Please fill in your information below as accurately as possible, so that it can be included in your file for clinical and administrative processing. Remember that you will be responsible for communicating any possible changes in the course of our therapeutic relationship.

|  |  |  |  |
| --- | --- | --- | --- |
| **GENERAL INFORMATION** | | | |
| **First name(s)** | |  | |
| **Last name(s):** | |  | |
| **Date of birth:** | |  | |
| **Place of birth:** | |  | |
| **Phone number/s:** | | (+…)… ….. …… | |
| **Email:** | |  | |
| **Address** | Street and number: |  |
| Post code: |  |
| City: |  |
| Country: |  |
| **Identification document** | Type (ID card, driver’s license or passport): |  |
| Country: |  |
| Number: |  |
| **Nationality:** | |  | |
| **Sex[[1]](#footnote-1):** | |  | |
| **How would you define your sexual orientation?** | |  | |
| **Civil status** (Single, Registered partnership, Unofficially living together, Married, etc.) | |  | |
| **Academic level:** | |  | |
| **Profession:** | |  | |
| **Emergency contact** | Name: |  |
| Relationship: |  |
| Telephone: | (+…)… ….. …… |
| **General Practitioner:** | Name: |  |
| Telephone: | (+…)… ….. …… |
| **How did you find me?** | |  | |
| **Do you have any limitations for holding online sessions?** (if yes, please specify and keep in mind that we work in a hybrid way). | |  | |
| **Do you think your therapeutic process could benefit from the presence of a dog in the room?** [[2]](#footnote-2) | |  | |
| **LIVING CONDITIONS** | | | |
| **Do you live in your home country?** | |  | |
| If not, **when did you emigrate?** (if you have had several moves, please specify) | |  | |
| **Who do you currently live with?** | |  | |
| **What is the structure of your family of origin? And of your current family** (if you have formed one)**?** | |  | |
| **What kind of place do you live in?** (shared, rented, owned…) | |  | |
| **What kind of work do you do?** | |  | |
| **Are you currently working** (getting paid)**?** | |  | |
| If notworking**, how are you supporting yourself now?** | |  | |
| If youwork**, how many hours do you typically work each week?** | |  | |
| **Has there ever been a period when you were unable to work or go to school?** | |  | |
| If yes, **why was that?** | |  | |
| **Do you use of alcohol, tobacco or** **other drugs?** (type and frequency): | |  | |
| **Do you play any sport?** (type and frequency) | |  | |
| **Please describe your social activities** | |  | |
| **What are you doing in your free time?** | |  | |
| **Do you practice any religion or have spiritual beliefs?** Please specify | |  | |
| **CHILDREN UNDER YOUR CARE** | | | |
| **Do you have children or are you about to have them?** | |  | |
| If yes**, please state the ages and sex of your children** | |  | |
| **How much time of the week do your children live with you?** Please specify if any of them are already living independently or with another caregiver. | |  | |
| **Who else is taking care of your children?** | |  | |
| **Are you able to provide your children with sufficient care?** | |  | |
| When that doesn't work out**, who can you ask for help?** | |  | |
| **What do the children notice about your problems and what does that mean for them?** | |  | |
| **HISTORY OF CURRENT PROBLEM** | | | |
| **What's the major complaint that has brought you for consultation?** | |  | |
| **Has this problem at some point led to the use of violence in your relationships?** If so, please describe in detail what happened, the frequency of these aggressions and the last time they took place. | |  | |
| **What coping strategies or tools are you using at the moment.** (What helps?) | |  | |
| **How has your environment reacted to this situation?** (Do you feel support? Do you feel difficulties receiving it?) | |  | |
| **Are you currently seeing a doctor, a therapist, or a counselor for help with your problem?** | |  | |
| If yes, **what kind of help do you receive?** | **Counseling or psychotherapy?** |  |
| **Medication? What kind?** |  |
| **What was going on in your life when this began?** | |  | |
| **Have you noticed any changes in your appetite?** | |  | |
| **Have you noticed any changes in your sleep pattern?** (please describe your usual night) | |  | |
| **Have you noticed any changes in your sex drive**? (If this aspect of your life hasn't changed, but you don't consider it balanced, it's also important to describe it.) | |  | |
| **When were you last feeling OK?**  (your usual self) | |  | |
| **What is your goal for your therapeutic process?**  Try quoting a result that you find achievable as a sign of feeling better. | |  | |
| **Are you interested in having your progress measured throughout the treatment process?[[3]](#footnote-3)** | |  | |
| **PSYCHOLOGICAL HISTORY** | | | |
| **Any family history of mental health problems that you consider worth mentioning?** | |  | |
| **Have you been to therapy before?** | |  | |
| If yes, **when was the first time you saw someone for emotional or psychiatric problems?** | |  | |
| **What was that for?** | |  | |
| **Have you received a diagnosis?** | |  | |
| If yes, **when was issued** (year) **and by whom** (healthcare specialty)? | |  | |
| **What treatment(s) did you receive?** | |  | |
| **What medications?** | |  | |
| **How would you describe the result of such treatment(s)?** | |  | |
| **Have you been in treatment since then?** | |  | |
| **Have you ever been a patient in a psychiatric hospital or a psychiatric unit in a medical hospital?** | |  | |
| **Have you ever had any treatment for drugs or alcohol?** | |  | |
| **OTHER MEDICAL PROBLEMS** | | | |
| **How has your physical health been?** (Have you had any medical problems?) | |  | |
| **Are you currently seeing any doctor regarding medical problems?** (if so, please specify the specialty) | |  | |
| **Have you consulted other health professionals?** (if yes, please specify) | |  | |
| **Have you ever been in a hospital for treatment of a medical problem?** (What was that for?) | |  | |
| **Do you take any medications, vitamins or other nutritional supplements** (other than those you’ve already mentioned)**?** | |  | |
| **SUICIDAL BEHAVIORS OR THOUGHTS** | | | |
| **Have you ever wished you were dead or wished you could go to sleep and not wake up?** | |  | |
| If yes, **did you have any of these thoughts in the past week** (including today)**?** | |  | |
| **Have you had a strong urge to kill yourself at any time in the past week?** | |  | |
| In the past week, **are you having any thoughts of attempting suicide?** | |  | |
| In the past week, **are you thinking about how you might actually kill yourself?** | |  | |
| If yes, **have you thought about what you would need to do to carry this out? Do you have the means to do this?** | |  | |
| **Have you ever tried to kill yourself?** | |  | |
| If not, **have you ever done anything to harm yourself? Were you trying to end your life?** | |  | |

