

Intramed number:
(To be filled out by physiotherapist)

Statement client

With this form I,[name],

born on-.....-.....allow B-fysic to process my personal data.

I declare that I received information regarding important subjects such as my treatment plan and arrangements regarding fees, privacy and personal data.

Also I attest that I have obtained the information listed below, that I have been able to read it and have had the possibility to ask any questions regarding the matter:

- : My **physiotherapeutic treatment plan** drawn up by my physiotherapist in consultation with me on - - I am aware that filling in a satisfaction survey after completing my treatment is part of the treatment plan.
- : The **practice regulations of B-Fysic**, also available to download via <https://www.b-fysic.nl/klantinformatie/>
- : **The reimbursement regulations for physiotherapy** (Check with your healthcare insurance company)
- : The **privacy statement of B-Fysic**, also available to download via <https://www.b-fysic.nl/klantinformatie/>. I understand that this privacy statement describes the way B-Fysic treats my personal data and health information and my rights regarding my privacy. I also know that I can read the privacy statement for information on what to do if I have any additional questions or complaints.

I allow the use of my **E-mail address** for messages regarding appointment changes, to receive invoices (if applicable) and important news concerning developments within our organization.

E-mail address:

Date:

Signature:

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