

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 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 practice things we talk about during our sessions in between sessions as well.

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 am taking 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 from me.

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 to make my services affordable to the widest range of income groups. 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. Your decision of which fee to choose may be based on your ability to pay and the value you place on these services. The fee is the same for both individual and couples therapy.

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 Zoom, or report writing.

BILLING AND PAYMENTS

If the session is in-person, I can accept cash as payment. I also accept Revolut payments or direct deposits into my Swiss UBS account on or before the day of the session. I do not accept credit cards. Payments for other professional services will be agreed to when they are requested. Receipts after payments will be emailed to you upon request.

SCHEDULING AN APPOINTMENT AND CANCELLATIONS

I recommend scheduling one 60-minute session per week at a time that is convenient for you. 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 Calendly to book and manage my appointments. The link to the calendar can be found [here](#) and on my web site at 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 your desired time. After you decide to work with me, I recommend that you schedule a series of sessions to ensure that you get the times that you want.

Clients have the option of in-person sessions in my office at Casciana Terme Lari (Pisa) Italy or Zoom video calls. You will automatically be given a Zoom link when scheduling. If you want an in-person session, you will need to let me know.

CONTACTING ME

My office hours are Monday through Friday mornings at 9:30am and 11:00am. I am often not immediately available by telephone. I will not answer the phone when I am with a client. When I am unavailable, please leave a message. I will make every effort to return your call on the same day you make it, except for weekends and holidays. My contact details are in the footer of this page below. 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 david.schiesher@gmail.com or by using the contact form on my web site.

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 therapist number (RCC F437162) and they will tell you if services provided by me are covered.

I am a member of the Swiss Foundation ASCA which covers complementary health services. My membership in ASCA may or may not help you to get insurance reimbursement in certain situations even 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 hourly fee for time spent in responding to information request.

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 client 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 client'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 client. If the client threatens to harm themselves, I may be obligated to seek hospitalization for them 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.

* * *

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