

**DOCUMENTATION OF
INFORMED CONSENT FOR TREATMENT:
COUPLES THERAPY**

We understand that couples therapy begins with an evaluation of our relationship, past and present. While our therapist is deciding whether she is the appropriate therapist for us, we will decide whether we wish to begin couples therapy with her. We understand that because of the commitment of time and money, plus the potential impact on us and others (see below), it is important to make an informed choice for a couples therapist.

We have read and understand the potential limits of confidentiality, including those imposed by Metis Center policies and by state law, and we have received a copy to keep. If we have dependent children, we have discussed with our therapist the potential limits of confidentiality regarding access to records in child custody cases.

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. We agree not to subpoena our therapist to testify for or against either party or to provide records in a court action.

We understand all policies as described on the patient information and payment authorization sheets and accept them as conditions for entering into couples therapy with our therapist.

We have been given the opportunity to ask questions and discuss confidentiality and disclosure policies with our therapist. We understand that while working as a couple, anything either of us tells our therapist individually, whether on the phone, by email, or in an individual meeting, may not be held as confidential, and at our therapist's discretion may be shared with the spouse/partner during a subsequent couple session.

We agree to share responsibility with our therapist for the therapy process, including goal setting and termination. By entering into couples therapy, we accept that we both 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 makes will 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 dependent children.

We understand that couples therapy is contraindicated in cases where the relational dynamic includes interpersonal violence, and agree to disclose to our therapist whether or not violence occurs in our relationship so that our therapist can help us make sure we are getting the most appropriate help.

We agree that _____ will pay for all services provided, including any charges not fully reimbursed by insurance. We understand the limits and benefits of using insurance to pay for couples therapy. If we use insurance, we agree to provide all information needed to comply with insurance regulations. We understand that if we use insurance, Metis Center will not retain control over information provided to the insurance company. We understand that no insurance company will pay for missed

sessions, and we agree to Metis Center's policy of charging if we fail to cancel appointments in advance.

By signing below, we agree to accept mental health services from our therapist and accept full responsibility for payment for such services.

Patient's printed name

Patient's signature

Date

Patient's printed name

Patients signature

Date