



**Registration Form & Agreement for  
Mindfulness-Based Cognitive Therapy Groups**

**St Louis DBT, LLC**

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To register, print this form, complete the form and sign it. Email to [sunyata@stltdbt.com](mailto:sunyata@stltdbt.com) or [sandra@stltdbt.com](mailto:sandra@stltdbt.com) or snail mail to St Louis DBT at the mailing address above. Registration is first come, first served. Participants will be registered when this form is received. Do not send credit card details through email. You will provide credit card details the first day of class.

**What Group Are You Registering For? Indicate your first and second choices.**

- MBCT – *Body*, Mondays, 6:30-8:30 pm, starting September 23, 2019
- MBCT – *Mind*, Wednesdays, 6:30-8:30 pm starting October 2, 2019
- MBCT – *Spiritual (Christian)*, Thursdays 6:30-8:30 pm starting September 26, 2019

Name \_\_\_\_\_

Email \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

**St. Louis DBT, LLC Commitments**

- \_\_\_\_\_ St. Louis DBT, LLC 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, LLC commits to provide an experienced therapist 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 agreements.

\_\_\_\_\_ 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 home practice between sessions. Home practice will require 20-30 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.

\_\_\_\_\_ If applicable, I certify that other mental health providers I see are aware of my intent to participate in an Mindfulness-Based Cognitive Therapy class 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 have a working computer with access to the internet.

\_\_\_\_\_ I give St. Louis DBT, LLC permission to bill my credit or debit card for \$60/session for 10 sessions, which includes the cost of instruction, the textbook and a all-day Saturday retreat

\_\_\_\_\_ I agree that I will provide a credit or debit card details on the first day of class and a signed authorization to charge the credit card at the prorated weekly rate of \$60. Credit card details will be saved in ST. Louis DBT, LLC's secure and private electronic management system, TheraNest.

\_\_\_\_\_ I understand that I am purchasing a full course and agree to pay the weekly fee, even for class sessions I do not attend (similar to a class anywhere else or in any other setting). St. Louis DBT, LLC will bill me for **absences and cancellations 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, LLC to bill all remaining fees immediately, which will be calculated as the difference between \$600 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. I understand insurance providers will not reimburse for missed sessions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Therapist's Signature \_\_\_\_\_ Date \_\_\_\_\_