Auburn –Davis Center For Dialectical Behavior Therapy

Dear Potential Applicant:
Thank you for considering our 6-month Dialectical Behavior Therapy Program. The program consists of both group and individual therapy. Successful groups require motivated and committed participants. This application process is to find these participants before the first group meeting. First, determine if you are really ready to commit to the completing the whole six- month process. The material is not difficult to understand and the group dynamics are nurturing, but it is difficult to integrate the skills into your life. Almost everyone finds some internal resistance to this process. Sharing the frustration and success stories help, but it still requires hard work. At a minimum, you need to commit to coming to all 18 weeks of skills training groups and meeting with your therapist. If you do not come, DBT will not be able to help you. DBT definitely works, but it does not magically do it for you. Once you are ready to commit to the 18-week program, call Dr. Susan Landes at 530-888- 9858 to see if we have room in the group you want to join. New participants are taken into the program every six weeks. If a group is full, you can possibly begin individual DBT and be on a waiting list for the next one.

Forms to be e-mailed/faxed or brought to the assessment
1. A completed *Application Form*.
2. A completed *Release of Information* for us to exchange information with your therapist and, if relevant, send a separate *Release of Information* for your psychiatrist.
3. The signed *HIPPA* form, *Informed Consent* and *Financial Responsibility Statement*.
4. A $150 check for the cost of our individual consultation with you. A minimum of one-hour individual assessment is required prior to starting group.

Check made payable to and e-mail or bring the application to:
Susan Landes, PsyD MFT
drsusanlandes@earthlink.net
530-888-6453 Fax

Your Individual Assessment with a DBT Therapist
When Dr. Landes receives your application she will call to acknowledge receipt. She may schedule your individual assessment or let you know when she will call back to schedule this appointment. You will have a chance to get to know a DBT therapist and ask questions. We have two purposes for this meeting. The first is to help you determine if you are ready to commit, the second is to help you formulate specific behavioral goals.

Release of Information
DBT skills groups are intended to work together with Individual DBT therapy. Therefore, all group participants must be in individual therapy with a DBT therapist. In order for us to speak with either your psychiatrist or your previous therapist we must have a release(s) of information signed by you. The therapist or psychiatrist will also need a copy for us to speak. You can give them a copy or we will send/fax them a copy.

Auburn –Davis Center For Dialectical Behavior Therapy

Costs

Payments need to be in cash or a check made payable to Auburn-Davis Center for DBT. The ADCDBT is not on any insurance panels. It is possible to set up single payer agreements with some HMO insurance plans although you will be responsible for services not covered by insurance and/ co-pays. If your insurance company will reimburse you, we will provide evidence of your payment and the appointments you attended.

Adults

The weekly cost of the program is $200.00. The total cost is $ 3900.00: $150.00 for your individual assessment with a DBT therapist, $900.00 for the 18 classes, and $150.00 for each individual therapy session and a termination session. Group fees will be due at the beginning of each new training module ($300.00 for 6 groups, $50.00 per group). Group fees are payable regardless of attendance. At the initial assessment, we may need a check for $300.00 to guarantee your place in the group. We hold your $300.00 check for 72 hours to give you time to be sure you are ready to commit after meeting us. If you do not call us to withdraw from the class, we will deposit your check. You will be charged for missed assessments and individual sessions if 48-hour notice of the cancellation is not given.

One Assessments sessions @ $150.00 per session = $150.00
18 Skills Training groups @ $50.00 per group = $900.00
19 Individual Therapy sessions @$150.00 per session = $2850.00
Total of = $3900.00

Teens

The weekly cost is $250.00. The total cost is $ 4800.00: $150.00 for your individual assessment with a DBT therapist, $900.00 for the 18 skills training groups for teens and $900.00 for the 18 parent skills training workshops (at least one consistent parent must attend the group each week), and $150.00 for each weekly individual therapy session and a termination session. One session per month will be designated as a parent teen check-in. Group fees will be due at the beginning of each new training module ($300.00 for 6 groups, $50.00 per group). Group fees are payable regardless of attendance. You will be charged for missed assessments and individual sessions if 48-hour notice of the cancellation is not given.

