

Green House Group, PA

Psychotherapy and Consultation

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INFORMED CONSENT: COUPLES TREATMENT

The following information assumes that each client in the couples treatment has already read, understood and agreed to the overall informed consent document entitled Treatment Services Agreement which accompanies this section pertaining to Treatment of Couples.

While both members of the couple relationship are typically present during sessions, and will be asked to sign our informed consent document, for administrative purposes our records will list only one individual as the “client of record”. However, the couple relationship, itself, is considered the client. Information gained from each individual during sessions is contained in one record. If insurance coverage is deemed appropriate, whichever individual chooses the “client of record” role must be assigned a diagnosis for billing purposes.

The practice of conducting couple’s therapy may differ somewhat depending on the specific provider and their training. As a client receiving couples treatment one should assume that, unless otherwise agreed, any information shared by either member with the couples therapist, could or will be shared with the other. Exceptions are made in cases regarding a client’s potential to harm themselves, another, or issues of child/ elderly/ handicapped abuse.

In order to foster an environment of safety and openness for successful couple’s therapy, it is our policy that both members of the relationship agree to the following: That neither would ever make a formal request of the treating therapist or Green House Group, P.A., via counsel, subpoena or otherwise, to produce records or reports, be deposed or testify on behalf of/ or against the other member for purposes of family/ divorce/ access litigation, currently or in the future.

Finally, Green House Group policy dictates that the clinical record generated through couples treatment would only be shared with another clinical provider or practice for purposes of continued treatment in another setting. Such cases would require written consent from both members of the relationship even though the official record identifies only one named individual.

CONSENT FOR COUPLES TREATMENT

Your signature below indicates that you have read and understood information in this document, discussed its contents with your therapist as necessary, and agree to abide by its terms over the course of your treatment relationship with the Green House Group. Your signature also indicates that you have given formal consent for your therapist to provide treatment.

Client Name/ DOB (Printed)

Client Name/ DOB (Printed)

Client Signature

Client Signature

Date

Date

Therapist Signature

Date