

**CONSENT FOR COUPLES THERAPY**

The undersigned hereby acknowledge and consent to be treated in therapy as a couple. We acknowledge that we will have a common treatment plan, consents for release of documents and progress notes.

We further acknowledge that if records are requested for one of us by another party, that the records of both of us will be released. We hereby consent to those terms.

We acknowledge that the confidentiality of either of us may be jeopardized if the records of one of us is requested by and released to a third party.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

Dated: \_\_\_\_\_

\_\_\_\_\_  
Witness

**Sylvia K. Neal, LCSW, PLLC License # LCSW-10922  
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