GraceWorks LLC
Counseling with Aloha

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INFORMED CONSENT FOR COUPLES/FAMILY THERAPY

1. When I agree to treat a couple/family, I consider that couple or family to be the patient. For instance, if there is a request for the treatment records of the couple or the family, I will seek the authorization of ALL members of the treatment unit before I release confidential information to third parties. In addition, if my records are subpoenaed, I will assert the therapist-patient privilege on behalf of the patient, who would be the couple/family.

2. There are "no secrets" in couples/family therapy. While I may request to meet with you separately, this is with the intent of working towards the couple/family as a whole. This does not mean that everything discussed in a separate session will automatically be shared, but it does mean that the Therapist reserves the right to bring up anything that he/she sees fit to enhance the couples/family session. This also means that the Therapist may contact (through phone, email, text, mail or any other communication modality) any of the partners/family members to discuss case-related issues and to gather further information. This would not be a breach of confidentiality.

3. If any of the partners would like me to speak with someone outside of the relationship, each of the partners/family members must give their written consent (excluding minors). If you would like the consent to be rescinded, this will also require written revocation by all members.

4. If any of the partners/family members would like me to release written information (i.e. treatment summaries), this will require written consent from all non-minor members as well.

5. Termination of services will also require written notice from all non-minor parties/members.

6. If there are individual issues that require further focus, the Therapist will refer that individual to another Provider and those services will not be considered a part of this consent agreement. Therapist will discuss the option of coordinating those services with these services.

7. If the Therapist and partners/members agree that the couples/family Therapist should provide the individual therapy for a partner/family member, written agreement from non-minor parties/members will be required. Additionally, the party in individual treatment may be asked to give permission to the Therapist to discuss information in the couples/family session as well.

We now acknowledge by our individual signatures below, that each of us has read this policy, that we understand it, that we have had an opportunity to discuss its contents with the Therapist, and that we enter into couple/family therapy in agreement with this policy.

Client Signature_____ Date_____
Client Signature_____ Date_____
Client Signature_____ Date_____
Client Signature_____ Date_____
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Client Signature_____ Date_____