At the time indicated below, I confirm that I have read and agree to Psychology within Reach's **privacy policy** and **general terms and conditions** included below, and **I attest that all the information given is complete and correct.**

**Date:**

**Signature:**

# TERMS AND CONDITIONS

SCOPE

These terms apply to all treatment agreements, both oral and written, placed between the patient and Mrs. Nuria Maldonado Bellido (hereinafter your psychologist), as founder and licensed psychologist working at Psychology within Reach (Chamber of Commerce # 66848687).

These terms and conditions may be waived only in writing and any amendments will be duly communicated to ensure mutual agreement.

These terms and all aspects related, between Psychology within Reach and the patient, fall under Dutch law and the parties hereby expressly submit to the exclusive jurisdiction of the Dutch courts for the resolution of any legal disputes.

REGISTRATIONS

Your practitioner is a psychologist licensed to practice in mental healthcare as stated in the following registrations: Psicóloga General Sanitaria Colegio Oficial de Psicología (AN03800) and Psycholoog NIP (225619).

She is also a member of the European Association of Gestalt Therapy and the Asociación Española de Terapia Gestalt.

GUARANTEES

Your psychologist benefits from the clinical supervision of psychiatrist and psychotherapist Dr. Gianni Francesetti, with whom she holds regular sessions to ensure the quality of the therapeutic processes she is involved in.

Our team follows a code of ethics in which we are committed to treating your case and information with confidentiality and due diligence. Information to and from third parties, outside of our team, will only be shared with your explicit consent.

Our privacy policy is available on our website, and we have a firm commitment to providing a safe environment also online, by using GDPR compliant tools at every step of our therapeutic relationship.

We are as open to receiving compliments as we are to accepting suggestions and complaints when your expectations are not met. The complaint procedure would start by letting us know about the area in which we haven’t met these expectations. If we are unable to offer you with a satisfactory solution, you can submit a complaint to Centraal Bureau Klachtenmanagement in de Zorg (CBKZ) following the protocol provided on our website (section Before we meet).

LANGUAGE

Psychology within Reach offers services in Spanish and English, although we cannot commit to the appearance of both languages in all the tools to be used and given our international focus, English will be the predominant language.

If any tool or communication received seems unclear, including these terms and conditions, you will be expected to communicate this to your psychologist for appropriate assistance.

SETTING

Every meeting must take place following whatever protocols are in place to provide safe conditions for it. These protocols will be duly communicated to you when they involve your active participation.

