

Asperger's syndrome 'Pay for Results' contract

Date: _____

Dear _____,

I am confirming our first treatment session on _____ (date) at your
_____ (time).

Forms: Before our session, please fill out the attached liability, informed consent, and client medical history forms. If you've agreed to this, there is also a release for testimonial form. Please read, sign, and email them to me. If you have any questions about these forms, you need to ask them before treatment starts. You also need to send one or two relatively recent pictures via email for our records.

Symptoms: We specify what symptoms we agree to eliminate below. Our treatment is focused only on your Asperger's syndrome symptoms. We do *not* guarantee other symptoms other than the specified symptoms below will be eliminated. Nor do we treat symptoms from events in your life resulting from your Asperger's syndrome.

If an optional second symptom is included, your current distress with this symptom is shown below on a 0-10 SUDS scale (zero means no symptom). Be sure to record the symptoms and its SUDS as they are currently, not from some time in the past.

For our pay-for-results criteria, we agree to eliminate the following symptom(s):

1: The sensation that you are surrounded by a 'glass wall' or tube that encloses your entire body.

2) (Optional) Another major Asperger's symptom (SUDS = _____):

Pay for Results: If we do not heal the issue fully, there is no fee. If we eliminate the symptoms, the fee is \$ _____. The fee is payable two weeks after the symptoms are gone. If symptoms come back within 6 months after treatment is finished, we will refund or attempt to treat the problem again, at your preference. If you decide to cancel treatment before the second session the cancellation fee will be 200 EUR. Cancellation after the second session and before we finish forfeits the entire escrow amount.

Escrow: Before we start treatment, we require your payment be put into a 3rd party escrow account with _____. Upon successful treatment, the money will be paid out to us. If we do not meet the results criteria, the money will be refunded to you.

Follow-up treatments: As I mentioned, after the symptoms are gone (assuming we are successful), we will do two more sessions to make sure the healing is stable. The first will probably be in the first week, the second either the following week or the next after. It is not uncommon to have the problem return at a

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reduced level after the first successful treatment - this is why we plan on the follow up treatments, to eliminate anything we missed.

Testimonial: If you would be willing to let us use your case on our testimonial page, please fill out the release form for your testimonial. You can choose whether you want to let us use your name or not.

A testimonial lets others with your disease who are searching for help find out if the treatment might work for them.

Therapist emergency contact: If you have any other problems arise as an immediate outcome of treatment, contact us immediately via phone at _____.

Medications: If you are taking medication, even if the symptoms go away, you and your personal doctor need to agree to tapering the medications off. Do not go 'cold turkey' without consulting with your doctor!

Again, if you have any questions, or don't agree to these conditions, please let me know before the treatment starts. We are looking forward to working with you!

Client signature: _____

Date: _____

Sincerely,
(Staff name)
Psychoimmunology Clinic
www.Psychoimmunology.dk