

Counselling Consent Form Sample for Couples Therapy

Client Names: _____

Date: _____

Purpose of Counselling

We have agreed to participate in couples therapy to address issues in our relationship. The therapist will work with us together and, if necessary, individually to support our goals as a couple.

Confidentiality

- All discussions and written records are confidential, except where disclosure is required by law (e.g., risk of harm to self or others, abuse, or court order).
- Confidentiality applies to both partners equally. The therapist will not keep secrets between partners; information shared by one partner may be shared with the other as necessary for the counselling process.

Session Structure and Attendance

- Sessions are typically minutes in length, scheduled times per week/mo.
- Both partners are expected to attend each session, unless otherwise agreed with the therapist.
- If either partner is unable to attend a session, notice is required at least hours in advance.

Goals of Therapy

- To improve communication and understanding between partners.
- To identify and address issues affecting the relationship.
- To develop strategies for conflict resolution and mutual support.

Consent and Agreement

We understand that couples therapy is a collaborative process. We voluntarily agree to participate and understand that we can withdraw consent and end counselling at any time.

We acknowledge that the counsellor cannot guarantee specific outcomes, but will strive to provide a supportive and professional environment.

Contacting the Therapist

Therapist Name: _____

Contact Information: _____

Signatures

Partner 1: _____ Date: _____

Partner 2: _____ Date: _____

Therapist: _____ Date: _____

This is a counselling consent form sample for couples therapy. Please adapt to your professional and local legal requirements as needed.