Contractual Agreement for

Mindful Way Through Depression

St Louis DBT, LLC
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Name _____

Email _____ **Cell** _____

Address _____ _____

City _____**State** _____ **Zip** _____

Date of Birth _____

St Louis DBT Commitments

_____ St Louis DBT commits to provide an evidence-based 10 week skills group that includes an optimal balance of instruction, meditation and cognitive exercises and guided discussion aimed at reducing the risk of recurrent depression and symptoms of depression and/or anxiety as well as teaching clients to more effectively manage negative thoughts and emotions.

_____ St Louis DBT commits to provide two experienced therapists each with a current meditation/mindfulness practices extending over decades, experience in Cognitive Behavioral Therapy and trained in Mindfulness-Based Cognitive Therapy.

_____ Therapists commit to respond to phone calls, texts and emails for coaching seven days a week between the hours of 8:00 am and 7:30 pm. Coaching contacts are intended to be no more than 5-10 minutes in length and focus on identifying skills participants can use to address an immediate need.

Participant Commitments

Please initial each provision to indicate you have read and agree to the following commitments.

_____ I commit to attend all ten sessions and the all day Saturday retreat. I understand that each session builds on previous sessions and that any absence affects my progress and the quality of other participants' experience.

_____ I commit to do assigned homework between sessions. Homework may require 30-60 minutes six days a week. I understand progress is impossible without diligent practice.

_____ I understand that in-class practice exercises may on occasion cause emotional discomfort. I understand therapists will minimize emotional discomfort as much as possible but I accept that some discomfort may be unavoidable and useful.

_____ I certify I have fully disclosed to the best of my ability my current symptoms and diagnoses.

_____ I attended a free orientation, have taken the class previously or oriented by phone.

_____ If applicable, I certify that other mental health providers I see are aware of my intent to participate in The Mindful Way Through Depression and support my participation.

_____ If under psychiatric care, I commit to continue under care and follow treatment recommendations throughout the 10 weeks of the class.

_____ I agree to participate in a password protected, invitation only online forum as part of the class. I understand I can create a fictitious username to further protect my privacy. The forum is password protected and only individuals invited to participate can access the forum. I understand STLDBT has done all in its power to protect my privacy but acknowledge that the forum is not HIPPA compliant. I understand I can opt out of participating in the forum.

_____I have a working computer with access to the internet.

_____ I give St. Louis DBT, LLC permission to bill my credit or debit card for the following:

$50/week for 10 weeks to be billed weekly
a one-time $125 fee to cover the cost of the retreat, including space, food and instructors' time to be billed October 28, 2017

_____ I understand all fees will be billed for ***absences and cancellations, including the retreat, for any reason.*** I understand ***no exceptions*** will be made.

_____ If for any reason, I drop out of the class or miss three consecutive classes, I authorize St Louis DBT to bill all remaining fees, which will be calculated as the difference between $625 and what has been paid to date.

_____ I understand St. Louis DBT, LLC does not accept health insurance but that documentation will be provided on request so I can submit for out-of-network reimbursement, if available.

Signature _____ **Date** _____

Therapist's Signature _____ **Date** _____