The Woodlands Family Counseling Center
33300 Egypt Lane   Suite I-420
Magnolia, TX   77354
(936) 463-8185

Informed Consent for Couple's Therapy

We agree to share responsibility with our therapist 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.

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 our therapist to testify for or against either party or to provide records in a court action. We have read and understand the potential limits of confidentiality, including those imposed by our therapist's policies and by state law. If we have dependent children, we also understand the potential limits of confidentiality regarding access to records in a child custody case.

We understand all policies as described on the new patient information sheet and accept them as conditions for entering into couple's 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 anything either of us tells our therapist individually, whether on the phone 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.

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

Client _____   Date_____

Client _____   Date_____

Counselor _____   Date_____