

Informed Consent Form for Couples Therapy

When a Couple enters Counseling, the Therapist treats the relationship or the “Couple unit”. While there is an identified “Primary Client” the therapeutic focus is on the relationship and the relationship goals of the “couple unit.” This promotes a space where both partners can focus on their relationship goals. Please read the information below pertaining to Couples Therapy.

COUPLES THERAPY

We understand that couples therapy begins with an evaluation of our relationship, past and present. We agree to share responsibility with our provider for the therapy process, including goal setting and actively working toward our relationship goals. We understand that working toward change may involve experiencing difficult and intense feelings, some of which may be painful, in order to reach therapy goals. We understand that the changes one or both of us make may have an impact on our partner and on others around us. We accept that such changes can have both positive and negative effects and agree to clarify and evaluate potential effects of changes before undertaking them. This is especially true if we have children.

CONFIDENTIALITY

We have read and understand the potential limits of confidentiality outlined by LifeCare Counseling’s Informed Consent & Clinical Agreement for Professional Therapy Services and by state law.

NO SECRETS POLICY

LifeCare Counseling adheres to a “No Secrets” policy with couples. This means that your therapist **will not** keep any private information or “secrets” from either partner. On occasion, individual partners may be seen for an individual counseling session. In these circumstances, the individual session is still considered as part of the couple’s counseling process. If a partner chooses to share private information with their therapist that may have an impact on the “couple unit” overall, your therapist will provide feedback and guidance as to communicating this information with other partner and/or next steps in the couple’s process. If there are individual therapy needs that a partner seeks to address, your therapist will provide a referral for that partner for concurrent individual therapy. This policy is intended to maintain the integrity of the couples/marital counseling relationship.

COURT PROCEEDINGS/SUBPOENA OF RECORDS

We understand that information discussed in couples therapy is for therapeutic purposes and is not intended for use in any legal proceedings involving the partners involved. We agree not to use information during the therapy process against the other party in a judicial setting of any kind nor subpoena records to be used in court proceedings.

RELEASE OF RECORDS

Both partners must provide their consent to release marital/couples counseling records. If one partner does not provide consent, records will not be released.

COURSE OF THERAPY

Length of therapy is specific to each couple’s situation; therapy needs and relational goals. Either participant may terminate couples therapy at any time; however, ideally, it is often helpful for a closure session to completed whenever possible.

Our signature below affirms we have read, fully understand, and agree to abide by the stated policies.

Primary Client Signature Date

Spouse/Partner Signature Date

Clinician Signature Date