ADHD (dispersed focus) 'Pay for Results' contract

Rev 1.2, April 10 2025

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: This treatment is *not* a cure for hyperactivity or all possible symptoms of ADHD, only the ability to focus. It is also *not* a cure for the lack of interest in focusing, as when doing homework or writing papers. Our treatment is focused only on one of all the possible ADHD symptoms. We do *not* guarantee other symptoms other than the specified symptom below will be eliminated. Nor do we treat symptoms from events in your life resulting from your ADHD in this contract.

To verify that we've actually solved your focus problem, we are going to pick one or two tasks in the present (while we are speaking together) that will evoke your symptoms. When we are done with the process, when you do these tasks, you should not have any of your current symptoms. We will have you check back with us twice more after your symptoms are fully gone, just in case some of the symptoms come back. Although uncommon, this can happen if we missed something in the initial session. We specify what symptoms we agree to eliminate below.

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. Examples: 1) When I try to focus on multiplying 22 x 37, it is like my mind fragments into a million directions. The contract will be fulfilled if I can focus on this problem easily (even if I am still bad at math). 2) When I try to focus on the illustrated 'looking for Waldo', I can't keep myself looking at the picture. If I can do this after the treatment, the contract will be fulfilled.

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

1: The dispersed focus you feel when you read a boring page in a book (incl. book and page). Note that it will still be boring after treatment, but that you can now read and absorb it easily. (SUDS = _____).

_____

2) (Optional) Another major dispersed focus 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 $1,500 USD (or 1,500€ in Europe). 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 USD (or 200€ in Europe).

Follow-up treatments: As we 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 dispersed focus issue 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,
(Therapist name)
www.PeakStatesClinics.com