

Couples Counseling Consent Form

Couple's Information

Partner 1 Name

Partner 2 Name

Partner 1 Date of Birth

Partner 2 Date of Birth

Contact Information

Purpose of Counseling

Briefly describe your purpose or goals for seeking couples counseling

Consent and Acknowledgment

Please read and agree to the following statements:

- I understand that couples counseling involves the participation of both partners.
- I understand that confidentiality is maintained within ethical and legal limits.
- I acknowledge that information shared in joint sessions is not kept secret from either party.
- I consent to participate in couples counseling sessions.
- I understand that either partner may withdraw consent at any time.

Additional Comments or Concerns

Partner 1 Signature

Partner 2 Signature

Date

Date