

# Couples Therapy Consent Form

This **couples therapy consent form** sample template provides a clear and comprehensive agreement to ensure mutual understanding between therapists and clients. It outlines confidentiality, session expectations, and the rights and responsibilities of both parties. Using this template helps establish a professional and ethical foundation for effective therapy.

## 1. Introduction

This consent form is intended to clarify the terms and expectations of couples therapy at [Practice Name/Your Name]. By signing, clients acknowledge understanding and acceptance of the information provided below.

## 2. Confidentiality

- All information shared in sessions is kept confidential, except in cases required by law (e.g., imminent harm, abuse reporting obligations).
- With the couple's permission, information may be shared with other professionals involved in your care.
- Records of sessions are maintained securely and may only be accessed by the therapist unless otherwise authorized in writing.

## 3. Session Expectations

- Therapy sessions are typically scheduled for [length, e.g., 50 minutes].
- Both partners are expected to participate actively and respectfully.
- Session goals and progress are reviewed periodically.

## 4. Rights & Responsibilities

- Clients have the right to ask questions and receive information about their therapy.
- Clients may discontinue therapy at any time.
- Therapist is responsible for providing a safe, nonjudgmental environment and evidence-based interventions.

## 5. Cancellation & Fees

- Sessions cancelled with less than [e.g., 24] hours notice may be subject to a cancellation fee.
- Session fees, payment policies, and insurance details (if applicable) are reviewed during intake.

## 6. Consent

We, the undersigned, acknowledge that we have read, understood, and agree to the terms outlined above for couples therapy.

**Partner 1 Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Partner 2 Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Therapist Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*This form is a sample template and should be adapted to meet the specific requirements and legal standards of your region or professional association.*