

Your Family Therapist
Donna Toufer Berns LMFT, DCH
Doctorate of Clinical Hypnotherapy
www.YourFamilyTherapist.com
(818) 262-7004

COUPLES THERAPY PARTICIPATION AGREEMENT

_____ and _____ ("the Clients") have chosen to use couples therapy to resolve their family differences. The Clients have agreed to engage _____ a Licensed Marriage and Family Therapist or Intern, to assist them with couple's therapy.

The Clients also agree to the following:

1. To provide a full and candid exchange of information between them and their therapist necessary to make a proper assessment of their relationship
2. Be respectful during counseling sessions to improve the flow of information
3. The therapist cannot be the holder of secrets

The Therapist agrees to the following:

1. He/She will act as a neutral mental health professional and will not align with either client

The therapist's duties may involve the following:

- Assisting the Clients to achieve outcomes that reflect their goals and interests and address the best interests of their relationship as well as their children (if applicable)
- Improving the Clients' negotiation and problem-solving skills
- Increasing effective communication among family members
- Assisting the Clients in recognizing their relational strengths and areas of potential growth to enhance their future relationship

Testimony and Future Consulting

The Clients and the Therapist agree that if the counseling terminates, the Therapist may not be called as a witness in any future litigation between the Clients, unless both Clients and the Therapist agree otherwise in writing.

Date

Therapist Signature

Partner Signature

Partner Signature