**Jennifer D. Nichols, MA, LPC-S**

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**DOCUMENTATION OF
INFORMED CONSENT FOR TREATMENT:
COUPLE THERAPY**

We understand that couple therapy begins with an evaluation of our relationship, past and present. While Ms. Nichols is deciding whether she is the appropriate therapist for us, we will decide whether we wish to begin couple therapy with her. 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 couple therapist.

We have read and understand the potential limits of confidentiality, including those imposed by Ms. Nichols’ 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 therapy is for therapeutic purposes and is not intended for use in any legal proceedings involving the partners. We agree not to subpoena Ms. Nichols to testify for or against either party or to provide records in a court action.

We understand all policies as described on the PATIENT INFORMATION sheet and accept them as conditions for entering into couple therapy with Ms. Nichols.

We have been given the opportunity to ask questions and discuss confidentiality and disclosure policies with Ms. Nichols. We understand that while working as a couple, anything either of us might say to Ms. Nichols individually, whether by phone or in an individual session, will be held confidential and will not be shared with the spouse/partner without the individual’s consent.

We agree to share responsibility with Ms. Nichols for the therapy process, including goal setting and termination. By entering into couple 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.]*

*Ms. Nichols has explained that her therapeutic focus in couple therapy is on preserving and enhancing the relationship rather than a focus on individual happiness.*

We agree to pay for all services provided by Ms. Nichols and we agree to Ms. Nichols’ policy of charging if we fail to cancel appointments 24 Hours in advance of the appointment time.

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

Patient\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_