

**L. Gordon Brewer, Jr., M.Ed., LMFT
Individual, Marriage and Family Therapy**

Statement of Informed Consent for Marital/Couples Therapy

We (client's names) _____ agree and give consent for marital/couples therapy and treatment by L. Gordon Brewer, Jr., M.Ed., LMFT (Therapist). We understand that there are certain risks involved, such as being willing to disclose personal information and be open and honest with the therapist. We understand that we have entered into this therapeutic relationship voluntarily and may terminate treatment at any time, however there might be risks involved in terminating treatment early.

It is encouraged that each participant maintains a "no secrets" policy and that issues be addressed openly and honestly during the sessions. We understand that by entering into marriage/couples therapy, each partner accepts an investment into the therapeutic process and that working toward change may involve experiencing intense and sometimes painful emotions. We understand that working toward change in the relationship can have both negative and positive effects upon the relationship.

If the therapist sees either member of the couple for individual sessions as part of couple treatment, the therapist will not keep "secrets" and will encourage each partner to share information openly and honestly with each other. There may be times when the therapist appears to be on either person's side but is really on the side of the marriage/relationship.

We understand that by entering into marriage/couples therapy there are no guarantees for an outcome of the couple staying together. *We agree not to subpoena the therapist to testify for or against either party or to provide records in a court action.*

The scope and nature of this treatment has been explained to me and we understand that there are no guarantees for treatment outcomes. We understand that the therapy being provided is in conjunction with St. Paul's Episcopal Church Counseling Ministry. We agree to hold harmless and indemnify the therapist and St. Paul's Episcopal Church, its clergy and staff from any damages, suits, claims, or liabilities arising from this therapeutic relationship.

Confidentiality

We understand that confidentiality will be maintained at all times within legal requirements of the State of Tennessee and ethical guidelines according to the American Association of Marital and Family Therapists Code of Ethics. We understand that confidentiality will not be maintained if any party threatens or gives reason to believe that they will harm themselves or others.

Privacy of Information (HIPAA)

We acknowledge that we have been given a copy of the therapists *Health Insurance Portability and Accountability Act (HIPAA) Patient Notification of Privacy Rights* which describes how records and information about my treatment will be handled.

Credentials and Supervision

The Therapist is Licensed by the State of Tennessee as Marital and Family Therapist. I understand that the therapist will, on occasion, participate in clinical supervision with other counseling professionals. Cases will be discussed with other counseling professionals solely for the purpose of gaining additional perspective, input and treatment direction. Confidentiality will be maintained in this supervision and the names of clients will not be used. The credentials of the therapist have been explained to me.

Fees

We understand the fees involved in this treatment and that payment is expected at the time of the session(s), unless other arrangements have been made. We also understand that failure to pay the expected fee could terminate treatment and the settlement of any unpaid fees will be turned over to a collection agency.

Appointments

The length of sessions are 50 minutes. We understand that appointments should be kept and that we should arrive on time for scheduled appointments. If the clients are late for the session, the session time will be cut short based on the allotted time for the session. *If the clients are more than 15 minutes late for a scheduled appointment, the appointment will be considered as "no show" and will need to be rescheduled. "No shows" for appointments are subject to being charged for the session.* Cancellations need to be made 24 hours prior to scheduled appointments, except in the case of family emergencies.

PLEASE SIGN ON THE NEXT PAGE!

By signing below, we have read, understand and agree to the Statement of Informed Consent for Marital/Couples Therapy:

Client _____ Date _____

Client _____ Date _____

Therapist _____ Date _____