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SERVICE AGREEMENT AND CLIENT INFORMATION FOR DBT SKILLS TRAINING GROUP

DBT skills training groups meet weekly for 12 weeks. The groups are each one hour long and have between 4 and 10 members. All group members attend voluntarily and come with the goal of improving a target behavior and learning specific skills to decrease self harming behaviors and overall improve daily living.

I am a social worker and have taught DBT skills groups for the past twelve years. I have specialized training in DBT and have taught groups in an alternative high school, mental health center, residential treatment center, and outpatient setting.

CONFIDENTIALITY

A DBT skills training group has a different level of confidentiality than individual therapy. If I am concerned about your behavior or mood I will contact your primary therapist and share this information with them. As always, if I am concerned about suicidality or homicidality I will contact both a parent (if you are under 18 y.o.) or the emergency contact person (if you are over 18 y.o.) and your individual therapist.

One area of confidentiality which can be difficult in some cases is in regards to the areas of sexual activity and substance use with teenagers. My policy, which is directed by federal law, is that adolescents over the age of 12 y.o. have confidentiality in regards to sexual activity and that adolescents over the age of 14 y.o. have confidentiality in regards to substance use. If adolescents are engaging in behaviors which are not in their best interest I will share this information with their individual therapist.

Confidentiality within group sessions will be discussed at the first meeting. In order for all group participants to be comfortable and feel safe it is important that all members agree to not share with family and friends who is at the group and not divulge any content that other members bring up that could in any way identify them to others.

APPOINTMENT AND FEES

Group sessions are 60 minutes long and the fee is \$35/session. I will bill your insurance company, using the information you provide to me. It is your responsibility to contact your insurance company in order to verify mental health coverage and benefits prior to your first appointment. Failure to do this may result in your having to pay for unauthorized sessions. If you change insurance carriers throughout the course of the skills session, please be sure to bring me your updated information. If I am not made aware of insurance changes in a timely manner, you will be expected to pay for treatment not covered by your new insurer. Copayments are due each week at the time of the group.

Each group begins with a quiet period of mindfulness where it is important that there are no interruptions. I will put a note on the door to alert group members if the mindfulness exercise is running- so please check the door before entering if you are late.

EMERGENCY COVERAGE

There is no emergency coverage for crisis situations for group members. Please contact your individual provider in case of emergency.

TELEPHONE AND EMAIL CONTACT

As I am not in the office every day, I state in my voice message when I will next be able to return your call. I typically return calls on the days in which I have office hours, which include Mondays through Thursdays. If you need to reach me about questions regarding the homework or skills, you may contact me at 773-9899.

Additionally, some clients prefer to use email for scheduling and questions. Please note that email has some confidentiality limitations and if you choose to contact me this way you are acknowledging these risks. Also DO NOT email urgent information. Contact your individual therapist with urgent needs.

GENERAL INFORMATION

You have the right to request a copy of the Mental Health Bill of Rights. There is a copy available in our waiting room for you to examine if you choose to do so. As a clinical social worker, I am required to keep a record regarding your treatment. If you should ever wish to examine your record, you must request this in writing. Due to the sensitive and confidential nature of the content of the record, I request that we go over its contents together if you should ever need to read it. Also, please be sure to note that parents who have legal custody of minors under the age of 18 y.o. may access their child's record, although due to issues of confidentiality for the young person this is highly discouraged. There is a copying fee of \$.50/page for any record requested.

Some insurance companies request that I send billing and other information electronically (by fax, electronic billing or email). I cannot guarantee the confidentiality of such communications. If you do not consent to electronic communications, please inform me immediately.

EMERGENCY CONTACT

In case there is a situation where I need to reach someone because I am concerned for your safety, I will need to have an emergency contact form completed. Please fill in the Release of Authorization to Emergency Contact form. I request that you fill in both the form for an emergency contact as well as the form for your individual therapist.

I, \_\_\_\_\_ indicate by my signature on this form that I understand and consent to the conditions described. If a minor is participating in the skills training, parent signature as well as the minor's signature is required.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date