

Informed Consent for Couples

Welcome to Couples Therapy. It is important that the couple and therapist have the same expectations. This document explains the therapeutic processes, roles, and policies related to couple's therapy. Please read and consent to the following pledges, goals, and working principles. Please also see and sign the Informed Consent and Practice Policies for additional information about cancellations, emergencies, financial obligations, payment, and termination of services. Both partners must sign both Consents before we begin our work together.

PURPOSE AND GOALS OF COUPLE'S THERAPY

Couples therapy is about your relationship. The couple is the "patient" or "client," rather than the individuals. The focus of couple's therapy is on preserving and enhancing the relationship while maintaining individual welfare. If remaining together is harmful to one or both partners, the focus will be on facilitating an amicable separation.

RISKS AND BENEFITS

Couples therapy can be emotionally challenging. You may need to confront difficult emotions and issues that you have been avoiding or are unable to talk about. Conflict may temporarily increase as sensitive issues are addressed. By entering couples therapy, you accept that working toward change and the agreed upon goals may involve experiencing difficult and intense feelings as part of the process. Some of these feelings, such as sadness, guilt, anger, frustration, loneliness, and helplessness may be painful. As a result of couples therapy, you may decide to end your relationship. Changes made by one or both of you will have an effect on you, on your partner, and on others around you, including any children you may have.

Couples therapy has also been shown to have many benefits. The difficult issues we discuss and work through may contribute to a more satisfying, harmonious relationship and family life, solutions to problems and a significant reduction in the unpleasant feelings mentioned above.

If you decide to engage in couples therapy, you accept that changing behaviors may have both positive and negative effects. You also agree to evaluate potential effects of changes before undertaking them.

TREATMENT

We will begin with an evaluation process. The first session will be with both members of the couple. There will be one individual session with each member and then I will return to seeing you both together.

Role of the Therapist

My role is to help you objectively see your partner's side in the disagreement, avoid miscommunication, and understand each other so that you can better resolve conflict. My role is to support the growth and health of your relationship with each other while respecting each partner's need for autonomy. My role is also to help each member of the couple recognize when mental health issues are affecting the relationship and provide guidance on how to address them. See also: **PROFESSIONAL RECORDS and INSURANCE** below on page 2.

Therapeutic Approach

The therapeutic approaches I use are Gottman's method, Gestalt Therapy and Solution-Focus.

Length of Sessions

The initial session will last 60 minutes. Subsequent sessions will last 45-60 minutes, depending on your needs or what your insurance allows.

Frequency of Sessions

We will meet weekly or every other week depending on your needs, schedules, and what your insurance allows.

Voluntary Participation and Right to Withdraw

Therapy is a collaborative effort. Success depends on willingness and active participation from both partners. You agree to share responsibility for the therapy process, including goal setting.

Ideally, you both agree when to terminate therapy, though either of you can terminate at any time. If therapy is terminated prior to your conflicts being resolved, I will provide referrals to other resources or professionals upon request.

Cancellations

Cancellations require 48 hours of notice to avoid being charged a \$60.00 fee. *Please see Informed Consent and Practice Policies for complete explanation of cancellation and rescheduling policies.*

CONFIDENTIALITY

You understand that all information disclosed within sessions is confidential and may not be revealed to anyone without the written permission of each member of the couple, except where disclosure is permitted or required by law.

Limits to Confidentiality

- if one or both of you communicate a threat of bodily harm to self or others.
- if a member of the couple has been physically injured by the other member of the couple
- if there is reasonable suspicion of child or elder abuse, or abuse of a disabled or vulnerable person
- if either member of the couple is suicidal
- if disclosure is required pursuant to a court order

No Secrets

As a couple's therapist, I am entrusted with information from both partners in a relationship. I therefore have a "No Secrets" policy. Individual disclosures may not be kept secret if they affect the therapy. This means that I cannot promise to keep secrets shared by either member of the couple from the other person, whether by phone, video, in person, or in an individual session. This is especially true if the secret is harmful or destructive to the process of the therapy or undermines the agreed-upon intention of therapy. If such information is shared with me, I will offer support and guidance in how to share this information with the other partner.

