Informed Consent for Adult Couple Treatment

*Please read the following information and sign where indicated. This is an agreement whereby we, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to enter into treatment with Karen Cunningham, LMFT.*

The following materials on therapy have been made available to us, and we have had a chance to review each document and have any and all questions answered. Please initial each line.

1. Confidentiality of Communication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Privacy Practices \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Professional Disclosure Statement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Crisis Line Information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We understand that the goals for therapy will be determined in a collaborative basis. Together, we will work to establish the type of therapy which we will receive and the frequency and duration of the therapy sessions. These decisions will be reached based upon the goals of therapy, our needs as clients and the therapist’s own clinical judgment.

We agree to pay $\_\_\_\_\_\_\_ per session, and to pay at the end of each session. We agree to pay for uncancelled appointments or those where we fail to give enough notice that we will not attend. The only exceptions are unforeseen or unavoidable situations arising suddenly. We understand and accept that we are fully responsible for this fee, and that our therapist will help by providing necessary paperwork for reimbursement from whatever insurance company we may have. We understand that this agreement will become part of our record of treatment.

While there is an expectation that we will benefit from therapy, there is no guarantee that this will happen. Therapy deals with sensitive and difficult topics and it is not unusual for clients to feel at least temporarily disrupted. We agree to keep our therapist fully up to date about any changes in feelings, thoughts, and behaviors. We understand that we will work together on any difficulties that occur.

We understand that Karen Cunningham, LMFT, does not provide emergency services. We signed above that we have been provided with contacts to make if an emergency does arrive. We agree to hold Karen Cunningham, LMFT, harmless and free of liability for abandonment or malpractice if she is not available during any circumstances.

We understand that these sessions are not intended to be used for litigation purposes. We agree not to request that Karen Cunningham, LMFT release any information and not to call her to serve as a witness in any litigation we are currently involved in or any litigation we become involved in unless prior agreement is made.

We understand that we are to hold ourselves responsible to the commitment of the therapy sessions. Sessions will not be held if either of us are under the influence of non-prescription drugs or have misused prescribed drugs, illegal drugs or alcohol. Violence (physical and/or verbal) is never acceptable. As such, if this behavior is expressed, the therapist reserves the right to immediately stop the session and reschedule for a time with client(s) can remain safe. Sexual relations between a client and his/her therapist are never appropriate. Racism, ageism, sexism, and other ‘isms and/or forms of discrimination are never tolerated.

With enough knowledge and without being forced, I enter into treatment with Karen Cunningham, LMFT. My signature below means that I understand and agree with all the points above.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, Karen Cunningham, LMFT, have discussed the issues above with the clients. My observations of these clients’ behaviors and responses give me no reason, in my professional judgment, to believe that these individuals are not fully competent to give informed and willing consent.

Therapist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_