

## PROFESSIONAL SERVICES AGREEMENT

Welcome to my practice! This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our first meeting. When you sign this document, it represents an agreement between us.

### PSYCHOLOGICAL SERVICES

Psychological counselling varies depending on the personalities of the psychotherapist and client, and the particular issues you bring forward. There are many different methods I may use to deal with the issues that you desire to address. Psychological counselling calls for a very active effort on your part for the therapy to be successful. You will be encouraged to work on things we talk about both during our sessions and in between sessions.

Psychological counselling can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. On the other hand, talk therapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. If you have questions about my procedures, let me know so that we can discuss them whenever they arise. If your doubts persist or if you are not getting the results that you expected, I will be happy to refer you to another therapist.

While I have taken training in the Gottman Method Couples Therapy, I want you to know that I am completely independent in providing you with clinical services and I alone am fully responsible for those services. The Gottman Institute or its agents have no responsibility for the services you receive.

### PROFESSIONAL FEES

The first introductory session will be charged CHF 160 for 60 minutes. Please pay in cash at the end of the session. If you decide to continue working with me, you will choose your hourly fee based on the sliding fee scale below. I have chosen to structure my fees in this manner in order to make my services affordable to the widest range of income groups. In essence, those choosing a higher fee level will be helping those with less income access my services. The fee scale ranges from CHF 140 to CHF 200 per 60 minutes. Ninety-minute sessions will be charged 1.5 times the rate of the 60-minute session. Your decision of which fee to choose may be based on your ability to pay and the value you place on these services.

Please circle one amount:      140    150    160    170    180    190    200

In addition to office sessions, I charge this same amount for other professional services you may need, including therapy provided by telephone or Skype or report writing.

### BILLING AND PAYMENTS

My preference is for clients to pay cash for each session at the end of each session. Payments for other professional services will be agreed to when they are requested. Receipts for payments will be emailed to you after every three or four sessions or as requested.

## **SCHEDULING AN APPOINTMENT AND CANCELLATIONS**

I recommend scheduling one 60-minute session per week at a time that is convenient for you, although some sessions may be longer or more or less frequent. For couples sessions, I suggest 90-minute sessions once per week. Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation or change.

I use an online calendar called Full Slate to book and manage my appointments. The link to the calendar can be found on my web site at [www.david-schiesher.com](http://www.david-schiesher.com). Immediately after you book an appointment, you will receive a confirmation email. If you do not receive this, your appointment has not been properly booked, so you will need to do it again. Forty-eight hours in advance, you will receive a reminder email. This is a good time to check to see if you can still make the appointment, and if not, cancel or change it as soon as possible. My week often fills up, so you will need to book at least a week or two in advance to get the desired time. After you decide to work with me, I recommend that you schedule a series of sessions at your desired frequency to insure that you get the times that you want. You are allowed to schedule session up to two months in advance.

## **CONTACTING ME**

My office hours are client-determined and vary from day to day between 8:30 AM and 8:30 PM. I am often not immediately available by telephone. I will not answer the phone when I am with a client. When I am unavailable, my office telephone, +41(0)22 320 26 32, is answered by voice mail that I monitor frequently. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. You can also call me on my mobile number which is +41(0)79 811 36 42. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary. I am also available by email at [schiesher@bluewin.ch](mailto:schiesher@bluewin.ch).

## **INSURANCE REIMBURSEMENT**

You are responsible for full payment of my fees whether your insurance company agrees to reimburse you or not for a portion of the fee. It is your responsibility to determine which psychological services your insurance policy covers. If you have questions about the coverage, call your plan administrator and give them my name and they will tell you if my services are covered.

I am a member of the Swiss Foundation ASCA and my therapist number is RCC F437162. My membership in ASCA may or may not help you to get insurance reimbursement in certain situations when you have the complementary coverage option. I am not a member of FSP or ASP.

## **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep case records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

## MINORS

**If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss.**

## CONFIDENTIALITY

In general, the law protects the privacy of all communications between a patient and a therapist, and I can only release information about our work to others with your written or oral permission. However, there are a few exceptions.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child [elderly person, or disabled person] is being abused, I may be required to file a report with the appropriate agency.

If I believe that a patient is threatening serious bodily harm to another, I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need more information.

\* \* \*

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
David C. Schiesher, MSW

\_\_\_\_\_  
Date