

Dr. rer. nat. Julia Giesemann  
Psychologische Psychotherapeutin

Schäufeleinstraße 5  
80687 München

Phone: +49 1525 54 61 58 6  
[info@PraxisDrGiesemann.de](mailto:info@PraxisDrGiesemann.de)  
[www.PraxisDrGiesemann.de](http://www.PraxisDrGiesemann.de)

## **Psychotherapy Contract**

After a detailed consultation and clarification about the terms of outpatient psychotherapy,  
**Dr. Julia Giesemann**, hereinafter referred to as the **psychotherapist**,

and

Mrs./Mr. \_\_\_\_\_, born on \_\_\_\_\_

Residence \_\_\_\_\_

Legal guardian, if applicable \_\_\_\_\_, born on \_\_\_\_\_

Residence \_\_\_\_\_

Policyholder, if applicable \_\_\_\_\_, born on \_\_\_\_\_

(for patients with family insurance)

hereinafter referred to as the **patient**,

agreed on the implementation of a psychotherapeutic treatment.

**The psychotherapy fees for outpatient psychotherapy should be invoiced in accordance with the following declaration by the patient:**

**I am privately insured by** \_\_\_\_\_.  
The resulting costs will be invoiced to me directly by the psychotherapist in accordance with the GOP<sup>1</sup>. I will bill my above-mentioned private health insurance company myself.

**I am entitled to Beihilfe, subsidiary office:** \_\_\_\_\_.  
The resulting costs will be invoiced to me directly by the psychotherapist in accordance with the GOP. I will bill my above-mentioned subsidiary office myself.

<sup>1</sup> Fee schedule for psychological psychotherapists and child and adolescent psychotherapists

**I am covered by statutory health insurance and would like private treatment with reimbursement by my health insurance company:** \_\_\_\_\_.

The resulting costs will be invoiced to me directly by the psychotherapist in accordance with the GOP. I will have the costs reimbursed by my above-mentioned health insurance company in accordance with § 13 Para. 2<sup>2</sup> or 3 SGB V<sup>3</sup>.

**I will pay the psychotherapy costs myself.**

The resulting costs will be invoiced to me directly by the psychotherapist in accordance with the GOP.

**Psychotherapy costs are covered by the following funding organisation:**

---

**I hereby commit that I will apply for reimbursement of therapy costs myself. I will submit the confirmation of authorisation for psychotherapeutic treatment to the therapist immediately.**

Irrespective of reimbursement by third parties (e.g. private health insurance, subsidised treatment, statutory health insurance under § 13 Para. 2 or 3 SGB V), the patient is personally liable for the full amount of the psychotherapist's fee. Invoicing is carried out in accordance with the GOP. I am aware that the costs of therapy are not always covered in full by health insurance.

**In addition, the patient and the psychotherapist agree on the following:**

The patient commits to cancelling an agreed treatment appointment **at least 48 hours** in advance if he/she is unable to attend. If the appointment is not cancelled in time, the patient will be charged **60% of the fee** due to the psychotherapist. This cancellation fee must be paid by the patient, regardless of the insurance provider. In this case, the costs will not be reimbursed by the private/statutory health insurance or subsidy. This agreement does not apply in the event of no-responsibility.

The patient commits not to save psychotherapeutic video services and not to make any recordings. **Video and audio recordings of meetings are only permitted with mutual consent.**

**Please use the following contact details to communicate with the practice:**

- Phone number \_\_\_\_\_
- E-mail \_\_\_\_\_
- Doctolib.de

<sup>2</sup> Cost reimbursement agreement with the statutory health insurance fund in accordance with Section 13 (2) of the Fifth Book of the German Social Code (SGB V)

<sup>3</sup> Reimbursement of costs by the statutory health insurance fund for self-procured services in accordance with Section 13 (3) SGB V

### **Declaration on electronic communication**

It is possible to communicate digitally with the practice. These communication channels are mainly used to arrange appointments and other organisational matters. Sensitive personal data is not sent digitally.

I was informed about the fundamental insecurity of the various electronic communication channels.

### **Psychological diagnostics**

Psychometric questionnaires are used in psychotherapy for diagnosis and to assess changes in symptoms. For this purpose, personal data (name and date of birth) have to be forwarded to Hogrefe Verlag. The questionnaires will be sent to the abovementioned email address.

I hereby consent to the transfer of my data to Hogrefe Verlag for the purpose of diagnosis and evaluation of the therapeutic process.

This consent can be revoked in writing at any time.

### **I have received and read the information sheet on outpatient psychotherapy.**

The original of the treatment contract remains in the psychotherapeutic practice. The patient receives a duplicate copy.

---

Place

---

Date

---

Patient's signature

---

Signature of Dr. Julia Giesemann  
Psychological psychotherapist (according  
to PsychTh-AprV) Behavioural therapy