

Couple Therapy Agreement

Please print, sign and bring with you to your next appointment. Also, please fill out one of the Couple Therapy Questionnaires, 6a or 6b.

1. Confidentiality

I understand that successful psychotherapy between a couple requires the participation of both members. I acknowledge that I am to be respectful of knowledge I may gain or become aware of in a new way. I will be respectful of myself and of the other member of the couple. I agree that information said in individual counseling will be brought up in these sessions when that material would be essential for the therapeutic process to continue.

2. Participation

I realize I am an essential part of this therapeutic process and that by voicing my feelings and listening, I make the process beneficial to me. I will strive to let my needs known and I will let an absence be known ahead of time.

3. Respect

Since successful couple therapy must be an emotionally and physically safe environment, I agree to keep my behavior in accord with the rules of the session.

Signature: _____

Date: _____

Signature: _____

Date: _____

Therapist: _____

Date: _____



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