**INFORMED CONSENT FOR COUPLES THERAPY**

Before beginning psychotherapy, it is important that you understand several aspects of psychotherapy including the process, benefits, risks and confidentiality. When reading this information, please remember that in couples therapy, you and your partner as a couple is the identified client. Neither partner individually is a client. Therefore, one clinical record will be maintained for the couple and no individual clinical records will be maintained. **If you and your partner decide to have some individual sessions as part of the couples therapy, what you say in those individual sessions will be considered part of the couples therapy and may be discussed in joint sessions.**  I will remind you of this policy before beginning any individual sessions. You will be encouraged to communicate necessary information with one another.

The type and extent of services that you will receive will be determined after an initial assessment and thorough discussion between you and your clinician. The goal of the assessment process is to determine the best course of treatment for you. Typically, treatment is provided over the course of several weeks.

While couples therapy has many potential benefits, it also has some risks. Benefits may include improved interpersonal relationships with each other and others as well as improved ability to manage interpersonal conflict. However, in some cases, couples therapy may create greater distance in your relationship. This is most common when one partner is committed to couples therapy and the other is not. Your clinician will discuss the benefits and risks of your specific case in greater detail. All information shared with your clinician is confidential and such information generally cannot be released without your authorization. Before any confidential information can be released, you must sign a written authorization that states what information will be released and to whom. However, there are a few exceptions of confidentiality.

* **Imminent Self Harm:** If you tell me you plan to cause serious harm or death to yourself, and I believe you have the intent and ability to carry out this threat in the very near future, I must take steps to protect you from harming yourself.
* **Imminent Harm to Others:** If you tell me you plan to cause serious harm or death to someone else, and I believe you have the intent and ability to carry out this threat in the very near future, I must inform the police and, when possible, the person who you intend to harm.
* **Abuse of a Child or Elder:** If you tell me about the physical, sexual, or emotional abuse of a child or the physical abuse to the Oklahoma Department of Human Services.
* **Court Order:** If you are involved in a court case and the court requires that I release information about your therapy, I must do so. I will do all I can within the law to protect your confidentiality, and if I am required to disclose information to the court, I will inform you that this is happening.

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Partner signature Date

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Clinician’s signature Date