



Treatment agreement

Private practice for psychiatry and psychotherapy

Between:

Dr. med. Andreas Ritter

Specialist in Psychiatry and Psychotherapy

Schweriner Strasse 50a

01067 Dresden

– hereinafter referred to as “treater” –

And

Patient's name:

Address:

Hereinafter referred to as “Patient”

§1 Subject matter of the agreement:

The practitioner undertakes to provide psychiatric and/or psychotherapeutic care of the patient at his/her request within the framework of private medical treatment. The treatment is carried out on the basis of this contract and according to the medical necessity. There is no entitlement to a specific diagnosis.

§2 Fee:

The billing takes place according to the fee schedule for doctors (GOÄ) with an increase factor of 3.5. The costs of the treatment are to be borne by the patient himself/herself. A possible reimbursement by private health insurance or aid agencies is the responsibility of the patient. The practice is run as a private practice. A settlement with statutory health insurances does not take place. The payment obligation exists regardless of reimbursement by third parties.

§3 Appointment and cancellation fee:

Agreed dates are binding. If an appointment is not cancelled at least 48 hours in prior, a cancellation fee of 90 euros will be charged. This fee is not reimbursed by the health insurance. The obligation to pay is waived in the event of timely cancellation of the agreed appointment at least 48 hours before it.

§4 Confidentiality and data protection:

The practitioner is subject to medical confidentiality. Personal data will be processed in accordance with the General Data Protection Regulation (GDPR) and will not be passed on to third parties without express written consent.

§5 Duration of the agreement and termination:

The agreement is concluded for an indefinite period and can be terminated informally by both parties at any time. Services already provided must be remunerated in any case.

§6 Video consultation:

Parts of the treatment can be carried out on request via video consultation via the Doctolib platform. I am aware of the technical requirements and risks. Upon use, I consent revocably in this regard.

§7 Severability clause:

Should any provision of this agreement be or become invalid, the validity of the remaining provisions shall remain unaffected. The invalid provision is replaced by a regulation that comes closest to the economic purpose.

Confirmation:

I have read, understood and accept the agreement.

Place, date: _____

Patient's signature: _____

Signature of practitioner: _____