



# Couples Counseling Agreement

We \_\_\_\_\_ and \_\_\_\_\_  
*Print name of person 1* *Print name of person 2*

We are seeking couple's counseling at this time. I have read and signed the Consent to Treat Agreement. This Supplement covers additional items related to couple's counseling.

### **NOT A SUBSTITUTE FOR INDIVIDUAL THERAPY**

Couple's counseling is not a substitute for individual psychotherapy. Although it may be helpful in relieving some distress, it is not designed to treat severe or life-threatening psychological disorders or conditions. I understand that these must be treated separately, and Desert Counseling will not be treating them. I agree to advise Desert Counseling any time I am feeling significant emotional or mental distress, referrals can be made.

### **INSURANCE MAY NOT PAY**

Medical insurance may not pay for couple's counseling unless there is an individual psychological condition. Desert Counseling will not submit false claims or diagnoses to insurance carriers for individual psychotherapy when couple's counseling is the service actually being provided. I agree to pay for any sessions not covered by insurance at the fee of \$150.00 / hour.

### **NO COURT INVOLVEMENT**

Information discussed in session with Desert Counseling is only for therapeutic purposes, and is not intended for use in any legal proceedings. Both people agree that neither person shall, for any reason, attempt to subpoena Desert Counseling's testimony or records to be presented in a deposition or court hearing of any kind, for any reason, including but not limited to: divorce, child custody, mental or legal competency, etc. I agree that I will not use any information obtained during therapy against the other party in a judicial setting of any kind, be it civil, criminal or circuit.

### **LIMITS ON CONFIDENTIALITY**

While working as a couple, anything either of us might say individually, whether by phone, email, or in any other form, will not be held as confidential from the other party (i.e. may be shared with the spouse / partner). I understand that this is an exception to the confidentiality provisions of the Notice of Privacy Practices.

### **THERAPY CAN BE A DIFFICULT PROCESS**

Confidential and/or sensitive information may be disclosed and discussed during counseling sessions, which may be upsetting to me or my partner. I acknowledge that Desert Counseling is not responsible for any problems or discomfort that may arise from matters disclosed or discussed during counseling sessions. I agree to keep information discussed during the sessions confidential, and will not disclose the matters discussed with any third person.

### **DUAL ROLES**

Ethically, Desert Counseling clinicians are not allowed to provide individual therapy for clients who come for couple's counseling. If someone wishes to make this change, then couple's counseling must be explicitly terminated by both parties, and cannot be resumed at a later date. A Desert Counseling clinician will not see two members of the same family as individual therapy clients.

### **COURT SUBPOENAS**

If Desert Counseling or your therapist receives a subpoena either by the court or by an attorney you will be responsible for any attorney fees/court costs that will be incurred as a result of requesting a court report, appearance or any other court related time the therapist will be spending to address a summons. You will be responsible for a \$125 court report and a \$250/hr rate per any and all interaction needed by the therapist to your attorney or court.

**Signing below indicates that we understand and agree to the above terms.**

Date: \_\_\_\_\_

Client #1 Signature: \_\_\_\_\_

Client #2 Signature: \_\_\_\_\_