**Couples Counseling/Family Counseling**

**Confidentiality, Policies, and Consent**

*\*\*If you have questions regarding this form, please don’t hesitate to discuss with me before signing.\*\**

Couples Counseling and Family Counseling present inherent and unique challenges with regard to confidentiality. In these cases, the “client” can be identified in 2 different ways:

1) The client is the INDIVIDUAL, and if/when others are invited into session it is for the purpose of treating the individual and a supplemental way to improve the individual’s satisfaction with life and relationships. In this situation, the client must sign an authorization for the therapist to share information with the other person joining the session. It is still the therapist’s responsibility to hold confidential all information shared in session (with exception of those situations listed in the Professional Disclosure and Consent.) In this case, the therapist’s “therapeutic priority” is what is considered to be in the best interest of the individual named as the client.

2) The client is the COUPLE or the FAMILY. In other words, the client is viewed as the RELATIONSHIP and the therapist’s priority is what is considered to be in the best interest of the relationship. At times, it may be appropriate to schedule an individual session with each partner to assist in the overall treatment. The content of the discussion from an individual session will remain confidential between the therapist and that partner. Remember, the therapist’s priority is the relationship, and therefore I reserve the right to make recommendations and manage treatment as I deem appropriate and necessary to support the best possible outcome for the progress and goals of the relationship.

**Couples/Family Counseling Agreement and Consent**

Identified Client\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/We consent to participate in Couples and/or Family Counseling and understand that the nature of the therapeutic relationship can be altered in the future at my/our request and in collaboration with the therapist in order to achieve the best possible outcome in the therapy process.

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Signature Date

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Signature Date



*Valerie Allen Counseling, 8933 Cincinnati-Dayton Road, West Chester, OH 45069*