

Licensed Clinical Psychologist

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INFORMED CONSENT FOR COUPLES THERAPY

We understand that couples therapy begins with an evaluation of our relationship, past and present. While Dr. Seay is deciding whether she is the appropriate therapist for us, we will decide whether we wish to begin couples therapy with her. We understand that because of the commitment of time and money, it is important to make an informed choice for a couples therapist.

We understand that information discussed in couples therapy is for therapeutic purposes and is not intended for use in any legal proceedings involving the partners. We agree not to subpoena Dr. Seay to testify for or against either party or to provide records in a court action.

We have been given the opportunity to ask questions and discuss confidentiality and disclosure policies with Dr. Seay. We understand that while working as a couple, anything either of us tells Dr. Seay individually, whether on the phone, in email, or in an individual meeting, may not be held as confidential, and at Dr. Seay's discretion may be shared with the spouse/partner during a subsequent couple session.

We agree to share responsibility with Dr. Seay for the therapy process, including goal setting and termination. By entering into couples therapy, 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 therapy goals. Dr. Seay has explained that her therapeutic focus in couples therapy is on preserving and enhancing the relationship rather than a focus on individual happiness. However, if remaining together is harmful to one or both partners, the focus will be on facilitating an amicable separation.

By signing below, we agree to the terms for couples therapy with Dr. Seay.

_____ Date _____

_____ Date _____