



**GENERAL CONDITIONS FOR THE PSYCHOTHERAPEUTIC SETTING**

1. The initial psychotherapeutic consultation lasts 50 minutes and is chargeable.
2. The following general conditions are clarified in the initial consultation: transfer context, expectations, target formulations, treatment needs & scope, duration of therapy, fee and payment modalities, cancellation and holiday regulations, contraindications, risks & side effects of psychotherapy.
3. A single psychotherapeutic session lasts 50 minutes a double session lasts 90 minutes.
4. Therapy hours that cannot be observed must be announced at least 48 hours in advance, otherwise the session will have to be paid for.
5. In the case of short-term cancellations due to illness, the hour does not have to be paid if a doctor or hospital confirmation can be presented.
6. The therapy hours are to be paid at the end of the hour via ATM credit card (ATM cash register) or by bank transfer (for account details see below \* / please specify fee note number for bank transfers).
7. The fee must be paid latest within one week after the date of the invoice, otherwise no subsequent appointment can be agreed.
8. You have the option to apply for a cost subsidy\_refund from your health insurance company.
9. Everything you say or do in therapy is subject to absolute secrecy, even with authorities or relatives. However, you can release me from this duty of confidentiality. I am subject to the data protection guidelines of the Federal Ministry.
10. I am obliged to keep records of a general nature (e.g. beginning and end of psychotherapy, recommendations regarding consultation with doctors, etc.). You can inspect these general records at any time.
11. The following values are considered fundamental for the therapeutic process in the therapeutic activity: confidentiality, voluntariness, neutrality, empathy, appreciation, non-violence.
12. It is strictly forbidden to take alcohol, drugs or weapons into the practice.
13. You have the right to a complete diagnosis.
14. If a consultation of other health care specialists appears necessary, I am obliged to point this out to you.
15. You are free to change your psychotherapist at any time.
16. Since there is a special relationship of trust in the psychotherapeutic relationship, I expressly point out that I am committed to the ethical guidelines of the professional code for psychotherapists.
17. You hereby agree to use the psychotherapeutic treatment voluntarily, without coercion by others, and furthermore declare your acknowledgment of all my information about the guidelines of the treatment in my practice, extent, scope, goals, costs, possible personal and social changes and risks- and side effects of psychotherapy.
18. In the case of the treatment of children\_minors and adolescents whose treatment requires the consent of their legal guardians you declare your consent to the child and adolescent psychotherapy of your child.

Agreed fee:

Setting:

Frequency:

I confirm receipt and acceptance of the guidelines for psychotherapeutic treatment.

First/last name:

Date of birth.:

Social security number.:

Adress:

Phone:

Email:

Signature of client / legal guardian:

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