

Couples Counseling Consent Form

Couple Information

Partner 1 Name

Partner 2 Name

Partner 1 Email

Partner 2 Email

Date

Purpose of Counseling

Confidentiality & Agreement

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We understand that information shared in counseling is confidential within legal and ethical limits.

☐

We voluntarily consent to participate in couples counseling sessions.

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We have been informed of the limitations of confidentiality (e.g., risk of harm, abuse reporting).

Additional Notes

Partner 1 Signature

Date

Partner 2 Signature

Date