One Assessments session @ $150.00 per session = $150.00
18 Skills Training groups @ $50.00 per group = $900.00
18 Skills Training Workshops for Parents (Teens) = $900.00
@ $50.00 per group (Often not reimbursable by insurance)
19 Individual Therapy sessions @$150.00 per session = $2850.00
Total of = $4800.00

129 C St. Suite 7 Davis, CA 95616 530-888-9858
13620 Lincoln Way Suite 370 Auburn, CA 95618

Refunds
We will not refund the $150.00 the initial consultation fee. There will be no refunds for group fees once the first class has started.

Cancellation Policy
Group fees are payable regardless of attendance at group. Please give a 48-hour notice if you will be missing your individual therapy appointment and you will not be charged. Insurance companies do not pay for missed appointments.

Rev. 6-15

Auburn –Davis Center For Dialectical Behavior Therapy

Application Form

Client Information:

Name (First, Middle, Last)

_____

Street Address_____

Date of Birth _____/_____/_____

City, State, Zip _____

Social Security Number _____/_____/_____

Gender male female

Email _____@_____

Phone Numbers: If we can leave our name on a recorded message or with someone who answers the phone circle yes and underline the number you prefer us to call first.

Home _____ yes Work _____ yes

Mobile/Pager _____ yes

Occupation _____

How did you hear about the group?

_____

Parent (If client is a teen)

_____

Street Address_____

Social Security Number _____/_____/_____

Date of Birth _____/_____/_____

Emergency Contact: (If different than above)

Name _____ Relationship _____

Phone Number _____

Name of Person in Household_____ Relationship_____

Previous Individual Therapist:

Name _____

Street _____

City _____ Zip _____

Phone _____ FAX _____

Date began seeing _____

Psychiatrist:

Name _____

Street _____

City _____ Zip _____

Phone _____ FAX _____

Date began seeing _____

Continue on next page

Medications (List all current prescription medications)
Name of Drug _____
Reason of Prescription _____
Months or Years on Drug _____
Name of Drug _____
Reason of Prescription _____
Months or Years on Drug _____
Name of Drug _____
Reason of Prescription _____
Months or Years on Drug _____
Name of Drug _____
Reason of Prescription _____
Months or Years on Drug _____
Name of Drug _____
Reason of Prescription _____
Months or Years on Drug _____
Name of Drug _____
Reason of Prescription _____
Months or Years on Drug _____

Psychiatric Hospitalizations
Reason for admission, Month/Year, Duration of stay, Hospital; Name City and State

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Consent Signature _____
Consent Signature _____
Consent Signature _____
Printed Names _____
Date _____

_____
Participants under the age of 18 must have both legal parents sign as well for a total of three signatures

Auburn –Davis Center For Dialectical Behavior Therapy

Authorization to Release Information

I _____authorize the following DBT

Therapist/s:

Susan Landes PsyD, MFT
Lisa Anderson, MFT
Dayle Rodenborn, LCSW
Kate Van Parys, MFT
Patrick Yamamoto, MFTI

to disclose mental health treatment information obtained prior to and during the DBT Program among themselves and with:

Psychiatrist/Therapist Name:
_____(circle one): PhD, MD, LCSW, MFT
Street _____ Room or Suite:_____
City: _____State:_____ ZIP: _____
Phone: _____ FAX: _____
Email: _____

I understand that I have a right to receive a copy of this authorization if I request it. I understand that I have the right to revoke this authorization at any time unless Provider has taken action in reliance upon it. Such revocation must be in writing and received by a ADCDBT staff member at the address below to be effective.
I am allowing these parties to exchange written or verbal information from
_____ until
Today's Date
one year after the completion of the DBT Program in which I participate. The objective of the exchange is to coordinate treatment planning.

Consent Signature _____
Consent Signature _____
Consent Signature _____
Printed Names _____
Date _____

_____
Participants under the age of 18 must have both legal parents sign as well for a total of three signatures