

Couples & Family Therapy Consent

Fillable · Each adult participant must sign

Type directly into each field. Click 'Submit by Email' when complete. (503) 383-9144 · robert@branching-streams.com

PARTICIPANT INFORMATION

Participant 1 — Full Name

Date of Birth

Participant 1 — Phone

Participant 1 — Email

Participant 2 — Full Name

Date of Birth

Participant 2 — Phone

Participant 2 — Email

Additional participants — names and relationship to identified client:

NATURE OF COUPLES & FAMILY THERAPY

In couples and family therapy, the relationship or family system is the primary focus. Robert is a Certified Emotionally Focused Therapist (EFT) working within a Family Systems framework. The goal is the health of the relationship or family, not any individual's agenda.

CONFIDENTIALITY IN COUPLES & FAMILY THERAPY

Information shared in couples or family sessions is not kept individually confidential from other participants. Robert does not keep secrets between partners or family members that would undermine the therapeutic process. All participants must sign a release before records are provided.

FEES

Couples and family sessions: \$180 per session (50 minutes). All participants are jointly responsible for fees. Sliding scale available. (503) 383-9144 · robert@branching-streams.com

CONSENT — EACH ADULT PARTICIPANT MUST SIGN

By signing, I acknowledge that I have read and understood the above and consent to participate in couples or family therapy at Branching Streams Psychotherapy, LLC.

Participant 1 Signature (type name)

Date

Participant 2 Signature (type name)

Date

Participant 3 Signature if applicable (type name)

Date

Submit by Email to Robert

Clicking opens your email app — attach completed PDF and send to robert@branching-streams.com