



**ACT**

atlantic coastal therapy

## Couple Informed Consent Form

### DOCUMENTATION OF INFORMED CONSENT FOR COUPLES COUNSELING

We understand that couples counseling begins with an evaluation of our relationship, past and present. While Julie Rubin McGaughey is deciding whether she is the appropriate counselor for us, we will decide whether we wish to begin couples counseling with her. We understand that because of the commitment of time and money, plus the potential impact on us and others (see below), it is important to make an informed choice for a couple's counselor.

We have read and understand the potential limits of confidentiality, including those imposed by Julie Rubin McGaughey's policies and by state law, and we have received a copy to keep. *[If we have dependent children, we have read and understood the potential limits of confidentiality regarding access to records in child custody cases].*

We understand that information discussed in couples counseling is for therapeutic purposes and is not intended for use in any legal proceedings involving the partners. We agree not to subpoena Atlantic Coastal Therapy or Julie Rubin McGaughey to testify for or against either party or to provide records in a court action.

We understand all policies as described and accept them as conditions for entering into couples counseling with Atlantic Coastal Therapy. We understand the limits and benefits of using insurance to pay for couples counseling. If we use insurance, we agree to provide all information needed to comply with insurance regulations. We understand that if we use insurance, Atlantic Coastal Therapy will not retain control over information provided to the insurance company.

We have been given the opportunity to ask questions and discuss confidentiality and disclosure policies with Julie Rubin McGaughey. We understand that while working as a couple, anything either of us might say to her individually, whether by phone or in an individual session, will be held confidential and will not be shared with the spouse/partner without the individual's consent.

We agree to share responsibility with Julie Rubin McGaughey for the counseling process, including goal setting and termination. By entering into couples counseling, we accept that we both understand that working toward change may involve experiencing difficult and intense feelings, some of which may be painful, in order to reach counseling goals. We understand that the changes one or both of us makes will have an impact on our partner and on others around us. We accept that such changes can have both positive and negative effects and agree to clarify and evaluate potential effects of changes before undertaking them. *[This is especially true if we have dependent children.]*

We agree to pay for all services provided by Julie Rubin McGaughey of Atlantic Coastal Therapy, including any charges not fully reimbursed by the insurance company. We understand that no insurance company will pay for missed sessions, and we agree to Atlantic Coastal Therapy's policy of charging if we fail to cancel appointments in advance.

By signing below, we agree to accept counseling services from Julie Rubin McGaughey and accept full responsibility for payment for such services.

Patient \_\_\_\_\_ Date \_\_\_\_\_

Patient \_\_\_\_\_ Date \_\_\_\_\_