

ACCL Guidelines and Agreement for Couples Counseling

This document deals with privacy issues specific to couples and supplements the document already given to you that deals with related issues in therapy. Please read it carefully and write down any questions you might have so that we can discuss them. When you sign this document, it will represent an agreement between all parties involved.

Issues concerning personal privacy and professional confidentiality are somewhat more complicated when working with couples. In addition to the exceptions to confidentiality outlined to you in my contract, work with couples may require certain additional compromises in privacy. For example, part of our couples work may require that I meet individually with you and at other times with your spouse or partner. During those individual meetings I may encourage you to share with your partner anything that I deem appropriate.

Therefore, although I hope you would be completely honest with me about your personal as well as relationship concerns, you might choose not to share with me certain information if you are concerned about the possibility of your partner learning of it.

Other agreements:

- Both members of the partnership will attend scheduled appointments. If one member cannot attend, then the appointment must be rescheduled to allow both members to attend, unless previously discussed and planned. A twenty-four hour notice of cancellation is required to avoid the late cancellation fee.
- If individual sessions take place with each member of the partnership, it is understood that in the event sensitive information (as listed below) is revealed that may interfere with the goals of therapy, the individual will be expected to disclose this information in the course of our future couple counseling work. This includes but is not limited to:
 - “Love” interest, affair, or emotional attachment to another, other than partner.
 - Financial difficulties, debt, liabilities that may impact the partnership.
 - Medical concerns such as sexually transmitted diseases.
 - Legal problems such as court dates, DUI, etc.
 - Chronic alcohol and/or substance abuse, gambling, etc.
 - Any form or degree of physical contact during arguments or fights.
- In the event of a divorce, we will not request our counselor _____ or any staff member at ACCL LLC to take part in any divorce proceedings or child custody proceedings.

My signature indicates that I have read, fully understand, and fully agree to give my informed consent and compliance with these guidelines and parameters before starting couples counseling.

I, _____, will honor these standards
Print

effective _____ (Date)

Signed: _____

I, _____, will honor these standards
Print

effective _____ (Date)

Signed: _____