Couples Therapy Informed Consent

Fillable form for both partners. Type on screen, print and sign, or sign electronically if your practice allows it.

A template to adapt, not legal advice. Edit every box to match your state, license and practice, then have it reviewed.

Practice, partners and who the client is

Practice, clinician name and license

Phone, email or portal

Date

Partner 1 full name

Partner 2 full name

Identified client for insurance, if any

Who the client is: ☐ The couple (the relationship) ☐ Each partner, seen jointly ☐ Other:

Couples therapy works on the relationship. Progress cannot be guaranteed, sessions can bring up strong feelings, and therapy may lead to staying together, changing how you are together or separating. Either partner may ask questions, pause or stop at any time.

1. Sessions, fees and cancellation

Joint session length

Joint session fee

Individual session fee

Payment due and method

Who pays

Cancellation notice (hours)

Late cancel or no show fee

Legal or records work, per hour

If only one partner arrives for a joint session (edit to your policy)

We meet as planned for an individual check in, or reschedule. The joint session fee applies.

2. Confidentiality and its limits

What you share in therapy is kept private, with limits set by law and ethics. The box below is pre-filled with common limits. Edit it to the exact limits that apply in your state and setting.

I may share information without your permission when the law requires or allows it, including: a ser

Records: ☐ One joint record ☐ Joint record plus a separate record for any individual contact

Releasing the joint record needs written authorization from both partners, except where the law requires otherwise. Each partner may still have rights to their own information under federal and state law.

Your rights

You may ask questions, change your goals, ask for a referral, take a break or end therapy at any time. You may raise a concern with me directly, or with the licensing board below.

Licensing board name and contact

Clinician license type and number

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Page 2: private information policy, safety, court involvement and signatures

3. Private information policy (the no secrets choice): pick one, then edit the wording

Covers anything one partner shares with me outside joint sessions: individual sessions, calls, voicemail, email, texts and portal messages.

☐ No secrets policy ☐ Limited secrets policy ☐ Individual confidences kept

No secrets: I do not keep secrets between partners. If one of you tells me something alone that affe

Partner 1 initials (policy read and agreed)

Partner 2 initials (policy read and agreed)

Time allowed to share it yourself

4. Safety, court involvement and emergencies

Each of you will be asked about safety on your own. If joint sessions could put either of you at risk, or one of you cannot speak freely, I may recommend individual services, pause or end couples work, and help each of you with referrals.

I do not do custody evaluations, give opinions on parenting or write letters or testify for one partner. If I receive a subpoena, I will tell you both and respond only as the law requires.

Other agreements (telehealth location, contact preferences, insurance billing)

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

5. Ending, review and signatures

If one partner ends therapy

File closed after inactive for

Review this agreement on

By signing, each of us confirms we read this form, had the chance to ask questions, chose the private information policy above and agree to begin couples therapy.

Partner 1 signature (or typed name)

Date

Partner 2 signature (or typed name)

Date

Clinician signature, credentials and license number

Date

Office use: ☐ Each screened alone ☐ Contact preferences asked separately ☐ Copies given to both

L&T

Lotus & Tulip

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