



16815 S. Desert Foothills Pkwy, Suite 134

Phoenix, AZ, 85048

Ph: 602-550-5221

Fax: 602-419-2996

Email: cwaite@newpointofviewcounseling.com

COUPLES INFORMED CONSENT FORM

We understand that couples therapy begins with an evaluation of our relationship, past and present. While Claudette Waite, Licensed Professional Counselor, at NewPoint of View Counseling PLLC, is deciding whether she is the appropriate therapist for us, we will decide whether we wish to begin couples therapy with her. We understand that because of the commitment of time and money, plus the potential impact on us and others, it is important to make an informed choice for a couple's therapist.

We understand that information discussed in couple's therapy is for therapeutic purposes and is not intended for use in any legal proceedings involving the partners. We agree not to subpoena Claudette Waite, LPC or other clinical employees of NewPoint of View Counseling PLLC to testify for or against either party or to provide records in a court action.

We understand all policies as described and accept them as conditions for entering into couple's therapy with Claudette Waite, LPC. We understand that at this time NewPoint of View Counseling PLLC accepts only select insurance and payment will be collected at the start of each session for copays, deductibles or individuals preferring to pay out of pocket.

We have been given the opportunity to ask questions and discuss confidentiality and disclosure policies with Claudette Waite, LPC. We understand that while working as a couple, anything either of us tells her individually, whether on the phone or in an individual meeting, **may not be held as confidential**, and at Claudette Waite's discretion may be shared with the spouse/partner during a subsequent couple session.

We agree to share responsibility with Claudette Waite, for the therapy process, including goal setting and termination. By entering into couples therapy, we accept that we both understand that working toward change may involve experiencing difficult and intense feelings, some of which may be painful, in order to reach therapy goals. We understand that the changes one or both of us makes will have an impact on our partner and on others around us. We accept that such changes can have both positive and negative effects and agree to clarify and evaluate potential effects of changes before undertaking them. This is especially true if we have dependent children.

Claudette has explained that her therapeutic focus in couple's therapy is on preserving and enhancing the relationship rather than a focus on individual happiness. *OR...* If remaining together is harmful to one or both partners, the focus will be on facilitating an amicable separation.

We agree to pay for all services provided by Claudette. We understand that sessions cancelled less than 24 hours will be charged the full amount. I understand that no insurance company will pay for missed sessions, and we agree to NewPoint of View Counseling PLLC, policy of charging if we fail to cancel appointments in less than 24 hours.

By signing below, we agree to accept mental health services from Claudette Waite, LPC and accept full responsibility for payment for such services.

Client Name:

Signature:

Date:

Client Name:

Signature:

Date:

Therapist Name:

Signature:

Date: