

## **Agreement for Couple Counseling**

We, the undersigned clients, each agree to take part together and individually in couple counseling with the counselor named below. The terms of this agreement remains in effect until cancelled in writing by either client or by this counselor.

We each also agree that if either of us ever becomes involved in legal proceedings (such as divorce or custody disputes, injuries, lawsuits, etc.), neither of us, nor our attorneys, nor anyone else acting on either of our behalf, separately or together, will call on this counselor to testify in court or at any other proceeding unless both of us authorize in advance and obtain this counselor's agreement.

We each accept individual responsibility for payment of the counselor's full fee for all of our counseling appointments, including those only one of us or neither of us attend and those that either of us cancels with less than 24 hours advance notice. The only exceptions are unforeseen or unavoidable situations arising suddenly, as determined by this counselor on a case-by-case basis. We each understand and accept that we are fully responsible for any preauthorization or claims submission necessary to receive health plan/insurance reimbursement for this counselor's services.

We each individually authorize this counselor to disclose to the other of us or keep confidential from the other of us, according to the professional judgment of this counselor, any information either of us discloses to or authorizes to be released to this counselor. We each understand that this means that anything either of us discloses to this counselor, the counselor may disclose to the other of us, even after either of us specifically requests that the counselor not disclose certain information. Additionally, we each agree that any release of information by this counselor which requires client authorization, must be authorized by both clients before release, excepting mandatory or emergency disclosure not requiring authorization, as described in this counselor's *Notice of Privacy Practices*.

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

I, the counselor, have met with both of the above clients for a suitable period of time, and have informed them of the issues and points raised in this agreement and the policies and procedures of my counseling practice. I agree to counsel these clients individually and together as a couple.

\_\_\_\_\_  
Tom McCabe, MA, LPC Date