



## **Consent for Couple Therapy**

This service is for couples who are mutually invested in repairing or generally improving their relationship. Your participation in these services is completely voluntary, and you may terminate services at any time. Couples services are subject to the same privacy and confidentiality practices as any of our other services, and no disclosures will be made regarding your work with your Provider without your consent unless required by law. For more information, please refer to our HIPAA Notice of Privacy Practices.

### **THE THERAPY PROCESS**

Therapy begins with the intake process. During your Intake Session, you and your partner will review with your Provider this Practice's policies and procedures, discuss fees, and discuss whether or not you wish to seek reimbursement from your insurance provider. Next, you will discuss what to expect during therapy, including the type of therapy, the length of treatment, and the risks as well as the benefits of participation. If your Provider is practicing under the supervision of another professional, your Provider will tell you about their supervision and the name of the supervising professional.

Your intake will be comprised of at least three sessions, ranging from 60-90 minutes each.

- In your first intake session as a couple, you will discuss with your Provider the history of your relationship, adjustments you had to make as a couple, and the challenges that brought you to therapy. You may also be asked to demonstrate a sample conflict so your Provider can assess areas of need and strength.
- In your second intake session, you and your partner will meet with your Provider individually to discuss your unique histories and upbringing.
- In your third intake session, you will again meet with your Provider as a couple with the objective of developing a treatment plan, which will describe the areas of challenge to be addressed during your services as well as the methods that will be employed to do so.
- Sessions that follow will focus on addressing the needs identified in your treatment plan. Once those needs have been resolved, you will be ready to graduate from services.

**Benefits** may include, but are not limited to:

- Improved communication.
- Improved ability to resolve conflict.
- Improved friendship with your spouse or romantic partner.
- Improved sense of connection with your partner.
- Improved feelings of trust with your partner.
- Overall improvement in your level of satisfaction with your relationship.

**Risks** may include, but are not limited to:

- Things may get worse within your relationship before they get better.
- Discussing deeply held beliefs and the experiences that inform them may cause emotional discomfort.
- Learning things about your partner that you did not previously know may also cause emotional discomfort.
- There is also the risk that, despite everyone's best efforts, your relationship may terminate during or after services.



### **GOTTMAN RELATIONSHIP CHECKUP**

Your Provider will also invite you to complete a screening tool called the Gottman Relationship Checkup. It is a clinical tool consisting of 337 questions about friendship, intimacy, how well you know your partner, how you manage emotions and conflict, how you share your values and goals, and what gives meaning to your lives. This tool, in combination with information gathered from your intake, will give your Provider a comprehensive view of what areas need to be addressed in your services, and will also be used to measure the effectiveness of services over time. You and your partner will both complete this tool individually, and your responses on this tool will not be shared and are not subject to the No Secrets policy described below. The information shared is for your Provider only.

For more information on the checkup tool: <https://gottmanconnect.com/checkup/couples>

### **INSURANCE COVERAGE**

Couples related services are typically considered non-covered services by many insurance carriers, as the diagnosis code assigned to couples in distress (Z63.0 – Problems in Relationship with Spouse or Partner) in many cases does not meet the criteria for medical necessity. Despite this, we strongly encourage you to check with your insurance provider to see if they will cover the above diagnostic code, and reimburse you for your out-of-pocket expenses with us.

### **NO SECRETS POLICY**

In order for services to be of maximal benefit, it is important that your Provider act in a manner so as to maintain the trust and confidence of both you and your partner. In order for your therapist to do this, and ultimately for services to be successful, there can be no secrets. There may be times when you share information with your Provider individually that you do not wish your partner to know. In these cases, your Provider will work with you on how and when to make the disclosure to your partner, but ultimately can not and will not be responsible for keeping a secret. If you have things you wish to discuss, but it is important to you that your partner not know about them, we encourage you to bring them up with a Provider that is yours alone in an individual session.

### **CO-MINGLED CHART**

Your Provider is required to notes about your treatment. These notes include the time and date of the service, who was present, what was covered, what interventions were used, how you responded, and what the plan is for the next session. It is your relationship that is the “client” your Provider will treat, not necessarily the members that comprise it. What this means is that the documentation kept for your sessions will include feedback from you, as well as your partner.

Your notes will be maintained in an electronic health record provided by TherapyNotes. TherapyNotes has several safety features to protect your personal information, including advanced encryption techniques to make your personal information difficult to decode, firewalls to prevent unauthorized access, and a team of professionals monitoring the system for suspicious activity. TherapyNotes keeps records of all log-ins and actions within the system.



## **EXCLUSIONARY CRITERIA**

There are some circumstances in which a couple may be declined for services at this Practice due to having a level of need that this Practice is not designed to meet. These circumstances include, but are not limited to:

- Couples who are seeking services for the purposes of custody evaluation, parenting time, or parenting fitness.
- Couples presently involved with the legal/justice system.
- Couples engaged in an open case with the Department of Child Services (DCS).
- Couples struggling with ongoing domestic violence.
- Couples in which one or both members is/are involved in an ongoing affair.
- Couples in which one or both members is/are struggling with active and untreated addiction (substance or behavioral).
- Couples in which one or both members have already made the decision to terminate the relationship.

If you meet any of the exclusionary criteria defined above, please let your Provider know during your free consultation so they can help you get referred to a practice that can better meet the immediate needs of your relationship. Addressing the needs represented in the criteria above first may result in more positive treatment outcomes for your relationship should you wish to return to couples services after they are addressed.