Couples Therapy Consent

Addendum to your general informed consent. Both partners read, initial and sign.

Agree the private information policy before any individual contact, including a first phone call.

Practice, partners and who the client is

Practice, clinician and license | Phone or portal | Date

Partner 1 | Partner 2 | Identified client for insurance, if any

Client: ☐ The couple (relationship) ☐ Each partner, seen jointly ☐ One partner + collateral

1. Private information shared outside joint sessions

☐ No secrets ☐ Limited secrets ☐ Individual confidences kept

No secrets: what one of you tells me alone may come into joint sessions; you get the chance to share it first.
Limited secrets: I may keep some things private, but not an ongoing affair or a hidden decision to leave.
Individual confidences kept: private unless you give written permission or the law requires disclosure.

Covers all contact outside joint sessions (individual sessions, calls, voicemail, email, texts, portal). Never used to share anything that could put either partner at risk of harm.

Partner 1 initials | Partner 2 initials | Limited secrets: time to share

2. Individual sessions and records

Individual: ☐ Once each at intake ☐ As needed, offered to both ☐ No individual sessions

Records: ☐ One joint record ☐ Joint + individual records ☐ Releases: both sign

Individual session fee | Each partner may still request their own information under the law

3. Court, safety and fees

I do not do custody evaluations, give opinions on parenting, or write letters or testify for one partner. Joint records go out only with both partners' written authorization or as the law requires. Subpoenas: I tell you both and respond only as required.

Safety: ☐ Each screened alone ☐ Answers kept private ☐ May pause or not offer

Joint fee | Legal work /hr | Notice (hours) | Who pays | If one partner arrives

4. When couples work is not offered, ending and review

Each of you is screened alone for safety. If joint sessions could put either of you at risk, or one of you cannot speak freely, I may recommend individual services or pause or end couples work, and help each of you with referrals.

If one partner ends therapy | Inactive, file closed after | Review this agreement on

Other agreements (contact preferences are recorded in each partner's own record)

Emergency: 911 · Suicidal crisis: call or text 988 · Relationship abuse: 1-800-799-7233 or text START to 88788

Partner 1 signature | Date | Partner 2 signature | Date

Clinician signature, credentials and license no. | Date

Office use: each screened alone _____ contact asked separately _____ copies given _____ by ☐

Template to adapt. Not legal advice. Check your state's privilege, records and reporting laws and your ethics code.
Free printable from Lotus & Tulip · lotustulip.com/couples-therapy-informed-consent-form.html

Couples Therapy Consent

Addendum to your general informed consent. Both partners read, initial and sign.

FILLED EXAMPLE · fictional practice, clinician, couple and details

Practice, partners and who the client is

Practice, clinician and license: Cedar Hollow Counseling, A. Brennan, LMFT

Phone or portal: (555) 010-0172, portal

Date: 11/10/2026

Partner 1: Taylor R. (fictional)

Partner 2: Jamie R. (fictional)

Identified client for insurance, if any: Taylor R. (billed sessions only)

Client: ☑ The couple (relationship) ☐ Each partner, seen jointly ☐ One partner + collateral

1. Private information shared outside joint sessions

☐ No secrets ☑ Limited secrets ☐ Individual confidences kept

No secrets: what one of you tells me alone may come into joint sessions; you get the chance to share it first.
Limited secrets: I may keep some things private, but not an ongoing affair or a hidden decision to leave.
Individual confidences kept: private unless you give written permission or the law requires disclosure.

Covers all contact outside joint sessions (individual sessions, calls, voicemail, email, texts, portal). Never used to share anything that could put either partner at risk of harm.

Partner 1 initials: TR

Partner 2 initials: JR

Limited secrets: time to share: Within 3 sessions

2. Individual sessions and records

Individual: ☑ Once each at intake ☑ As needed, offered to both ☐ No individual sessions

Records: ☐ One joint record ☑ Joint + individual records ☑ Releases: both sign

Individual session fee: $140

Each partner may still request their own information under the law: Yes, explained 11/10; summary or own parts offered

3. Court, safety and fees

I do not do custody evaluations, give opinions on parenting, or write letters or testify for one partner. Joint records go out only with both partners' written authorization or as the law requires. Subpoenas: I tell you both and respond only as required.

Safety: ☑ Each screened alone ☑ Answers kept private ☑ May pause or not offer

Joint fee: $160

Legal work /hr: $200

Notice (hours): 48

Who pays: Both partners

If one partner arrives: Individual session, joint fee

4. When couples work is not offered, ending and review

Each of you is screened alone for safety. If joint sessions could put either of you at risk, or one of you cannot speak freely, I may recommend individual services or pause or end couples work, and help each of you with referrals.

If one partner ends therapy: Couples work ends; options with each

Inactive, file closed after: 30 days

Review this agreement on: 02/10/2027 or any change

Other agreements (contact preferences are recorded in each partner's own record)

Most sessions self pay; Taylor's insurance billed for up to 6 sessions, both agreed 11/10.

Video sessions from a private place in [State]. No recording without all three agreeing in writing.

Emergency: 911 · Suicidal crisis: call or text 988 · Relationship abuse: 1-800-799-7233 or text START to 88788

Partner 1 signature: Taylor R.

Date: 11/10/2026

Partner 2 signature: Jamie R.

Date: 11/10/2026

Clinician signature, credentials and license no.: A. Brennan, LMFT, Lic. 000000 (fictional), [State]

Date: 11/10/2026

Office use: screened alone 11/10 (both) · contact preferences asked separately · copies given 11/10 by portal · AB

Template to adapt. Not legal advice. Check your state's privilege, records and reporting laws and your ethics code.
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Before the First Joint Session

Ten checks for every couple, plus a log of individual contacts and policy decisions

Every couple, before joint sessions begin

- [ ] 1. Model chosen: who the client is, written in one sentence.
- [ ] 2. Private information policy chosen and explained with examples.
- [ ] 3. Each partner initialed the policy before any individual contact.
- [ ] 4. Each partner screened alone for safety, fear and control.
- [ ] 5. Contact preferences asked separately; alternatives honored.
- [ ] 6. Records explained: joint or separate, releases need both.
- [ ] 7. Court limits explained: no custody opinions or letters.
- [ ] 8. Fees, who pays and the one partner arrives rule agreed.
- [ ] 9. Both partners and clinician signed; copies given to each.
- [ ] 10. Review date set; re-sign after separation or a court case.

Individual contact and policy log: one row per contact

	Date	Partner	Contact type	Under policy?	What was agreed	Follow up by	Initials
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

Contact type: individual session, call, voicemail, email, text, portal. Record safety disclosures in that partner's own record, not the joint record. Under policy: no, yes (shared in joint session on date), yes (time to share agreed), or safety (not shared).

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The complete, ready to print version is here:

Therapy Progress Notes and Intake Templates

Fillable PDF: includes an informed consent outline to adapt, plus intake, notes and safety plan pages (20 pages)

Holiday sale on Etsy until Dec 2: about $7.36, was $9

Get it on Etsy

etsy.com/listing/4607261084 | instant digital download

See every page first: lotustulip.com/therapy-progress-notes-and-intake-templates.html

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