Your psychologist works in a hybrid way to guarantee that the therapeutic processes do not experience notable interruptions, which translates into the need to transfer the sessions to the online setting when circumstances demand it. This may happen several times a year.

METHODOLOGY

We are required to verify your identity; therefore, we kindly ask you to bring a photo id to your first session. During the intake phase, which can take several sessions, depending on how far apart they occur at the beginning of the therapeutic process, your psychologist will evaluate your demand for therapy to establish a treatment recommendation that will be shared with you and may be modified throughout the therapeutic process, when deemed necessary by both parties.

Since we work within the framework of Healthcare Psychology, it is not possible to obtain official diagnoses through us.

Your file will contain your admission form, all consents and other documents produced throughout our relationship, your treatment agreement and its possible updates, the list of sessions and, if you have chosen to monitor your progress with questionnaires, the follow-up of your therapeutic process.

You can also contribute with self-reflections after each session, given that your psychologist doesn’t take notes, but she values the co-construction of a narrative that offers continuity to your therapeutic work in the here and now.

All exchange of information will take place either via the patients’ portal or during sessions and we will reduce the email communications to informative messages about our practice, such as reminders of your appointments.

Psychology within Reach does not have a crisis service, therefore, in the event of a crisis, please contact your General Practitioner, your local emergency room, or the “huisartsenposten” in the Netherlands (outside office hours).

The therapeutic process will be terminated by mutual agreement with a free farewell session. It can also be considered terminated when the sessions have been interrupted unilaterally by you or when your psychologist understands that the conditions that allow providing the care that the case demands are no longer present.

FEES

All fees and costs for the services provided at Psychology within Reach are VAT exempt thanks to the nature of these services (health care provided by clinic) and the characteristics of our practice (according to KOR regulations in The Netherlands).

These fees are published on our website, and their acceptance is required in the booking process of each session. From January 1, 2025, and until further notice our rates are:

* 50-min therapy session = € 100
* 75-min therapy session = € 150.
* Group therapy session (90’) = € 40 p.p.
* Overtime (in-session or off-session) = € 30 (per 15′)
* Written report\* = 120 €.

\*Service only possible after receipt of signed consent from the patient and for the exclusive purpose of informing other practitioners about the therapeutic process in writing. Reports may take up to two weeks to prepare and deliver and may not answer specific questions, such as diagnosis, given the psychotherapeutic approach and the limits of your psychologist’s professional practice.

Our services are paid in full as they are booked. This process is carried out through Stripe’s secure payment services, which are integrated into our booking system and in which most debit and credit cards are accepted, as well as the iDeal payment method.

If contact between sessions generates calls, messages or other tasks that require extra attention, this time will be billed according to the rate included for this purpose in these terms and conditions.

Your psychologist works independently, without a contract with any insurer, however, some insurance policies cover part of the costs in the case of individual therapy and up to a certain amount per year. Under no circumstances shall Psychology within Reach be liable in any way for any claims, losses, expenses, costs or liabilities resulting from or arising directly or indirectly from the terms of your insurance policy.

CANCELATIONS

Modifications in the time/date planned for a session or cancelations made with less than one business days’ notice are subject to an administrative fee of a full session, regardless of the cause that prevented attendance.

Since cancelations that observe this advance notice result in a refund, it is expected that this option will be used only when continuity in the therapeutic process is not foreseen, in such a way that additional banking costs are prevented.

Utrecht, January 1, 2025

# PRIVACY POLICY

The law requires healthcare professionals to create and keep a file for every person they treat. This file records the data that are necessary to provide good care and / or to carefully carry out diagnostics. In the context of our services, we process your personal data and we have drawn up this privacy statement to inform you about how we handle our commitment to your privacy.

CONTACT DETAILS

The personal data are processed by:

* Psychology within Reach, sole proprietorship, Chamber of Commerce number 66848687
* Vuurvlindersingel 403. 3544 DB Utrecht. Netherlands.
* +31306368981
* info@psychologywithinreach.com

Psychology within Reach obtains personal data from you, for example the data that you provide to us via the website, email, telephone and app. In addition, we may obtain your personal data through third parties in the context of our services.

PERSONAL DATA

Psychology within Reach processes the following categories of personal data:

* Name and address details
* Contact information, such as email address and phone numbers
* Date and place of birth
* Sex
* Content of communication
* Transactional about payment methods
* Medical and health related information included on patient’s file.

PURPOSES

Psychology within Reach processes these personal data for various purposes, such as:

* Maintaining contact
* Providing good care
* Performing administrative actions
* Improvement of the service
* Billing
* Collecting funds and taking collection measures
* Compliance with legal obligations
* Conducting disputes.

