

**PORTLAND DIALECTICAL BEHAVIOR THERAPY PROGRAM, PC
5200 SW MACADAM AVENUE, STE 580 PORTLAND, OREGON 97239**

PHONE: (503) 231-7854

FAX: (503) 231-8153

TREATMENT RISKS, BENEFITS AND OPTIONS

I _____ agree that my participation in the Portland Dialectical Behavior Therapy Program is with the following understandings:

1. I understand that although there is empirical evidence for the effectiveness of Dialectical Behavior Therapy, this evidence is not presented as a guarantee either direct or implicit of the efficacy of this treatment.
2. DBT research findings including treatment benefits can be found on the Behavioral Tech, LLC website at www.behavioraltech.org or ask your therapist for Portland DBT specific information.
3. I understand that Dialectical Behavior Therapy may not be the “standard of care” for any particular clinical population, and that each individual must independently evaluate and use his or her own judgment in choosing among treatments available.
4. I understand that there are other treatments available for individuals who present with suicidal, parasuicidal (other self-harm) and impulsive behavior and that Dialectical Behavior Therapy is only one such treatment. For information regarding other providers in the area, please contact the Oregon Psychological Association at www.opa.org.

By signing my name below, I understand and accept all terms of this agreement.

Client Signature

Date

Therapist Signature

Date