

Couple's Therapy
Written Statement of Understanding

Couple therapy starts with an assessment of the relationship past and present and an assessment of each partner's personal history.

By entering into couple's therapy with Mr. Gallagher, 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 our goals.

We accept that such changes can have both positive and negative effects and agree to clarify and evaluate potential effects of changes before we undertake them.

We understand and agree that information discussed in couple's therapy is for therapeutic purposes and is not intended for use in any legal proceedings involving the partners.

We agree not to subpoena Mr. Gallagher to testify for or against either party or to provide records in a court action.

If the therapist sees either member of the couple for individual sessions or has phone contact as part of couple's treatment, secrets will not be kept and the therapist reserves the right to pass on information that furthers therapeutic goals.

Phone calls between sessions should only be used for making appointment changes and emergencies. Email is discouraged because of lack of confidentiality.

Releases of records to outside clinicians or any other persons including the client's themselves will necessitate both parties to sign releases.

All individual therapy records will be merged into a common couple chart. There is no expectation that information from prior individual sessions with Mr. Gallagher will be withheld from my partner in couple therapy.

By signing this we confirm that we understand and agree to the above therapeutic guidelines.

Name _____

Signature _____

Date _____

Name _____

Signature _____

Date _____

John Gallagher, LMHC: 1850 Lee Road, Suite #323, Winter Park FL 32789. Phone: 407-579-2070

COMPLETE FOR COUPLE THERAPY ONLY

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