

James L Moog MA LMFT MAC BCETS

Individual, Couple & Family Therapy

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License MFT17484

Consent for Couple Therapy Treatment

Expectations

Couple Therapy is a process of exploring and identifying thoughts, feelings, beliefs, wants, needs, interactions, and communication patterns that may be negatively impacting and undermining the relationship from being able to provide the couple with closeness, connectedness, friendship, humor, affection, and intimacy.

Each person will be encouraged to honestly and genuinely explore their own behaviors and habits. Each person will be encouraged to be open to experiment with alternative methods of thinking, believing, communicating, and interacting with their partner. This process includes the hope of increasing trust, commitment, and closeness into the relationship.

Confidentiality

Whatever is spoken about during the time that you are involved in therapy and afterwards are protected by strict ethical standards and laws governed by the State of California and monitored by the Board of Behavioral Sciences who license and oversee Marriage and Family Therapists throughout the state.

For information to be given to a third party, it must be consented to by both partners in writing and signed by both. This would be done by the couple filling out a Request for Information to be sent to the agreed upon person or institution and include signatures from both parties.

The only other times that confidentiality needs to be sacrificed are:

- **Duty to Warn and Protect**

If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threaten or harm another person, the therapist is required to warn the possible victim and notify legal authorities.

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- **Abuse of Children and Vulnerable Adults**

If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent) the therapist must report this information to the appropriate state agency and/or legal authorities.

- **Prenatal Exposure to Controlled Substances**

Therapists must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.

- **Minors/Guardianship**

Parents or legal guardians of non-emancipated minor clients have the right to access the client's records.

- **Insurance Providers**

If your insurance provider or other third-party payer is involved with payment, they may request information regarding services to the clients. The type of information that may be requested includes types of service, dates of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc. In the event of that actuality, you will be asked to sign an Authorization for Use or Disclosure of Protected Health Information.

Course of Treatment

The continued participation by each person is voluntary. Either participant may suspend or terminate the therapy at her or his request.

I certify by my signature below that I have read, fully understand, and agree to abide by the stated policies.

Client Signature	Print Name	Date of Birth	Date Signed
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Client Signature	Print Name	Date of Birth	Date Signed
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Signature of Psychologist/Therapist	Print Name	Date Signed
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