

**Informed Consent for Participants in Couples Therapy**

I, \_\_\_\_\_ understand and agree that I am freely choosing to participate in couple’s therapy with Dr. Swartout.

I understand that confidential and/or sensitive information may be disclosed and discussed during the session(s), which may be upsetting to me or the other person. I acknowledge that Dr. Swartout is not responsible for any problems or discomfort that may arise from matters disclosed or discussed during the couple’s therapy session(s). I have been asked to keep information discussed during the session(s) confidential and not disclose the matters disclosed or discussed to any third persons. By my signature below, I agree to honor this request.

I understand that, in comparison to individual therapy, the focus in couples therapy is on the relationship and both participants are considered clients. Therefore, I agree that all information in the therapist’s records will be fully accessible to both participants. I also understand that participants in couple’s therapy with Dr. Swartout will generally not have individual session(s). If that happens, it will only be with the consent of both parties and for specified reasons. By my signature below, I understand and agree that any and all information disclosed and discussed with Dr. Swartout at any time, including phone calls, will not be confidential between the participants.

By my signature below, I acknowledge that Dr. Swartout is required by law to report any information regarding the abuse or neglect of a child or a vulnerable adult to the proper authorities regardless of my wishes.

By my signature below, I confirm that no divorce or child custody case has been filed or is currently pending. If Dr. Swartout’s records for the couple’s therapy sessions are later subpoenaed during divorce and/or custody proceedings, I agree that Dr. Swartout may honor any lawfully issued subpoena and release the records without requesting or obtaining any additional authorization from me. I also understand that providing records in response to a lawfully issued subpoena may result in a loss of confidentiality for the issues disclosed and discussed during therapy session(s).

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Practitioner

\_\_\_\_\_  
Date