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Informed Consent for Couple's Therapy

The decision to enter into couple's therapy is often a difficult one, usually made during a painful time in the life of a couple. Couples who seek therapy have found the courage and willingness to share and explore issues that can be painful and perhaps damaging if disclosed outside the safety and boundaries of the therapy setting. This willingness to risk participation in such an intimate therapeutic discussion must be protected and respected. Therefore, I have developed policies intended to protect each individual within the couple and the couple "unit" as a whole.

Voluntary Participation As a client and consumer, you may choose to initiate or terminate treatment at any time.

Confidentiality Emotional safety is the foundation for a strong therapeutic relationship. To that end, I will keep anything you say to me confidential, except from partners in the couple's therapy process (see "no Secrets" policy) or under one or more of the following circumstances:

- Both partners and I determine it is appropriate to involve a third party (e.g. a family member) in your treatment and you provide written permission
- I feel it is professionally appropriate, with your written permission, to discuss your concerns with another professional
- You tell me of a current situation involving the welfare of a child or senior, in which I am require by law to report the abuse
- You report intentions to harm someone
- You report intentions of harming yourself
- I am ordered by a court of law to disclose information

"No Secrets" Policy When a couple enters into therapy, it is considered to be one unit or entity. This means that my allegiance is to the couple "unit," and not to either partner as individuals. I

find this is particularly important in creating a space where both partners can feel safe. Therefore, I adhere to a strict “No Secrets” policy. This means that *I will not hold secrets for either partner.*

On occasion during the therapy process, individual partners may be seen for an individual therapy session. In this case, the individual session is still considered as part of the couple’s counseling relationship. Therefore, *information disclosed during individual sessions may be brought into the couple’s sessions.* If an individual chooses to share sensitive information with me, I will offer the individual every opportunity to disclose the relevant information and will provide guidance in this process. If the individual refuses to disclose this information within the couple’s session, I may determine that it is necessary to discontinue the counseling relationship with the couple. Therefore, *do not tell me anything that you wish to be kept a secret from your partner.* This policy is intended to maintain the integrity of the therapy relationship. If there is information that an individual desires to address within the context of individual confidentiality, I will be happy to provide referrals to therapists who can provide concurrent individual therapy.

Length of Therapy and Termination Together, we will establish your goals for therapy. The time required for achieving therapeutic goals varies and will depend upon your particular goals. In the event therapy is terminated due to limitations of third party payment, you and I will assess your need for additional therapy and a referral will be provided, if needed.

Length and Cost of Therapy Sessions Each couple’s therapy session will be fifty minutes in duration. Time will not be added for late arrivals. The fee per standard fifty-minute session is \$200. The fee for each session will be due and must be paid in full at the conclusion of each session. Cash or personal checks are acceptable for payment. If requested, I will provide you with a monthly receipt for all fees paid.

Health Insurance Reimbursement Currently, it is not my policy to bill insurance carriers. Some health insurance companies will reimburse clients for my counseling services as an “out-of-network provider,” and some will not. I encourage you to contact your health insurance provider for their particular schedule of reimbursement. If you wish to seek reimbursement for my services from your health insurance provider, I will be happy to complete any forms related to your reimbursement provided by you or the insurance company. Those providers that do reimburse may require that a standard amount be paid by you before reimbursement is allowed, and, as a result, only a percentage of my fee is reimbursable. Regardless of the schedule of reimbursement agreed upon by your health insurance provider, you are responsible for payment at the conclusion of each therapy session.

***Caveat** Health insurance companies often require that I diagnose your mental health condition and assign a specific “label” before they will agree to reimburse you. In the event a diagnosis is

required, I will inform you of the diagnosis I plan to render before submission to the health insurance company. Any diagnosis made will become part of your permanent insurance records.

Interruptions in Therapy Interruptions in therapy may be necessary due to medical emergencies, hospitalization, vacations, or professional development. When such interruptions occur, you will be informed and together we will develop a plan of action should you need assistance or support while I am away.

Contact Between Sessions and Emergencies I am available by phone between therapy sessions; however, I do not provide over-the-phone therapy sessions. **In the case of emergency (unable to manage thoughts of harming yourself/others), please call 911 immediately.** I will make every effort to return phones within a 24 hour period. *Phone calls lasting more than 15 minutes will result in a phone consultation fee, billed at the rate of \$150/hour.* Additionally, we can discuss your emotional challenges between sessions and develop an action or safety plan.

While I can be reached via e-mail, I request that all electronic communication be limited to logistical information only (e.g. scheduling information). To protect your confidentiality, please do not e-mail me clinically sensitive information.

Cancellation Policy Because of the nature of therapy and the length of each session, I can only work with a limited number of clients each day. Therefore, a missed appointment prevents me from seeing someone else in need. For this reason, I require notification of cancellation at least 24 hours in advance of an appointment, except for cancellation of Monday appointments which must be made by 5:00 p.m. of the preceding Friday. *Missed appointments and cancellations without 24-hour notification will be charged at full fee.*

Because the couple “unit” is my client in the therapy relationship, I request that both partners be present before a therapy session can commence. *If one partner does not show up for a scheduled session, the session will be cancelled and you will be charged for the missed session.* If one partner is late in arriving for a session, the session will not commence until both partners are present. I will not provide session for individuals, unless specifically scheduled with the prior knowledge from both partners.

Risk Associated with Therapy During the therapy process, you may experience emotional discomfort related to new and challenging issues discovered while exploring feelings and dynamics. Sometimes, one must experience feeling worse before feeling better. Together, we will consistently evaluate your progress toward your goals for therapy and follow-up with necessary alterations in the therapeutic approach.

Release of Records Because a couple is viewed as a single client, progress notes/clinical case notes will not be released unless authorization is provided by each of the original participants within the counseling relationship. I also have discretion provided under my confidentiality guidelines as to whether the release of the progress notes/clinical notes is in the best interests of the couple or individual members.

In an effort to create a safe and respectful therapeutic environment, I maintain a policy of no involvement in legal cases involving any client seen presently or in the past. By signing below, you are agreeing not to request, subpoena, or attempt to acquire any of my clinical records or progress/clinical notes for purposes related to any subsequent actions of divorce, child custody, etc.

If you have any questions, please feel free to ask. I look forward to working with you!

Client's Signature

Date

Joe Lowrance, Psy.D.

Date