

Therapy contract

After detailed information and clarification of the conditions of outpatient psychotherapy of

_____ (Name of patient and place of residency), represented by
person with custody _____ (Name of patient and place of residency)

and **Institutsambulanz des DGVT Aus- und Weiterbildungszentrums Erlangen-Nürnberg GmbH** represented by
the Institute Management

agreed that psychotherapeutic treatment should be provided. I hereby undertake that I myself, with the support
of the therapist in training:

1. Organizational conditions:

Psychotherapy is provided, including the necessary diagnostics. This includes psychotherapeutic consultation
hours, probationary sessions, short-term and long-term therapy, acute treatment, relapse prophylaxis (as far as
predictable) and psychotherapeutic discussions. A therapy session usually lasts 50 minutes. Appointments are
arranged individually between therapist in training and patient and are considered binding for both parties.

The therapist makes every reasonable effort to provide competent and effective psychotherapy, while adhering
to the established ethical and professional guidelines (see also the professional code of conduct already cited).
The Therapist takes the necessary steps in the application process or discusses the requirements with the patient.

During the psychotherapeutic consultation(s), the psychotherapist clarifies whether an illness requiring treatment
exists. A suitable treatment option is discussed and selected with the patient, and the patient is given general
advice and support in making use of the specific treatment option.

If further psychotherapeutic treatment is indicated, the psychotherapist will provide information about the
different procedures, forms of application and the process. If psychotherapy is not indicated, information about
alternatives is provided if necessary.

This is followed by either acute psychotherapeutic treatment or probationary sessions and, subsequently,
guideline therapy in the form of short-term or long-term treatment.

The first appointments of the treatment, the probationary sessions serve to record the complaints, problems,
their possible history and the personal life situation of the patient in order to make a diagnosis and to jointly
develop a possible treatment plan as well as to check whether a trusting cooperation is possible. The probationary
sessions usually last 50 minutes.

These requirements include a physical examination by a consultant doctor before the application is made; this
can be the family doctor, for example. The purpose of this examination is to determine whether there is any
medical condition that precludes psychotherapy. Furthermore, the medical diagnosis is intended to determine
whether psychotherapy must be accompanied by medical measures. The medical examination is required by law
to conduct and apply for psychotherapy and is therefore mandatory.

If desired, the patient submits an application for approval of psychotherapy to his/her health insurance company
after completion of the probationary sessions. The psychotherapist will assist him/her in this process if desired.

For the application, the psychotherapist informs the health insurance company of the diagnosis he/she has made. In doing so, he/she gives reasons for the indication and describes the type and scope of the planned therapy.

The therapy can only be started when the health insurance company recognizes the obligation to provide services with a cost commitment.

If the therapy is to be continued after the expiry of the approved therapy hours, further hours could be applied. The therapy will only be continued after the health insurance company has approved the costs.

The psychotherapist must be informed immediately of any change in health insurance. The therapy can only be continued after the therapy hours have been approved by the new health insurance company.

Any termination of therapy must be notified by the psychotherapist to the insured's health insurance company. It is possible to terminate the treatment relationship (contract) without observing a notice period because a functioning patient-therapist relationship is important for the success of psychotherapy. In this case, it is desirable to bring the treatment to a satisfactory conclusion by mutual agreement in one or two final sessions.

2. Cancellation conditions:

A therapy session usually lasts 50 minutes. Appointments are arranged individually between therapist and patient and are considered binding for both parties. In principle, agreed appointments must be cancelled at least 48 hours in advance. Sessions that are cancelled, not cancelled in time or cannot be carried out due to excessive delay will be invoiced to the patient privately, as health insurance companies do not cover cancelled sessions. In this case, the provisions of § 615 BGB (German Civil Code) apply to the contract between the therapist and the patient. The cancellation fee is 105,95 Euro per cancelled session. In case of a cancelled session not cancelled in time, you will receive an invoice for the respective amount.

