



## The Auburn-Davis Center for Dialectical Behavior Therapy

I hereby give my consent for myself/teen to participate in outcome research with Dr. Susan Landes and all other therapists and interns that work for the Auburn-Davis Center for DBT, and for the use of the data for the purposes of research. I understand that those observing the data within the program may gain personal knowledge of identifying information about my teen and/or me. Dr. Landes stipulates that anyone given access to this material will agree to keep all identifying information from the research confidential, as a precondition to their access. Any publications of research or clinical material based on the data will not include any information that could be used to identify my teen and/or me personally. I give my consent freely and voluntarily.

- Participant will be attending DBT sessions at the Auburn or Davis location. (circle one)
- Send outcome research surveys to the following email address:

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Email Address

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Participant name (print)

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Parent/guardian name if participant is a minor (print)

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Signature of participant, or parent/guardian if minor

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Date