# Family and Couples Therapy Consent

Addendum to your general informed consent. Every adult taking part reads, initials and signs.

Fill this in before the first joint session. Talk it through; do not just hand it over.

## Practice, participants and who the client is

Practice, clinician and license | Phone or portal | Date

Name or client code | Role in the family | Age if under 18 | Authority to consent for a minor | Takes part

- ☐ The family unit is the client
- ☐ The couple is the client
- ☐ One person is the client; others join

## 1. Private information shared outside joint sessions

- ☐ No secrets: may be raised in joint session
- ☐ Limited secrets: kept unless it blocks the work
- ☐ My discretion, explained to each of you

Adult 1 initials | Adult 2 initials | Adult 3 initials | Adult 4 initials | Limited secrets: time to share it

## 2. Individual sessions within joint therapy, and records

- ☐ No individual sessions
- ☐ Brief individual sessions, same policy
- ☐ Individual check in for safety screening
- ☐ One shared record for this therapy
- ☐ Separate notes for individual contacts
- ☐ Outside release: every adult signs

Who may request copies, and whose signatures are needed | Individual session fee

## 3. Minors, custody and consent to treat

- ☐ Custody order or parenting plan on file
- ☐ Consent: one parent with authority
- ☐ Consent: both parents (order or my policy)
- ☐ Minor consents under state law
- ☐ Minor's assent discussed and noted
- ☐ Other parent informed of therapy

Order or plan: date and the clause on health care decisions | State minor consent rule checked

## 4. Separation, divorce, court and subpoenas

- ☐ I do not do custody evaluations for you
- ☐ I do not testify as an expert for one of you
- ☐ Subpoena: all adults told, privilege raised

If the couple separates or divorces, therapy will | Legal work rate /hr | Records to a court

## 5. Limits of confidentiality and telehealth from several places

- ☐ Suspected child abuse or neglect
- ☐ Elder or dependent adult abuse
- ☐ Serious risk of harm to self
- ☐ Threat to others (state law)
- ☐ Court order or other legal duty
- ☐ Telehealth: each location named

Telehealth: locations, private space, emergency plan for each | Recording

Adult 1 signature | Date | Adult 2 signature | Date

Adult 3 signature | Date | Adult 4 signature | Date

Clinician signature, credentials and license no. | Date | Minor's assent noted (who, how)

Each adult signs this addendum and the general consent. Keep it in the record and review it when the family changes.

An addendum to your general informed consent, not legal advice. State law and custody orders control.

Free printable from Lotus & Tulip · lotustulip.com/family-therapy-informed-consent-form.html

# Family and Couples Therapy Consent

Addendum to your general informed consent. Every adult taking part reads, initials and signs.

FILLED EXAMPLE · fictional practice, family, names and dates

## Practice, participants and who the client is

Practice, clinician and license: Juniper Row Family Therapy, Inc., M. Delgado, LMFT 000000

Phone or portal: Secure portal

Date: 02/04/2027

| Name or client code | Role in the family | Age if under 18 | Authority to consent for a minor | Takes part |
|---|---|---|---|---|
| Dana R. (F-31a) | Mother | | Joint legal custody, order on file | All sessions |
| Chris T. (F-31b) | Father | | Joint legal custody, order on file | Every other week |
| Luis R. (F-31c) | Stepfather | | None (adult participant only) | All sessions |
| Avery T. (F-31d) | Daughter | 15 | Not applicable (minor client) | All sessions |

- [x] The family unit is the client
- [ ] The couple is the client
- [ ] One person is the client; others join

## 1. Private information shared outside joint sessions

- [ ] No secrets: may be raised in joint session
- [x] Limited secrets: kept unless it blocks the work
- [ ] My discretion, explained to each of you

Adult 1 initials: DR

Adult 2 initials: CT

Adult 3 initials: LR

Adult 4 initials:

Limited secrets: time to share it: Within 2 sessions, with my help

## 2. Individual sessions within joint therapy, and records

- [ ] No individual sessions
- [ ] Brief individual sessions, same policy
- [x] Individual check in for safety screening
- [x] One shared record for this therapy
- [x] Separate notes for individual contacts
- [x] Outside release: every adult signs

Who may request copies, and whose signatures are needed: Each adult for own information; Avery's file per CA law and order

Individual session fee: $160 (25 min)

## 3. Minors, custody and consent to treat

- [x] Custody order or parenting plan on file
- [ ] Consent: one parent with authority
- [x] Consent: both parents (order or my policy)
- [ ] Minor consents under state law
- [x] Minor's assent discussed and noted
- [x] Other parent informed of therapy

Order or plan: date and the clause on health care decisions: Order of 06/14/2025: either parent may consent to health care

State minor consent rule checked: CA Fam. Code 6924 noted

## 4. Separation, divorce, court and subpoenas

- [x] I do not do custody evaluations for you
- [x] I do not testify as an expert for one of you
- [x] Subpoena: all adults told, privilege raised

If the couple separates or divorces, therapy will: Pause, then review with all of you; no taking sides

Legal work rate /hr: $200 (see policy)

Records to a court: Releases from all, or an order

## 5. Limits of confidentiality and telehealth from several places

- [x] Suspected child abuse or neglect
- [x] Elder or dependent adult abuse
- [x] Serious risk of harm to self
- [x] Threat to others (state law)
- [x] Court order or other legal duty
- [x] Telehealth: each location named

Telehealth: locations, private space, emergency plan for each: Two homes named each time; each joins alone in a private room

Recording: Not recorded

Adult 1 signature: Dana R.

Date: 02/04/2027

Adult 2 signature: Chris T.

Date: 02/04/2027

Adult 3 signature: Luis R.

Date: 02/04/2027

Adult 4 signature:

Date:

Clinician signature, credentials and license no.: M. Delgado, LMFT 000000

Date: 02/04/2027

Minor's assent noted (who, how): Avery, verbally, in session 02/04

Each adult signs this addendum and the general consent. Keep it in the record and review it when the family changes.

# Before the First Family Session

Twelve checks for every family or couple, plus a log of contacts, requests and decisions

## Every family or couple, before joint sessions begin

- [ ] 1. Decide who the client is: the family, the couple, or one person with others joining.
- [ ] 2. List every participant, their role, and who has legal authority for each minor.
- [ ] 3. Read the custody order or parenting plan yourself. Note the health care clause.
- [ ] 4. Check your state's minor consent rule and any parent access rule for records.
- [ ] 5. Pick one secrets policy, explain it out loud, and have each adult initial it.
- [ ] 6. Say whether individual sessions happen, how long, and that the same policy applies.
- [ ] 7. Explain records: one shared record, who may request copies, whose signature counts.
- [ ] 8. Say what you will do if the couple separates, and that you will not take sides in court.
- [ ] 9. Screen each adult alone for partner or family violence before joint work starts.
- [ ] 10. Review the limits of confidentiality in words a teenager would understand too.
- [ ] 11. Telehealth: name each location, private space for each person, local emergency plan.
- [ ] 12. Every adult signs. Note the minor's assent. Give everyone a copy of the addendum.

## Contact and decision log: individual contacts, requests, subpoenas

| Date | Who (codes, not names) | Type of contact | What was shared or decided | Policy applied | Initials |
|---|---|---|---|---|---|
| 02/11/2027 | F-31a (mother) | Phone, 10 min | Asked to keep a worry from Chris; reminded of policy | Limited secrets | MD |
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One line per individual contact, records request, release, subpoena or policy decision. Use client codes, not names. Keep the log with the family record and make an individual note for anything clinical. The first row is a fictional example.

L&T

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