

## Policy and Consent for Couple Therapy

Relationship therapy works best when the focus of my work is on your relationship. When working with you, it is expressly understood that my patient is both your relationship and each of you as individuals. In order to maintain fidelity to both of you and to your relationship, I ask for your consent on the following agreements.

**1. Confidentiality:** All information disclosed within sessions, including that of minors, is confidential and may not be revealed to anyone without written permission except where disclosure is permitted or required by law. Those situations include but are not limited to:

- a) When there is reasonable suspicion of abuse to a child or to a dependent or elder adult.
- b) When the client communicates a threat of bodily injury to others.
- c) When the client is suicidal.
- d) When the client has been physically injured due to violence.
- e) When disclosure is required pursuant to a legal proceeding.

Confidentiality also applies when I see one partner of a couple alone, and he or she reveals information to me and explicitly states that he or she does not want the other to know. *I will keep that information confidential.* However, if the confidential information is central to couple therapy, I will work with the partner revealing that information to either 1) resolve the situation so that couple therapy can proceed, or 2) suspend or end our work together if I believe the confidential information will prevent successful couple therapy.

I receive occasional professional consultation. In such cases, neither your name nor any identifying information about you is revealed. Please see the HIPAA disclosure form, available at <http://www.mesapsych.com/notice.pdf>, for further information about confidentiality and disclosure of health care information. If one partner wants information about couple therapy disclosed, normally both partners will be required to provide written permission.

**2. Exclusion from Legal Disputes:** Each of you waives the right to subpoena me or my records for testimony or production. You further agree to exclude me from any and all custody evaluations, divorce or dissolution proceedings, and all other legal disputes regarding your relationship. This supports my fidelity to both of you and your relationship.

**3. Course of Treatment:** The continued participation by each person is voluntary. Either participant may suspend or terminate the therapy at her or his individual request.

I have read the above. I understand and agree to abide by the stated policies

---

Signature of Client(s)

---

Printed Name(s)

---

Shawn T. Smith, Psy.D.

---

Date