

INFORMED CONSENT FOR PATIENTS IN COUPLE'S THERAPY

Daniela Roher, Ph.D., LPC

Phone: (480) 229-6666

Email: drroher@gmail.com

www.droherphd.com

I, _____ understand and agree that I am freely choosing to participate in Couple's Therapy provided by Dr. Roher with _____

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 acknowledged that Dr. Roher 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 discuss it outside of therapy. Additionally, I agree not to disclose the contents of it to any third person unless agreed upon with the other person. By my signature below, I agree to honor this request.

I understand that, unlike individual therapy, the focus of the work of couple's therapy is the relationship and both participants are considered patients. Therefore, I agree that all information in Dr. Roher's records will be fully accessible to both participants.

I also understand that participants in couple's therapy with Dr. Roher will generally not have individual sessions, aside from the single one for history gathering and evaluation at the beginning of treatment. If individual sessions will be scheduled, it will be only with the consent of both parties and for specific reasons discussed and agreed upon.

By my signature below, I understand and agree that any and all information disclosed and discussed with Dr. Roher at any time, including phone calls, will not be confidential between participants.

By my signature below, I acknowledge that Dr. Roher is required by law to report any information regarding the abuse and 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. Roher's records for the couple's therapy sessions are later subpoenaed during divorce and/or custody proceedings, I agree that she 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).

Patient's Signature

Date

Daniela Roher, PhD

Date