

ELHAM SAJED-CONNOR PSY.D.

CLINICAL PSYCHOLOGIST PSY27665

COUPLES THERAPY INFORMED CONSENT FORM

This form provides you, the client, with information that is additional to that detailed in the [Notice of Privacy Practices](#) and it is subject to HIPAA preemptive analysis.

Before starting your therapy, it is imperative to know what to expect and to understand your rights and commitments. This consent form is an attempt to be as transparent as I can about the nature of the couples therapy process, so you are fully informed prior to starting the therapy. I am a licensed clinical psychologist in the State of California. As a licensed psychologist my work is regulated by California Board Of Psychology, the rules and regulations governing my license, as well as the ethical principles of my profession. Relationship therapy works best when the focus of my work is on your relationship. When working with you, it is expressly understood that my client is both your relationship and each of you as individuals. In order to maintain fidelity to both of you and to your relationship, I ask for your consent on the following agreements.

What to expect

Couples therapy is a process of identifying interaction and communication patterns that are negatively impacting the friendship, intimacy, and fulfillment of needs of one or both partners in a relationship. Each partner will be expected to honestly examine their own interaction and communication styles, identify and express their own feelings, and make an attempt at experimenting with alternative methods of communicating and interacting. Each partner will be helped to further clarify their own values and their own level of commitment to the relationship, and the outcome of the therapy may be increased satisfaction with the partnership or increased clarity about the decision to part ways.

Fees/ 48 hour cancellation policy

Couples therapy is billed at the rate of \$250/ session and each session lasts approximately 1hr 15 minutes. We agree to pay the stated fee by cash or credit card at the beginning of each session, or to prepay online. If we are prevented from attending our scheduled session and do not cancel our appointment at least 48 hours in advance, we understand that we will be charged the full session fee. This practice of being charged for no-shows or late cancellations is standard practice in the field, and takes into account that you are not just paying for services rendered, but reserving a time slot which I will not be able to offer to someone else on short notice.

Confidentiality

When you attend sessions with a psychologist, the information you share is protected by strict confidentiality laws enforced both by the licensing board governing my license and state law. Without your written consent and permission, I cannot reveal whether or not you are a client of mine and cannot discuss any information from our sessions with a third party.

The following are exceptions to this rule:

- If one of you pose an imminent danger to yourself, your partner, or a third person, I am allowed to disclose information to law enforcement personnel or hospital staff to keep you safe and coordinate care.
- If you talk about events that lead me to believe that a child under the age of 18 or an elderly or disabled person is at risk of emotional, physical or sexual abuse, neglect, or exploitation, I am required by law to make a report to California Child Protective or Adult Protective Services.
- If you are not yet 18 years of age, your parents or legal guardians may have access to your records and may authorize release of information to other parties on your behalf.
- If you disclose sexual misconduct by a previous therapist I am required to make a report to their licensing board.
- If a judge in a court of law orders me to release information or if I need to respond to a lawfully issued subpoena.
- If I need to cooperate with legal actions against a mental health professional by a licensing board.

In the other words, all information disclosed within sessions is confidential and may not be revealed to anyone without written permission except where disclosure is permitted or required by law. Those situations include but are not limited to: (a) when there is reasonable suspicion of abuse to a child or to a dependent or elder adult; (b) when the client communicates a threat of bodily injury to others; (c) when the client is suicidal; (d) when the client has been physically injured due to violence; (e) when disclosure is required pursuant to a legal proceeding.

I may receive occasional professional consultation. In such cases, neither your name nor any identifying information about you is revealed.

No Secrets Policy

When a couple enters into counseling, it is considered to be one unit. This means that my allegiance is to the couple “unit,” and not to either partner as individuals. I find this is particularly important in creating a space where both partners can feel safe. Therefore, I adhere to a strict “No Secrets” policy. This means that I will not hold secrets for either partner. This policy is intended to allow me to continue to treat the couple by preventing, to the extent possible, a conflict of interest to arise where an individual’s interests may not be consistent with the interests of the unit being treated. Please note that occasionally, during the counseling process,

individual partners may be seen for an individual counseling session. In this case, the individual session is still considered as part of the couple's counseling relationship.

As a therapist who is entrusted with information from both partners of a relationship, I have a policy of "No Secrets", which means that I cannot promise to protect secrets of either partner from the other person, especially if the secret is harmful or destructive to the process of the therapy itself or undermines the agreed upon intention of the therapy. Information disclosed during individual sessions may be relevant or even essential to the proper treatment of the couple. If an individual chooses to share such information with me, I will offer the individual every opportunity to disclose the relevant information and will provide guidance in this process.

If the individual refuses to disclose this information within the couple's session, I may determine that it is necessary to discontinue the counseling relationship with the couple. If there is information that an individual desires to address within a context of individual confidentiality, I will be happy to provide referrals to therapists who can provide concurrent individual therapy. This policy is intended to maintain the integrity of the couples/marital counseling relationship.

