Informed Consent for Marriage and Family Therapy

Therapist Information

This document is provided in accordance with the ethical standards of the American Association for Marriage and Family Therapy (AAMFT). It is intended to inform you about the nature of therapy services, your rights, and the responsibilities of the therapist.

1. Nature of Therapy

Marriage and family therapy is a professional service that focuses on relationships, emotional well-being, and systemic patterns within individuals, couples, and families. Therapy may include individual, couple, and/or family sessions depending on clinical needs.

Therapy is a collaborative process, and outcomes are not guaranteed. Progress depends on many factors, including participation and engagement.

2. Theoretical Approach

The therapist practices from a systemic and relational perspective consistent with AAMFT standards. This means that concerns are understood within the context of relationships, family systems, and broader social influences.

3. Confidentiality

All information shared in therapy is confidential and will not be disclosed without your written consent, except in the following situations:

- Risk of harm to self or others
- Suspected abuse or neglect of a child, elder, or dependent adult (mandatory reporting laws)
- Court order or legal requirement
- Supervision or consultation (without identifying information whenever possible)

In couple or family therapy, confidentiality applies to the treatment unit. The therapist may not keep secrets between members of the therapy system.

4. Risks and Benefits

Therapy may involve discussing difficult emotions, memories, or relational conflicts. This may temporarily increase distress. However, therapy may also lead to improved communication, emotional insight, and healthier relationships.

5. Client Rights

You have the right to:

- Ask questions about therapy at any time
- Refuse or discontinue treatment
- Request referrals to other providers
- Be treated with respect and dignity
- Receive services free from discrimination.

6. Fees and Scheduling

Fees, cancellation policies, and scheduling procedures will be discussed and agreed upon prior to beginning services.

7. Record Keeping

The therapist maintains clinical records in accordance with professional and legal standards. You may request access to your records unless restricted by law or clinical judgment.

8. Emergency Situations

Therapy is not a crisis service. In case of emergency, clients should contact emergency services or go to the nearest hospital.

9. Consent to Treatment

By signing below, you acknowledge that you have read and understood this informed consent document, had the opportunity to ask questions, and voluntarily agree to participate in therapy.

Client Name: _____

Signature: _____ Date**:** _____

Therapist Name: _____

Signature: _____ Date**:** _____