



XarisCounseling
Transforming mind, heart, life

Wendell H. Scanterbury, Ph.D.
Marriage and Family Therapist
wendell@xariscounseling.com | www.xariscounseling.com
267.551.0360

Couple Informed Consent Form

DOCUMENTATION OF INFORMED CONSENT FOR TREATMENT: COUPLE'S THERAPY

We understand that couples therapy begins with an evaluation of our relationship, past and present. While Dr. Scanterbury is deciding whether he is the appropriate therapist for us, we will decide whether we wish to begin couple's 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 have read and understand the potential limits of confidentiality, including those imposed by Dr. Scanterbury's policies and by state law, and we have received a copy to keep. *[If we have dependent children, we have read and understood the potential limits of confidentiality regarding access to records in child custody cases].*

We understand that information discussed in couple's therapy is for therapeutic purposes and is not intended for use in any legal proceedings involving the partners. We agree not to subpoena Dr. Scanterbury to testify for or against either party or to provide records in a court action.

We understand all policies as described on the THERAPIST-CLIENT SERVICE AGREEMENT and accept them as conditions for entering into couples' therapy with Dr. Scanterbury.

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

We agree to share responsibility with Dr. Scanterbury for the therapy process, including goal setting and termination. By entering into couple's 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.]*

Dr. Scanterbury has explained that his therapeutic focus in couple's therapy is on preserving/restoring and enhancing the relationship rather than a focus on individual comfort or preference.

We agree to pay for all services provided by Dr. Scanterbury, and we agree to Dr. Scanterbury's policy of charging if we fail to cancel appointments in advance as detailed in the THERAPIST-CLIENT SERVICE AGREEMENT.

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

Client Signature _____ Date _____

Printed Name _____

Client Signature _____ Date _____

Printed Name _____

Therapist Signature _____ Date _____

Wendell Scanterbury, Ph.D.