

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

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**TREATMENT AGREEMENT**

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. 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.
3. I understand that there are other treatments available for individuals who present with suicidal, parasuicidal (other self-harm) and impulsive behaviors and that Dialectical Behavior Therapy is only one such treatment.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date