



Kevin R. Byrd, Ph.D., HSPP
301 East Carmel Drive, Suite D100
Carmel, Indiana 46032
phone: (317) 810-1102
fax: (317) 993-3452
kbyrd@carmelpsychology.com
website: carmelpsychology.com

DOCUMENTATION OF INFORMED CONSENT FOR TREATMENT: COUPLES THERAPY

We understand that couples therapy begins with an evaluation of our relationship, past and present. While Dr. Byrd is deciding whether he is the appropriate therapist for us, we will decide whether we wish to begin couples therapy with him. 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 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 Dr. Byrd to testify for or against either party or to provide records in a court action. We understand that it will require both of our signatures for Dr. Byrd to release our couples therapy records to another professional service provider, in part or in whole.

We understand that while working as a couple, anything either of us might say to Dr. Byrd individually, whether by phone or in an individual session, will not be held as confidential, and at Dr. Byrd's discretion may be shared with the spouse/partner during a subsequent couple session. We understand that we are to cc any written correspondence with Dr. Byrd, including email, to the other partner. There will be no back-channeled (1:1) communication between Dr. Byrd and either partner, outside of the intake assessment.

We agree to share responsibility with Dr. Byrd 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.

Signature

Printed name

Date

Signature

Printed name

Date