist shall hand over to the

patient a printout of the GOP figures and GOP fees in the latest valid, current version and undertakes to inform the patient promptly in writing of any changes in the tariff.

Self-commitment expectation of the patient

35. In order not to jeopardize the success of the therapy, the patient undertakes not to take any drugs or use any addictive substances (e.g., gambling machines) at least during the period from the beginning to the end of the outpatient psychotherapy.
36. The patient commits himself/herself not to attempt suicide at least during the period from the beginning to the end of the outpatient psychotherapy, but to seek inpatient treatment immediately, if necessary, in order to receive protection and help in the short term and for the duration of the acute danger.
37. The patient undertakes to provide and hand over further documents (e.g., hospital and spa reports, medical reports) at every stage of psychotherapy, either on his own initiative or at the request of the psychotherapist.
38. The patient shall immediately inform the psychotherapist of any initiation of or change in the use of medication, whether prescribed by a doctor or decided by the patient himself.

General clarification

39. Psychotherapists work with scientifically recognized psychotherapy methods. The statutory health insurance funds currently only cover the costs of four procedures, analytical psychotherapy, depth psychology-based psychotherapy, behavioral therapy and systemic therapy.
40. 35 As an alternative to outpatient psychotherapy, inpatient or day-care treatment may be appropriate in individual cases.
41. The success of psychotherapeutic treatment is scientifically very well proven. Nevertheless, it is possible that your condition may deteriorate in the short or long term. It is also possible that the desired success will not be achieved at all. If you have doubts about the treatment, you are asked to inform your psychotherapist so that he or she can find ways to provide a more promising treatment.

Termination

42. 37. the therapy contract can be terminated by the patient at any time without notice by a verbal or written statement, since a relationship of trust between the patient and psychotherapist is a fundamental prerequisite for psychotherapy.
43. The psychotherapist reserves the right to terminate psychotherapy on his own initiative, if necessary, without the declared consent of the patient, in the event of an obvious lack of motivation and cooperation on the part of the patient, and to inform the funding agency of this without giving any details of the content.