

Counseling Consent Form Sample for Couples Therapy

This **counseling consent form sample** for couples therapy provides a clear outline of the terms, confidentiality, and mutual agreements necessary for effective therapeutic collaboration. It ensures both partners understand their rights and responsibilities during the counseling process. Utilizing this form helps establish a trustworthy and professional environment for relationship growth.

Couples Counseling Consent Form

Client Names: _____ & _____
Date: _____

Purpose of Counseling

The purpose of couples counseling is to support both partners in improving communication, resolving conflicts, and fostering a healthy relationship. The therapist acts as a neutral facilitator for both parties.

Confidentiality

- All discussions within each session are confidential and will not be disclosed outside the counseling sessions except as required by law (e.g., risk of harm to self or others).
- The therapist may request to speak to each partner individually if necessary, and the content of those discussions may be shared in joint sessions only with explicit consent.

Mutual Agreement

- Both partners agree to participate willingly and respectfully in all scheduled sessions.
- If either partner misses a session without notice, any cancellation policy or fee agreements as set forth by the therapist will apply.
- Either partner may withdraw consent for counseling at any time.

Rights and Responsibilities

- Both partners have the right to privacy, respect, and a safe therapeutic environment.
- Both partners agree to share openly and honestly within sessions.
- Violence, threats, or aggressive behavior will not be tolerated and may result in immediate termination of sessions.

Contact & Emergency

Counseling is not a substitute for emergency services. In crisis situations, please contact 911 or visit the nearest emergency department.

Consent

We, the undersigned, have read, understood, and agree to the terms outlined in this consent form. We give our informed consent to participate in couples counseling.

Signature (Partner 1): _____ **Date:** _____
Signature (Partner 2): _____ **Date:** _____

Therapist Name & Signature: _____ **Date:** _____