The couple is the client

When you attend couples therapy sessions, you as a couple are considered to be "the client" and your mental health records therefore belong to both of you. This means that except in the circumstances above, I will need a written consent from both of you in order to disclose any information from your record to a third party.

Boundaries: Because the relationship is the main focus of couples therapy, both partners of a couple must be present for the couples session to start. It is often not in the best interest of the couple to distribute time unevenly between partners or to have unplanned meetings with only one partner present. If one partner is late in arriving or does not show for the appointment, I reserve the right to delay the start of the session or to cancel the session if necessary.

E-mail notifications

When appointments are scheduled, automatic email reminders of your appointment will be sent to the e-mail you used when scheduling your first appointment. By signing this consent form, we the couple agree to receive these notifications, and understand that email is not a confidential medium for transmitting health information.

Length of couples therapy

A completed couples therapy can take anywhere from 5-20 scheduled sessions. Length of time depends on various factors such as severity level of problems, history of past trauma/ infidelity/ or betrayals, and the presence of co-occurring

emotional or psychological issues such as mood disorders, depressive symptoms, substance use problems, or personality disorder traits. It is advisable (but optional) for each partner to schedule at least 1 individual session with me as part of the couples therapy process.

Limitations to couples therapy

Couple therapy will only be effective in cases where both partners put effort in their relationship and work effectively on their problems. Deliberate dishonesty or deceit, unwillingness to introspect and take responsibility for one's actions, or lack of interest and motivation to engage in the couples therapy process by one or both partners will undermine the therapy.

Court Proceedings/Subpoena of Records

It is understood that the purpose of marital/couples therapy is for the amelioration of distress within a relationship. Therefore, if both partners request my services as a psychologist, they are expected not to use information given to me during the therapy process against the other party in a judicial setting of any kind, be it civil, criminal, or circuit. Likewise, neither party shall for any reason attempt to subpoena my testimony or my records to be presented in a deposition or court hearing of any kind for any reason, such as a divorce case.

Release of Records

Both partners must provide their consent to release marital/couples counseling records. If one partner does not provide consent, records will not be released. I certify by my signature below that I have read, fully understand, and agree to abide by the stated policies.

Conclusion

We, the client, understand that couples therapy begins with an evaluation of our relationship, past and present. While Dr. Sajed-Connor is deciding whether she is the appropriate therapist for us, we will decide whether we wish to begin couples therapy with her. We understand that because of the commitment of time and money, plus the potential impact on us and others, it is important to make an informed choice for a couples therapist.

We have read and understand the potential limits of confidentiality, including those imposed by Dr. Sajed-Connor's policies and by state law, and we have received a copy to keep. [If we have dependent children, we have read and understood the potential limits of confidentiality regarding access to records in child custody cases].

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

We agree not to subpoena Dr. Sajed-Connor to testify for or against either party or to provide records in a court action.

We understand all policies as described and accept them as conditions for entering into couples therapy with Dr. Elham Sajed-Connor. We understand the limits and benefits of using insurance to pay for couples therapy. If we use insurance, we agree to provide all information needed to comply with insurance regulations. We understand that if we use insurance, Dr. Sajed-Connor will not retain control over information provided to the insurance company.

We have been given the opportunity to ask questions and discuss confidentiality and disclosure policies with Dr. Sajed-Connor. We understand that while working as a couple, anything either of us might say to Dr. Sajed-Connor individually, whether by phone or in an individual session, *may not be held as confidential, and at Dr. Sajed-Connor's discretion may be shared with the spouse/partner during a subsequent couple session.*

We agree to share responsibility with Dr. Sajed-Connor for the therapy process, including goal setting and termination. By entering into couples therapy, 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 therapy goals. We understand that the changes one or both of us makes will have an impact on our partner and on others around us. We accept that such changes can have both positive and negative effects and agree to clarify and evaluate potential effects of changes before undertaking them. *[This is especially true if we have dependent children.]*

Dr. Sajed-Connor has explained that her therapeutic focus in couples therapy is on preserving and enhancing the relationship rather than a focus on individual happiness. However, If remaining together is harmful to one or both partners, the focus will be on facilitating an amicable separation.

We agree to pay for all services provided by Dr. Sajed-Connor, including any charges not fully reimbursed by the insurance company. We understand that no insurance company will pay for missed sessions, and we agree to Dr. Sajed-Connor's policy of charging if we fail to cancel appointments in advance.

We, the client, understand and consent to the above terms, and agree to initiate treatment with Dr. Elham Sajed-Connor, Psy.D.
(Psychologist, CA License# PSY 27665)

By signing below, we both agree to accept mental health services from Dr. Elham Sajed-Connor and accept full responsibility for payment for such services.

Client's Name (print)

Signature _____ Date _____

Client's Name (print)

Signature _____ Date _____

Psychologist's Name (print)

Dr. Elham Sajed-Connor, Psy.D. PSY27665

Signature _____ Date _____