I expect honesty from both members of a couple. If one member of the couple lies to the other and I know it to be a lie, I may meet with both separately and either help you decide how to inform your partner or gently terminate the therapy within the next session or in a few sessions.

These guidelines help to prevent a conflict of interest where the interest of the individual may not be consistent with the interests of the couple. This "No Secrets" policy is intended to maintain the integrity of the couple's counseling relationship.

CONTACTING ME

When contacting me, include your partner in the communication, whether by text or email.

Emergencies

I have VM, Text and Email available 24 hours a day, I do not have 24-hour or emergency coverage. If you experience an emergency, you may call a hotline such as the Crisis and Suicide Hotline at #988, a 24/7 Domestic Violence (DV) Hotline at 800-799-7233, or go to your nearest emergency room/department. The DV Hotline is confidential as long as the caller does not reveal any names. If you need psychotherapy beyond the scope and ability of my practice, then we will need to review care options that might better match your needs.

Non-Emergencies

I will return phone calls as soon possible. It is helpful if you leave me several alternate times to call you back. You can reach me by Voice Mail, Email or Text.

PROFESSIONAL RECORDS and INSURANCE

I am required to keep a record of your psychotherapy sessions. Your record includes an explanation of your goals and justifies your treatment and progress. When using insurance to pay for therapy, we will need to identify one member of the couple under whom the insurance will be billed. The "identified client" will receive a diagnosis, and the documentation of the medical record will be about both the "identified client" and the relationship.

Not all insurance companies cover couples therapy even when there is an identified client. If your insurance company does not cover couples therapy, you will be responsible for payment and need to decide if you want to proceed with services. Please note that verification of benefits does not guarantee coverage.

Release of Information

- In order to release information from your record to a *third party*, it is necessary that both members of the couple provide written consent except as described in the **Limits of Confidentiality** on page one of this document.
- In order to release information *to one member of the couple*, the other member of the couple needs to sign off on the release. If there is no consent from one member, I will use my judgment as to what to provide and shall give that same record to each member of the couple.

COURT AND LEGAL ISSUES / LITIGATION LIMITATIONS

Information discussed in couples therapy is for therapeutic purposes only. It is not intended for use in any legal proceedings. Therefore, due to the private nature of the therapeutic processes, it is agreed that the therapeutic processes should be protected and that nothing discussed in sessions will be revealed.

Conflict of Interest and Dual Relationships

The ethics and rules of my profession prevent me from serving in the dual role of therapist and evaluator. I do not provide a formal evaluation, recommendation, or expert testimony for legal purposes such as in divorce or custody disputes. I will only testify if I am ordered to do so by a legally authorized subpoena. If you are involved in a court case and a request is made for information about your psychotherapy, I will not disclose information without your written consent unless the court requires me to do so. I will do all I can within the law to protect your confidentiality. If I am required to disclose information to the court, I will do my best to notify you immediately so you can decide the best action to take.

Please see the *Informed Consent for Services & Practice Policies* for additional information about cancellations, emergencies, payment, and termination of services.

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Acknowledgment Page

By signing below, we acknowledge that we have read, been given the opportunity to ask questions about, and fully understand and agree to the stated policies for couple's therapy, and that you have been offered a printed copy of this agreement.

Both members of the couple must sign this consent.

Print Client's Legal Name: _____ **DOB:** _____

Client's Legal Signature: _____ **Date:** _____

Print Partner/Spouse Legal Name: _____ **DOB:** _____

Partner/Spouse Legal Signature: _____ **Date:** _____

Therapist Name, Licensure: _____

Therapist Signature, Licensure: _____ **Date:** _____