

COUPLES THERAPY CONSENT FORM

Please read and sign at the end, attesting that you have fully read, understand, and acknowledge the information below.

WHAT TO EXPECT: Couples therapy is a process of identifying interaction and communication patterns that are negatively impacting the friendship, intimacy, and fulfillment of needs of one or both partners in a relationship. Each partner will be expected to honestly examine their own interaction and communication styles, identify and express their own feelings, and make an attempt at experimenting with alternative methods of communicating and interacting. Therapist will assist each partner in further clarifying his/her values and level of commitment to the relationship, frequently resulting in increased satisfaction with the partnership or increased clarity about a decision to part ways.

THE COUPLE IS THE CLIENT: When you attend couples therapy sessions, you as the couple are considered to be “the client” and your mental health records therefore belong to both of you. This means that I will need a written consent from both of you in order to disclose any information from your record to a third party, except where an exception applies to confidentiality as mandated by law.

NO SECRETS: As a therapist who is entrusted with information from both partners of the relationship, I have a policy of “No Secrets,” which means that I cannot promise to protect secrets of either partner from the other person, especially if the secret is harmful or destructive to the process of the therapy itself or undermines the agreed upon intention of the therapy.

BOUNDARIES: Because the relationship is the main focus of couples therapy, both partners of a couple must be present for the couples session to start. It is often not in the best interest of the couple to distribute time unevenly between partners or to have unplanned meetings with only one partner present. If one partner is late in arriving or does not show for the appointment, I reserve the right to delay the start of the session or to cancel the session if necessary.

SSP

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LENGTH OF COUPLES THERAPY: Length of treatment will vary depending on factors such as the severity of problems, history of past trauma, infidelity/betrayals, co-occurring emotional/psychological issues (e.g. mood disorders, depressive symptoms, substance use problems, personality disorder traits). It is advisable for each partner to schedule at least one individual session with Therapist as part of the couples therapy process, to assess such individual factors impacting the joint relationship.

CLARIFICATION OF ROLES AND LIMITATIONS TO COUPLES THERAPY:

Couples therapy will only be effective in cases where both partners put in a good faith effort to work on their problems and relationship. Deliberate dishonesty or deceit, unwillingness to introspect and take responsibility for one's actions, or lack of interest and motivation to engage in the couples therapy process by one or both partners will undermine outcomes of treatment. To increase the effectiveness of therapy, Therapist will assist clients in changing their view of the relationship, with modifying dysfunctional behavior, with decreasing emotional avoidance, with improving communication, and by promoting strengths and resilience pre-existing within the relationship.

CONSENT TO TREATMENT: By signing this Couples Therapy Consent Form, we, the client, acknowledge that we: have read carefully, understand, and agree to the terms and conditions contained in this form; and agree to initiate treatment with Sandy P. Pedram, Esq., LMFT ("Therapist").

Signature (print and sign) – Partner 1

Date

Signature (print and sign) – Partner 2

Date

Witness

Date