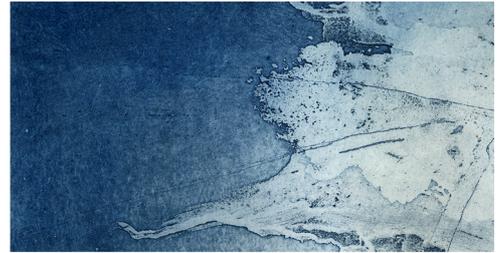


**kate nobbs**

registered GZ psycholoog  
registered psychotherapeut

Rodenrijselaan 20A  
3037XE Rotterdam  
The Netherlands



CONFIDENTIAL

## Psychotherapy Information Intake form

Please complete before the first session

Date

Name

Date of Birth

Address

Mobile telephone

Email address

Burger Service Number

Insurance company

Skype address

1. What is happening in your life to encourage you to be interested in having psychological treatment at this time?

*“ I work with people to find new stories. Alternative and preferred stories.  
Stories in which people have space and possibility to act,  
mindful of their own values, intentions and preferences. ”*

2. Have you had any psychological help previously in your life? If so, please give details, like when, with whom, within what setting, for how long, and what was helpful, or not about it.

3. Are you in contact at the moment with any other psychological services like a psychiatrist, other psychologist, counselor, alternative therapist?

4. Are you using any medication at the moment? Please include medication, and dosage for physical conditions as well. Please also include natural supplements that you use regularly.

5. Could you give me a brief description of your current home situation?

#### Costs

Dutch insurance companies will reimburse some or all of the cost of the psychotherapy as part of the “basis verzekering”. My fee is based on the scheduled fee decreed by the NZA (Dutch Health Authority) and is dependant on a DBC (diagnostic treatment code) which actually charges based on the number of minutes used in the treatment and the diagnosis. You will receive an invoice after one year of therapy or when the treatment is concluded. I expect you to pay the invoice in full, regardless of the amount reimbursed by your insurance. I urge you to investigate this financial matter before we begin sessions. I have no contracts with insurance companies.

If for any reason you would prefer to pay for your own session, the fee for 45 minutes is €140.

#### Cancelling a session

You can change the session time, or cancel a session up to 48 hours before the time planned. You can do this per email [kate@katenobbs.com](mailto:kate@katenobbs.com) or by texting +31 (0)624824068. However, if you cancel a session within 48 hours of the session, or forget to arrive, you will be charged for the cost of the session. The cost is €140.

#### Ethical code

The psychologist is a member of the Nederlands Institute of Psychologen and holds to their ethical code.

## Confidentiality

All the information you share will be treated with the strictest confidentiality. Without your written permission information about you cannot be shared with any third party. Your huisarts will receive a letter informing him or her of the commencement of psychotherapy. On conclusion of the therapy a letter will also be sent informing the huisarts of that. If you would prefer that there were no letters sent, please let me know.

## Privacy

I aim to be fully compliant with current GDPR legislation and to let you know how I use and protect the data you've given me. I wish to be transparent with regard to the processes I have in place. Identifiable information, if shared, will only be used in accordance with this privacy statement. I follow guidance from my governing body(NIP). I will keep these processes under review and refresh them if anything changes.

As a Psychotherapist I am considered the data processor and controller in my practice. As the data controller, I process some of your personal data. No one but me can access this information. Axians is the organization that administers my practice. That includes the billing of psychotherapy and the registration of sessions. Axians employs a three step encryption process.

## Disclaimer

The psychotherapist will conduct herself in a professionally sensitive way, with responsibility, respect, integrity and cannot be held responsible for direct or indirect damage to the client.

## Agreement

I, as a client agree to conduct myself with civility, and respect. I will not hurt the psychotherapist physically. I will be responsible for paying the complete account. I

understand that some of the sessions may take place as e sessions using virtual means of communication. I agree to this.

Signature of client:

Place and date:

Kate Nobbs

AGB code 94/004004

AGB praktijk code 94/003477

BIG Reg Nr-69051187525

KvK 24470745