

**Allyn Rodriguez, PsyD**  
Licensed Psychologist PSY27459  
1555 Sunset Blvd, Unit C, Los Angeles, CA 90026  
504-408-1762

**Consent for DBT Skills Group**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PRIMARY PHONE: \_(\_\_\_\_)\_\_\_\_\_ SECONDARY PHONE: \_(\_\_\_\_)\_\_\_\_\_

E-MAIL: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

I am pleased to be working with you, and hope that this information will help you make an informed decision regarding group services. If you have any questions at any time, please do not hesitate to ask.

**Meetings**

The DBT Skills Training Group will be held on Tuesdays from 4:15pm- 5:45pm. Prior to the first meeting, we will conduct an intake to help determine whether you are a good match for the group and vice versa. There will be four 4 week modules, entitled Mindfulness, Interpersonal Effectiveness, Emotion Regulation, and Distress Tolerance. The full program will last approximately 4 months, and many group members choose to repeat the modules to master the skills. If you are unable to attend group, please call my confidential voicemail at 504-408-1762 and leave a message, including a phone number and time you can be reached, or send an email to drallyn@allynrodriguez.com.

**Fees and Payment**

The monthly fee for DBT group is \$400. You are expected to pay the monthly fee regardless of any missed sessions. Payment should be made in the first group of each month. If your financial circumstances change, please discuss this with me as soon as possible. Although participants are highly encouraged to complete all four modules, if you need to discontinue group please discuss this with me as soon as possible. I maintain a 24-hour cancellation policy, therefore the fee for the month of group will still apply in the case that you decide not to continue group for the following month. Cash, check, or credit card are acceptable forms of payment, and I can provide the necessary paperwork for you to submit to your insurance for reimbursement if desired.

**Emergencies**

All emergencies should be directed to your individual therapist first. To contact me, call 504-408-1762. I will return your call as soon as possible but may not be able to do so until the next business day. If you are in a crisis, especially

if you think you may harm yourself or someone else, go to the nearest emergency room or call 911.

**Confidentiality**

All information regarding you and your care is confidential and is not released to anyone without your written consent. However the law does require the release of confidential information in a situation of potential harm to yourself or others, when the court demands records, or in cases of suspected child or elder abuse or neglect.

While confidentiality among group members will be strived for, other members of the group are not therapists and are not obligated to maintain the same ethics and laws that the therapist must work under. We ask that you please make every effort to keep anything discussed in group, as well as the identity of other group members, confidential.

I have received a copy of and have read the Service Agreement for Dialectical Behavior Therapy. I have received satisfactory answers to any questions I had pertaining to its contents. I accept the terms set forth in this Agreement.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date