



Liese van Dam

yoga & ayurveda

YOUR PRIVACY

For proper treatment it is necessary that I, as your treating therapist, keep a file. This is also a legal obligation imposed by the WGBO – de Wet op de geneeskundige behandelingsovereenkomst (Medical Treatment Agreement Act)

Your file contains notes about your health status and information about the examinations and treatments performed.

The file also contains information which is necessary for your treatment and that I have requested, after your explicit permission, from another care provider, for example from your general practitioner.

I do my best to ensure your privacy. Among other things, this means that I:

- Handle your personal and medical details with utmost care
- Ensure that unauthorized persons do not have access to your data

As your treating therapist, I have sole access to the data in your file. I have a legal confidentiality obligation (professional secrecy).

The data from your file can also be used for the following purposes:

- To inform other healthcare providers, for example when the therapy has been completed or when referring to another practitioner. This only happens with your explicit permission.
- For use by an appointed colleague during my absence.
- Or for anonymized use during peer evaluation or supervision.
- A small part of the data from your file is used for financial administration, so that I or my administrator can prepare an invoice.

If for any other reason I want to make use of your data, I will first inform you and explicitly request your permission.

The data in the client file is saved for 15 years as required by the law on the treatment agreement (wet op de behandelovereenkomst).

PRIVACY ON THE HEALTH CARE INVOICE

The invoice that you receive after the consultation or treatment contains the following information.

- Your name, address and place of residence
- Your date of birth
- The date of treatment
- A brief description of the treatment, such as 'natural health consultations/Ayurveda therapy/Yoga therapy'
- The cost of the consultation

Name _____

Date of Birth _____

Signature and date
