

Traumatic Brain Injury (TBI) '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 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 do not treat symptoms from before your TBI ('pre-existing conditions'), nor symptoms caused by other injuries or diseases after your TBI event. Our treatment is focused only on your TBI symptoms.

We specify what symptoms we believe we can eliminate below. We do *not* guarantee other symptoms will be eliminated. Your current distress with these symptoms is on a 0-10 SUDS scale (zero meaning no symptom). We want the symptoms and their SUDS as they are currently.

For our pay-for-results criteria, we agree to eliminate the following symptoms:

1) TBI headache gone (not other headaches) (SUDS = _____):

2) Can now use computer screen without any focus, pain or headache problems (SUDS = _____):

3) (Optional) Another major 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 comes 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 (to cover the medical exam). 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.

Medical exam: We will start treatment with a medical exam given by our MD. This is both for your safety (for example, we won't treat patients who are at risk for a heart attack) and for your symptom evaluation. At the end of treatment, if successful, the exam will be repeated.

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 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 for your TBI symptoms, 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