



The Listening Retreat Counseling Services
305 Regency Parkway STE 413
Mansfield, Texas 76063
(682) 292-8255

Couple Informed Consent to Professional Counseling Services

We understand that couple’s therapy begins with an evaluation of our relationship, past and present. We understand that by entering into couples therapy and working towards change may involve experiencing difficult and intense feelings, some of which may be painful, in order to reach therapy goals. We understand that because of the commitment of time and money, plus the potential impact on us and others, it is important that we put full effort into our treatment.

We have read and understand the potential **Limits of Confidentiality**, including those imposed by Samina Long’s policies and by state law, and we have received a copy to keep. We have read and understand all policies as described on the **Notice of Privacy** sheet and on the **Court Action/Legal Fees** sheet, and we accept them as conditions for entering into couple’s therapy.

We have been given the opportunity to ask questions and discuss confidentiality and disclosure policies with Samina Long. We understand that while working as a couple, most information either of us might say to Samina Long individually, whether by phone or in an individual session will not be shared with my spouse/partner without my consent; however, there are some things that *may not be held as confidential, such as report of current or on going infidelity, report of communicable disease; or other harmful disclosure, and at Samina Long’s discretion, may be shared with my spouse/partner.*

We understand that the changes one or both of us makes will have an impact on our spouse/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. Our goal in couple’s therapy is on resolving personal concerns so that we can enhance and preserve our relationship, rather than a focus on individual happiness; however, if remaining together is harmful to one or both of us, the focus will be on facilitating an amicable separation.

We understand that information discussed in couple’s therapy is for therapeutic purposes and is not intended for use in any legal proceedings involving us. Since all parties need to speak freely, we are expected not to use information given about one another during the therapy process against one another in a judicial setting of any kind; be it civil, criminal, or circuit. Therefore, we agree not to subpoena Samina Long to testify for or against one another or to provide records of treatment in a future divorce, custody, or court action.

We understand the limits and benefits of using insurance to pay for couple’s therapy. If we use insurance, we agree to provide all information needed to comply with insurance regulations. We understand that if we use insurance, Samina Long will not preserve control over information provided to the insurance company. We understand that no insurance company will pay for missed sessions, and we agree to Samina Long’s policy of charging if we fail to cancel appointments in advance.

By signing this form, we agree to accept couples counseling services and accept full responsibility for payment for all services provided by Samina Long, including any charges not fully reimbursed by the insurance company.

By signing this form, we are agreeing to Samina Long’s policy to have no court involvement in our case; or use or request any of our therapeutic intervention records or testimony in any future court proceedings - as it could have the propensity to harm our professional relationship and the ability to achieve our goals.

By signing this form, we are agreeing to all policies described above and we accept them.

Client Printed Name _____ Signature _____ Date _____

Client Printed Name _____ Signature _____ Date _____

Samina N. Long, M.A., LPC, LCDC

Date