

Treatment agreement Haptomotion

Welcome to my haptotherapy practice, HaptoMotion. In order to inform you and ensure a good collaboration, I have included several practical agreements in this treatment agreement that we will both sign.

Treatment

The haptotherapy treatment will consist of conversations, exercises, and touch (while lying on a massage table). Together, we will determine what needs to be done based on your request for help. We will also discuss your treatment plan's frequency and number of treatments. There will be regular evaluation moments to discuss progress and, if necessary, adjust the treatment to work towards the conclusion of the therapy process eventually.

Record-keeping and information exchange

The law stipulates that record-keeping is mandatory. I will include information in my records regarding your personal details (name, address, and contact information), living conditions, symptoms, health, need for help, and treatments. I will use the file to provide proper treatment, and it will not be accessible to unauthorised individuals. The legal retention period is currently 20 years. If you want access to this data or wish to have it prematurely destroyed, I can inform you about the procedure. Exchange of information with third parties such as a general practitioner, psychologist, or other treating medical professionals will only occur after consulting you and based on your signed consent.

Privacy

Your privacy is important to both of us. As a haptotherapist, I work in accordance with the GZ-haptotherapist professional code and am consequently subject to legal confidentiality obligations. I handle your personal, medical, and psychological data with the utmost care and adhere to the General Data Protection Regulation (GDPR).

Quality of care

As a haptotherapist, I am registered in the quality register for GZ-haptotherapists of the Association of Haptotherapists (VVH membership number 538 A).

You will find more information on the professional code and complaint procedure on the VVH website: <https://haptotherapeuten-vvh.nl>

Amsterdam
Niasstraat 5G
1095 TS Amsterdam

MA 08:00 - 19:00
DI 08:00 - 19:00
WO 08:00 - 13:00
DO 08:00 - 19:00

Muiden
Burg. de Raadsingel 3
1382 BE Muiden

WO 14:00 - 18:00
VR 08:00 - 18:00

Rates

The intake session is considered the first treatment. The charges are:

Haptotherapy: €92, duration approximately 50 min.

Haptonomic antenatal care: €92, duration approximately 50 min.

Relationship counselling based on haptonomy: €127, duration approximately 60 min.

Payment and reimbursement

The invoice, including your name, address, date of birth, insurance number, description of the type of treatment (service code), and costs, will be sent to your email address as a PDF file at the end of the month. The invoice must be paid within 14 days from the invoice date. Most health insurance companies reimburse (a portion of) the costs of haptotherapeutic treatments if you have additional insurance. You can find an overview of reimbursements per insurer at <https://haptotherapeutenvvh.nl/voor-patienten/vergoeding-haptotherapie>. If in doubt, please contact your health insurance provider.

Cancellation

If an appointment is cancelled less than 48 hours in advance, the time booked will be charged. I am confident that we can ensure effective support by establishing these practical agreements, combined with my commitment and expertise and your dedication.

Healthcre provider:

Esther Hoonhout - Haptomotion
Branche: Amsterdam and Muiden

Signature Esther:

Client:

Name Client:
Date of birth:
Place:
BSN (Burger Service Nummer):

Signature Client:

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Healthcare provider:

Esther Hoonhout - Haptomotion
Branche: Amsterdam and Muiden

Client:

Name Client:
Date of birth:
Place:
BSN (Burger Service Nummer):

Following verbal consultation, the client agrees that, if necessary, information may be obtained from the general practitioner, doctor, treating specialist, or therapist.

Name and address general practitioner:

Name and address specialist or therapist:

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- The client agrees that a report may be provided to the general practitioner, doctor, treating specialist, or therapist during the treatment or afterwards.
 - The client is aware of the treatment rate and the payment terms.
 - The client has been informed and agrees with the treatment plan.
 - The client and the therapist have reached an agreement on the goal of the treatment, and the client agrees with it.
 - The client provides consent for the treatment.
 - The client is aware of the professional code the therapist adheres to.
 - The client is aware of the complaint procedure.
 - The therapist is accountable for the treatment approach and the implemented policies.

Date:

Place:

Signature Esther:

Signature cliënt:

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