LEGAL GROUNDS

We process certain personal data in order to implement your agreement, or to be able to comply with a legal obligation (Spanish Organic Law 15/1999, of December 13 and Dutch Medical Treatment Agreement Act or WGBO).

We also process personal data because Psychology within Reach has legitimate interests in this. These legitimate interests are:

* Being able to provide its services in the most efficient way possible.
* The protection of its financial interests
* The improvement of its services
* Security and management of its systems

If personal data are processed on the basis of consent, this will be requested separately.

PROVISION TO THIRD PARTIES

As healthcare professionals we have a duty of confidentiality. This means that we only speak about you with others with your explicit consent. Only in special cases does the law give us the right to provide information without your consent. In such cases, as a general rule, we will also first contact you to discuss this with you. We will only skip this step if we believe that the interests and safety of others, for example your children, are being damaged.

In the context of its services, Psychology within Reach may exchange personal data. Psychology within Reach may use third-party services, such as the IT suppliers of our website and our systems. In the context of this, personal data is provided to these third parties. These third parties may only process your personal data for the aforementioned purposes.

Finally, Psychology within Reach will not provide your data for commercial or charitable purposes.

TRANSFER OF YOUR DATA OUTSIDE THE EUROPEAN ECONOMIC AREA (EEA)

Although we do not engage in direct contact with patients via social media, Psychology within Reach keep profiles in Facebook, LinkedIn and Instagram to gain visibility among its potential patients.

Moreover, when using Stripe, Microsoft Office Tools (e.g., Teams) or Google Analytics in the contact with you, your personal data may be processed outside the EEA. These parties are “EU-US Privacy Shield” certified, so that they will comply with European privacy regulations.

HOW LONG WE KEEP YOUR DATA

Psychology within Reach will not process your personal data for longer than necessary for the purposes stated in this privacy statement. This means that your personal data will be kept for as long as they are necessary to achieve the relevant purposes. Certain data must be kept longer, because Psychology within Reach must comply with statutory retention obligations, such as the tax retention obligation and the Medical Treatment Agreement Act. The retention period for medical data is 20 years and for financial data 7 years.

HOW WE SECURE YOUR INFORMATION

We believe it is important that your personal data is protected against loss or unauthorized access of your personal data. Therefore, Psychology within Reach has taken appropriate security measures by working only with third parties (namely, Dasi eClinic, SimplyBook.me and any other IT party involved with the management of our services), that adhere to the highest security standards.

PROFILING

Some of our tools make behavioral analyses of the information collected as well. Although we are no making use of this information, it could be used in order to improve our services and for our accountability to clients by means of reports.

COOKIES

Cookies are used on the website to improve the online services. Cookies process your IP address and your device’s system information. For more information about these cookies, you can consult our cookie statement (accessible via our cookie banner)

YOUR RIGHTS

You have the right to make Psychology within Reach a request for access to your personal data. After receiving your request, you will receive an overview of your personal data within 1 month. If this reveals inaccuracies, you can request that you adjust, supplement, delete (within the limits of art.17 GDPR) or protect your data.

If you do not agree with the information included in the file, you can request us to add your own statement (your opinion) to the file.

You can also request Psychology within Reach for the transfer of your personal data or you can object to the processing of your personal data due to special personal circumstances.

Questions about this privacy statement or a request about the processing of your personal data can be sent to:

* Nuria Maldonado Bellido, licensed psychologist and founder at Psychology within Reach
* Vuurvlindersingel 403, 3544 DB. Utrecht, Netherlands
* +3130 636 8981
* info@psychologywithinreach.com

If you have a complaint about the processing of your personal data by Psychology within Reach, please let us know. If you do not come to an agreement with us, you have the right to file a complaint with the privacy regulator, the Dutch Data Protection Authority. You can contact the Dutch Data Protection Authority for this.

CHANGES TO THE PRIVACY STATEMENT

This privacy statement was last modified on January 1st, 2023.

Psychology within Reach can adjust this privacy statement. New versions are always published on the website. We therefore advise you to consult this statement regularly, so that you remain informed of changes.

1. Unfortunately, due to limitations in our electronic systems, we cannot guarantee that all communications include non-binary options, but we will do our best to honor your preference. [↑](#footnote-ref-1)
2. We are in the process of training and certifying Hugo as a therapy dog and for this reason he participates in some sessions. This will only happen when his presence is useful to you. [↑](#footnote-ref-2)
3. This implies your commitment to complete the necessary questionnaires. [↑](#footnote-ref-3)