When calculating the 48-hour period, Saturdays, Sundays and public holidays are not included. An appointment on Monday at 3 p.m., for example, must also be canceled by Thursday at 3 p.m. so that no cancellation fee is incurred.

If the patient and/or a custodian who must be consulted is unable to attend an agreed appointment, he/she should inform the psychotherapist as early as possible. In the case of joint custody, the legal guardians shall agree on who is responsible for the for keeping or canceling the appointment in good time on behalf of the other parent or guardian.

The responsible person is: _____ (Name)

Agreement on the cancellation fee

I agree that the psychotherapist will charge me privately (in the case of legal representation, the patient) a cancellation fee according to the above rates if I do not cancel a fixed treatment appointment by telephone at least 48 hours before the appointment and the appointment could not be filled with another patient. Saturdays, Sundays and holidays are not included in the calculation of the time limit. I have been informed that my health insurance will not cover the cancellation fee.

Date and signature of patient

Date and signature of custodian

3. Confidentiality

Psychological psychotherapists are subject to professional secrecy. They must remain silent about what they have been entrusted with or become aware of in connection with their professional activities. Your personal data are thus protected. I will not disclose any information about you without your express and written consent, not even the fact that you are in treatment at all. An exception to the duty of confidentiality is made in cases of acute danger to yourself or others; in these cases the therapists are legally obliged to take appropriate action and, if necessary, to break confidentiality. However, this only happens in extreme exceptional situations and if milder means fail.

Within the application for approval of psychotherapy approval of costs by the responsible health insurance company, it is necessary to provide the health insurance company with information about complaints, the problem and the therapy plan. This information can - if necessary - be forwarded in anonymized form to an independent expert. In principle, the patient has the right to inspect the information provided.

Declaration of release from confidentiality

I have been informed that the psychotherapist will send a report on my complaints, problem and the therapy plan, which will be forwarded anonymously to an independent expert, in order to apply for reimbursement. In this respect, I hereby expressly release the psychotherapist from his/her duty of confidentiality.

I am aware that my declaration can be revoked at any time.

Date and signature of patient

Date and signature of custodian

4. Documentation

In accordance with legal requirements, all documents (consultation reports, other reports, test results, etc.) must be archived for ten years. After this period, these documents are completely destroyed.

5. Probability of success

The probability of success of a treatment (improvement, alleviation, healing of symptoms) can be classified as very high and depends, among other things, on the type of symptoms, the duration of the symptoms (chronification) as well as the regularity of participation, active cooperation and the therapeutic relationship. According to overview studies, the average effect size of psychotherapies is 0.88 (high effect size). (Source: <http://www.bptk.de>)

6. Possible side effects

Where there is an effect, there may also be side effects: In the course of the therapeutic process, symptoms may first appear intensified for a short time, the state of mind may be negatively affected, or the social environment may react negatively. This shows that something is on the move and a change is imminent.

There may also be short-term negative feelings towards the therapist. Please be sure to mention this to the therapist.

Declaration of consent

I confirm that I have been informed about the general conditions and principles of treatment and that I agree with the above mentioned agreements. I can withdraw this declaration in writing at any time for the future.

_____ Date

_____ signature of child and adolescent Psychotherapist in training

_____ signature of Patient

_____ signature of Custodian

7. Declaration on custody and legal representation/consent to therapy

I/we hereby declare that we _____ (name of Custodian/-s),

That we have following arrangement of custody for _____ (name of child/adolescent)

- Shared custody (one signature necessary)
- sole custody of the mother (only one signature required)
- sole custody of the father (only one signature required)
- living separately or divorced and joint custody (two signatures required).
- another custody arrangement: _____

and agree with the therapeutic treatment by **Institutsambulanz des DGVT Aus- und Weiterbildungszentrums Erlangen-Nürnberg GmbH**

_____ Date

_____ Date

_____ Date

_____ Signature of 1. Custodian

_____ Signature of 1. Custodian

_____ Signature of child/adolescent