

## TREATMENT AGREEMENT

Between the Psychotherapy Practitioner  
(Heilpraktiker for Psychotherapy)  
Mgr. Zuzana Laubmann, MA., HPP  
Hauptstrasse 60, 91054 Erlangen

and the Client:

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Street \_\_\_\_\_  
PC / City: \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_  
Insurance \_\_\_\_\_  
Occupation \_\_\_\_\_

A psychotherapeutic treatment is hereby agreed upon.

## THE TREATMENT

Psychotherapeutic treatment is provided in the form of  
Talk Therapy (Psychotherapy), Trauma Therapy, Somatic  
Experiencing®, Systemic Therapy

- The aim of psychotherapy is to address, heal, or alleviate the client's symptoms and to increase self-understanding as well as awareness of unconscious motives and dynamics. The client's ability to find solutions to problems and conflicts and thereby reduce personal suffering is supported and strengthened.
- In the case of acute treatment, the primary goal is to relieve the client of acute symptoms.

During treatment, the client's condition may temporarily worsen. Self-help techniques will therefore be discussed and practiced with the client, and a possibility of contacting the therapist will be provided.

The content and conditions of psychotherapeutic treatment have been explained in detail verbally.

## COSTS OF TREATMENT

The fee for treatment is calculated according to the time spent. Upon request, invoices may be issued in accordance with the German Fee Schedule for Psychotherapists (GOP). Payment is due immediately, except in cases where costs are covered by the "Sexual Abuse Fund" ("Fonds Sexueller Missbrauch").

As a rule, statutory health insurance providers do not cover these fees. It is the client's responsibility to clarify whether

The client hereby confirms that information regarding the intended therapy has been provided, agrees to the above conditions, and wishes to begin treatment.

Place, Date

Client's Signature

\_\_\_\_\_

\_\_\_\_\_

zuzana  laubmann  
Heilpraktiker für Psychotherapie, Somatic Experiencing® Practitioner

and to what extent reimbursement is available through  
Private health insurance, Supplementary insurance,  
Government aid schemes (Beihilfe)

## CANCELLATION FEE

Psychotherapy practices typically operate on an appointment-only basis. This means that appointments reserved for clients usually cannot be filled at short notice. To avoid unused appointment times, clients are requested to reschedule or cancel appointments at least 24 hours in advance.

If an appointment is cancelled less than 24 hours before the scheduled time, a cancellation fee equivalent to one therapy session will be charged, unless:

A replacement appointment can be arranged promptly, or  
The appointment slot can be assigned to another client.

## MEDICAL CLARIFICATION OF PHYSICAL SYMPTOMS

If physical complaints or somatic symptoms are present, a medical examination by a licensed physician must take place before regular psychotherapy can begin.

## OTHER TERMS AND CONDITIONS

A therapy session lasts 60 minutes and takes place at fixed times agreed upon in advance. After a session, it may be necessary to allow time for rest and recovery. In some situations, it may be advisable to postpone driving a vehicle until sufficient concentration has returned.

Psychotherapy practitioners are bound by professional confidentiality regarding all information received from and about the client. If, during treatment, an exchange of information with co-treating professionals (e.g., a general practitioner or specialist) or family members becomes necessary, this may only take place if the client has previously provided written authorization releasing the therapist from confidentiality toward the specific person concerned.

For quality assurance purposes, supervision (discussion of therapy sessions within a professional peer group) may be necessary. Such discussions are conducted anonymously, and all participants are also bound by confidentiality.

If ongoing psychotherapy is terminated prematurely, at least one final session should take place so that the reasons for discontinuation can be discussed and reflected upon.

The therapist must be informed about any prescription, discontinuation, or dosage change of psychotropic medication made by a general practitioner or specialist.

Thank you for your trust. I look forward to accompanying you on your journey.  
Yours sincerely, Zuzana Laubmann

Book appointment:



Dear Client,

The protection of your personal data is very important to me. Under the European Union General Data Protection Regulation (GDPR), I am required to inform you about the purposes for which my practice collects, stores, and transfers data. This information also explains your rights regarding data protection.

#### 1. RESPONSIBILITY FOR DATA PROCESSING

The person responsible for data processing is: Zuzana Laubmann

Practice Name: Zuzana Laubmann

Address: Hauptstrasse 60, 91054 Erlangen

Contact: +49(0) 176 6109 0464

Details: info@zuzana-laubmann.de

#### 2. PURPOSE OF DATA PROCESSING

Data processing is carried out in accordance with legal requirements in order to fulfill the treatment agreement between you and your therapist and the obligations associated with it.

For this purpose, we process your personal data, particularly your health-related data. This includes medical histories, diagnoses, treatment recommendations, and findings that are collected either by us or by other healthcare professionals.

For these purposes, other physicians or psychotherapists involved in your treatment may also provide us with relevant information (e.g., through medical reports). The collection of health-related data is a prerequisite for your treatment. If the necessary information is not provided, proper and careful treatment cannot be guaranteed.

#### 3. RECIPIENTS OF YOUR DATA

Your personal data will only be disclosed to third parties when permitted by law or when you have given your consent. Recipients of your personal data may include: Other physicians and psychotherapists; Associations of Statutory Health Insurance Physicians; Health insurance providers; The Medical Review Board of Health Insurance Funds; Medical chambers; Private medical billing services.

Data is primarily transferred for the purpose of billing the services provided to you and for clarifying medical issues or matters arising from your insurance relationship.

In individual cases, data may also be transferred to other authorized recipients.

#### Receipt of Data Processing Information:

Upon request, the client will receive the current data protection information in written form. It is also available on the practice website.

Privacy Policy: <https://www.zuzana-laubmann.de/datenschutz>

Place, Date

Client's Signature

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#### 4. DATA RETENTION

We retain your personal data only for as long as necessary to carry out your treatment.

Due to legal requirements, we are obligated to keep these records for at least 10 years after the completion of treatment.

Other regulations may require longer retention periods, for example 30 years for X-ray records in accordance with Section 28, Paragraph 3 of the German X-Ray Ordinance.

#### 5. YOUR RIGHTS

You have the right to obtain information about the personal data concerning you.

You also have the right to request correction of inaccurate data.

Furthermore, under certain conditions, you have the right to: Request deletion of your data; Request restriction of data processing; Receive your data in a portable format (data portability)

Your data is generally processed on the basis of legal requirements. Only in exceptional cases do we require your consent. In such cases, you have the right to withdraw your consent for future processing at any time.

You also have the right to lodge a complaint with the competent data protection supervisory authority if you believe that your personal data is being processed unlawfully.

#### COMPETENT DATA PROTECTION AUTHORITY

Bayerisches Landesamt für Datenschutzaufsicht

Address: Promenade 27 (Schloss) 91522 Ansbach

Postal Address: Postfach 606, 91511 Ansbach

Contact:

Telephon: +49(0) 981 53 1300

Fax: +49(0) 981 53 98 1300

Email: poststelle@lda.bayern.de

