

## Hearing voices 'Pay for Results' contract

Rev 1, May 2025

Date: \_\_\_\_\_

Dear \_\_\_\_\_,

I am confirming our first treatment session on \_\_\_\_\_ (date) at your  
\_\_\_\_\_ (time).

**Introduction:** The treatment is designed to eliminate the extremely common chatter in the mind that almost everyone has to a varying degree. In some, it is just background thoughts that you may or may not notice. In others, it sounds like other people are talking to you in your mind. These voices feel like they are in fixed locations in space, and have fixed emotional tones. We will test the results by having you check to see if a particular voice is gone, and to meditate for a few minutes and listen.

If treatment is successful, you might have a reaction to loosing your voices. Although rare, some people have feelings of loneliness after their voices leave. If you encounter this issue, please let us know so we can treat it in the followup sessions. Note that this treatment does *not* get rid of voluntary 'self talk' (ie where you deliberately talk to yourself, as if talking to someone else but without speaking), or songs that play in your head (like a song from the radio). As an added benefit, this process also gets rid of associated inappropriate attractions.

**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. All your records are confidential.

**Symptoms:** We specify what symptoms we agree to eliminate below. Our treatment is focused only on your 'hearing voices' issue'. We do *not* guarantee other symptoms other than the specified symptoms below will be eliminated.

For our pay-for-results criteria, we agree to:

- 1) Eliminate the autonomous voices you have i.e., the background thoughts you hear when you are trying to meditate (that may sound like other people's voices). After treatment, you will have the sensation that your head feels empty, quiet, open and large (like you are now standing on an empty stage). Note that you will soon become used to this feeling and it will be hard to notice it later.

Example voice (with location in space): \_\_\_\_\_

- 2) Eliminate dysfunctional sexual attractions i.e., people you don't want to be attracted to.

Example person: \_\_\_\_\_

**Pay for Results:** If we do not heal the issue fully, there is no fee. If we eliminate the symptoms, the fee is \$1,500.00 USD (or €1,500 if you live 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 if you live in Europe).

**Follow-up treatments:** After the symptoms are gone (assuming we are successful), we will do two more sessions to make sure your 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 disease 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