

## **Statement of Understanding and Consent to Couples Therapy**

I understand that the information discussed in Couples Therapy is for therapeutic purposes and is not intended for use in any legal proceedings. I agree not to subpoena the therapist to testify for or against either party or to provide records in a court action.

I understand that Couples Therapy can evoke painful feelings and surface difficult conflicts and that the process may be painful at times. I understand that Couples Therapy carries the risk that either partner may decide or disclose that he/she does not want to remain in the relationship.

Couples Therapy is a cooperative and collaborative effort. I understand that I am encouraged to ask questions, express opinions, and question anything the therapist does or says. If I am asked to do an assignment between sessions, I understand that I am encouraged not to do it if I feel that it may in any way make things worse.

I understand that change can have both positive and negative effects.

I agree that phone calls between sessions to the therapist will be limited to scheduling issues and emergencies, and that emails will not be accepted.

If the therapist sees either partner individually, I understand that secrets will not be kept from the other partner and the therapist reserves the right to pass on any information that he/she believes will further the therapeutic goals of the relationship.

I understand that although the case record will be under the name of one partner, the information in it is about both partners, and so will not be released to either partner without signed informed consent of both and the therapist's opinion that releasing it will not be harmful to either one.

I understand that at times the therapist may appear to take sides with one partner against the other, but that in fact the therapist will have the best interests of the relationship in mind.

I understand and agree to the above.

Signatures: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_