**Davis Counseling & Play Therapy Center, PLLC**

**Statement of Informed Consent for Marital/Couples Counseling**

We, (client’s printed names) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

agree and give consent for marital/couples counseling and treatment by Suzanne Davis, LPC, RPT-S (counselor). We understand that there are certain risks involved, such as being willing to disclose personal information and being open and honest with the counselor. We understand that we have entered into this therapeutic relationship voluntarily and may discontinue treatment at any time; however, there might be risks involved in terminating treatment early.

It is encouraged that each participant maintains a “no secrets” policy and that issues be addressed openly and honestly during the sessions. We understand that by entering into marital/couples counseling, each partner accepts an investment into the therapeutic process and that working towards change may involve experiencing intense and sometimes painful emotions. We understand that working towards change in the relationship can have both negative and positive effects upon the relationship.

If the counselor sees members of the marital/couple dyad for individual sessions as part of the marital/couples’ treatment, the counselor will not keep “secrets” and will encourage each party to share information openly and honestly with each other. There may be times when the counselor appears to be on either parties’ side, but is really on the side of the relationship.

We understand that by entering into marital/couples counseling there are no guarantees for an outcome of a couple staying together*.*

*\_\_\_\_\_\_\_\_\_\_\_(Initials) We agree not to subpoena the counselor to testify for or against any of the parties involved in counseling or to provide records in a court action.*

The scope and nature of this treatment has been explained to us and we understand that there are no guarantees for treatment outcomes. We agree to hold harmless and indemnify the counselor from any damages, suits, claims, or liabilities arising from this therapeutic relationship.

**Confidentiality**

\_\_\_\_\_\_\_\_\_\_\_ (Initials) We understand that confidentiality will be maintained at all times within legal requirements of the Commonwealth of Virginia and by federal law as noted in the Health Insurance Portability and Accountability Act (HIPAA),and ethical guidelines according to the American Counseling Association Code of Ethics and the Association for Play Therapy Best Practices*.*

**Privacy of Information (HIPAA)**

We acknowledge that we have been given a copy of the counselor’s *Health Insurance Portability and Accountability Act (HIPAA) Patient Notification of Privacy Rights* which describes how records and information about our treatment will be handled.

**Credentials and Supervision**

The counselor is licensed by the Commonwealth of Virginia as a Licensed Professional Counselor through the Virginia Board of Counseling and is a Registered Play Therapist-Supervisor through the Association for Play Therapy.

\_\_\_\_\_\_\_\_\_\_\_\_ (Initials) The credentials of the counselor have been explained to us.

I understand that the counselor will, on occasion, participate in clinical supervision and/or clinical consultation with other counseling professionals. Cases will be discussed with other counseling professionals solely for the purpose of gaining additional perspective, input and treatment direction. Confidentiality will be maintained in this supervision and/or consultation, and the names of clients will not be used or disclosed.

**Fees**

\_\_\_\_\_\_\_\_\_\_\_\_(Initials) **We understand the fees involved in this treatment and that payment is expected at the time of the marital/couples counseling session**, unless other arrangements have been made and agreed upon with and by the counselor. We also understand that failure to pay the expected fee could terminate treatment and the settlement of any unpaid fees will be turned over to a collection agency.

**Appointments**

**The length of the marital/couples counseling sessions are 60-75 minutes.** We understand that appointments should be kept and that we should arrive on time for scheduled appointments. If the clients are late for the session, the session time will be cut short based on the allotted time for the session.

\_\_\_\_\_\_\_\_\_\_\_\_(Initials) ***If the clients are more than 15 minutes late for a scheduled appointment, the appointment will be considered as “no show” and will need to be rescheduled.* *“No shows” for appointments are subject to be charged a $50 no show/late cancellation fee.* *Cancellations need to be made 24 hours prior to scheduled appointments, except in the case of family or medical emergencies.***

**By signing below, we have read, understand and agree to the terms and conditions in the Statement of Informed Consent for Marital/Couples Counseling:**

Client (1): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client (2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_