



Consent to Couples/Family

Journey Into Wellness/Julie Wells MSW, LCSW, CP, PAT and I have discussed my situation and I have read and signed all of the intake paperwork including; *Notice of Privacy policy, Background Information Intake, Fee Policy & Agreement, Client Rights, and To Help Us Work Well Together.*

I have been informed about different treatment choices and have decided to enter into couples/family psychotherapy with:

This treatment will be conducted, with all members present, on a _____ basis (*frequency, i.e. weekly or bi-weekly etc.*) With the purpose of addressing the following treatment goals:

1. _____
2. _____
3. _____

As a couple/family entering into psychotherapy one of the most important things to understand is how the information you share in session will be used. Ordinarily, anything and everything you share with me is strictly confidential, whether you say it in person, on the phone, in a letter, e-mail, or text (*please read Privacy Policy/ Technology & Social Media Policy for full information and exceptions*). The ability to trust your therapist is central to the work you will do in treatment. The same holds true for the way information is shared and help by all participants in treatment.

In the situation of couple/family treatment you need to be aware of the following:

- Sharing honest personal information about oneself with a significant other/family members can be very difficult and is not bound to the same ethical or legal privacy guidelines of the therapist. It is important that all participants respect and honor confidentiality of every participant in treatment. When sensitive information is discussed in session all participants should only use that information in a kind and helpful manner that maintains privacy.
- The therapist will not be the “secret keeper” for any one person. The goal is to keep all communications in the confines of the therapy session. If for some reason one person communicates information outside of the session, the therapist will not be able to hold this information in confidence. Rather, the therapist will encourage the information to be discussed with all parties involved during the next scheduled session.

Record Keeping

I am obligated by state and federal law and my professional Code of Ethics to maintain what is known as a clinical case record. I am required to record specific information you provide me about yourself and information relevant to your treatment. Information that does not relate explicitly to your treatment may not be included in the clinical record. In all cases, however, anything you tell me is treated with the strictest of confidence, including the fact that you are in therapy with me.

Access to Records/Information

Because you are being treated as a couple/family, if one party requests access to the clinical case record or information contained in the clinical case record, an authorization for Release of Mental Health Information must be signed by all parties involved to be valid. By law, I am only permitted to release the clinical case record to another party without authorization if I receive a court order.

Disclosure without Consent

I am ethically and legally obligated to bring any concern regarding your health and safety and the health and safety of others to the attention of the appropriate authority (please refer to the Privacy Policy). If this is necessary, I will make a good faith effort to:

1. Advise you of the need to disclose confidential information before the disclosure occurs.
2. Obtain your prior written consent to disclose this confidential information.

Release with Consent

If you and I mutually decide that, in the couple/families interests, I should provide some part of your confidential information to another professional such as your insurance company, attorney, doctor, you both/all will be asked to sign a specific and time-limited Release of Mental Health Information.

My signature below means that I understand and agree with all of the points discussed above.

_____	_____
1. Signature of Client	Date
_____	_____
2. Signature of Client	Date
_____	_____
3. Signature of Client	Date
_____	_____
4. Signature of Client	Date

_____	_____
5. Signature of Client	Date
_____	_____
Signature of Therapist	Date