



INFORMED CONSENT FOR COUPLES THERAPY

Welcome: Before starting your therapy, it is important to know what to expect and to understand your rights and commitments. This consent form is an attempt to be as transparent as I can about the nature of the couples therapy process, so you are fully informed prior to starting the therapy.

My credentials: I am a clinical psychologist who is licensed in the state of Texas by the *Texas State Board of Examiners of Psychologists*. As a licensed psychologist my work is regulated by Texas mental health laws, the rules and regulations governing my license, as well as the ethical principles of my profession. In addition to my psychology license I am an ICEEFT certified EFT couples therapist and also have some training in Gottman Method couples therapy.

What to expect: Couples therapy is a process of identifying interaction and communication patterns that are negatively impacting the friendship, intimacy, and fulfillment of needs of one or both partners in a relationship. Each partner will be expected to honestly examine their own interaction and communication styles, identify and express their own feelings, and make an attempt at experimenting with alternative methods of communicating and interacting. Each partner will be helped to further clarify their own values and their own level of commitment to the relationship, and the outcome of the therapy may be increased satisfaction with the partnership or increased clarity about the decision to part ways.

Fees/ 24 hour cancellation policy: Couples therapy is billed at the rate of \$325/ session and each session lasts approximately 1hr 20 minutes. *We agree to pay the stated fee by cash or credit card at the beginning of each session, or to prepay online. If we are prevented from attending our scheduled session and do not cancel our appointment at least 24 hours in advance, we understand that we will be charged the full session fee.* This practice of being charged for no-shows or late cancellations is standard practice in the field, and takes into account that you are not just paying for services rendered, but reserving a time slot which I will not be able to offer to someone else on short notice.

Confidentiality: When you attend sessions with a psychologist, the information you share is protected by strict confidentiality laws enforced both by the licensing board governing my license and state law. Without your written consent and permission, I cannot reveal whether or not you are a client of mine and cannot discuss any information from our sessions with a third party.

The following are exceptions to this rule:

- If one of you pose an imminent danger to yourself, your partner, or a third person, I am allowed to disclose information to law enforcement personnel or hospital staff to keep you safe and coordinate care.
- If you talk about events that lead me to believe that a child under the age of 18 or an elderly or disabled person is at risk of emotional, physical or sexual abuse, neglect, or exploitation, I am required by law to make a report to Texas Family or Adult Protective Services.
- If you are not yet 18 years of age, your parents or legal guardians may have access to your records and may authorize release of information to other parties on your behalf.
- If you disclose sexual misconduct by a previous therapist I am re-

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- quired to make a report to their licensing board.
- If a judge in a court of law orders me to release information or if I need to respond to a lawfully issued subpoena.
- If I need to cooperate with legal actions against a mental health professional by a licensing board.

The couple is the client: When you attend couples therapy sessions, you as a couple are considered to be “the client” and your mental health records therefore belong to both of you. This means that except in the circumstances above, I will need a written consent from both of you in order to disclose any information from your record to a third party.

E-mail notifications: When appointments are scheduled, automatic email reminders of your appointment will be sent to the e-mail you used when scheduling your first appointment. *By signing this consent form, we the couple agree to receive these notifications, and understand that email is not a confidential medium for transmitting health information.*

No secrets: As a therapist who is entrusted with information from both partners of a relationship, I have a policy of “No Secrets”, which means that I cannot promise to protect secrets of either partner from the other person, especially if the secret is harmful or destructive to the process of the therapy itself or undermines the agreed upon intention of the therapy.

Boundaries: Because the relationship is the main focus of couples therapy both partners of a couple must be present for the couples session to start. It is often not in the best interest of the couple to distribute time unevenly between partners or to have unplanned meetings with only one partner present. If one partner is late in arriving or does not show for the appointment, I reserve the right to delay the start of the session or to cancel the session if necessary.

Length of couples therapy: A completed couples therapy can take anywhere from 5-20 scheduled sessions or more. Length of time depends on severity level of problems, history of past trauma/ infidelity/ or betrayals, and the presence of co-occurring emotional or psychological issues such as mood disorders, depressive symptoms, substance use problems, or personality disorder traits.

Limitations to couples therapy: Couple therapy will only be effective in cases where both partners put in a good faith effort to work on their problems and their relationship. Deliberate dishonesty or deceit, unwillingness to introspect and take responsibility for one’s actions, or lack of interest and motivation to engage in the couples therapy process by one or both partners will undermine the therapy.

We, the client, understand and consent to the above terms, and agree to initiate treatment with Rune Moelbak, Ph.D. (Psychologist, License TX #36117)

(Print Name of Partner 1, D.O.B.)

(Print Name of Partner 2, D.O.B.)

(Signature of Partner 1, Date)

(Signature of Partner 2, Date)