

---

## Informed Consent Supplement Marriage, Family and Relationship Counseling

In addition to the provisions of the Informed Consent you have signed, there are a few things you need to know about marriage, family and relationship counseling.

There is some change to the confidentiality provisions of our time together. When I do marriage/couples counseling or family therapy, I keep one record for the session. The regulations in the state of Arizona indicate that information about a counseling session that is attended by more than one legal adult may not be released without the written authorization of all the legal adults that participated in treatment. This means if you as an individual ever want a copy of your records or information from a counseling session, it will require the written authorization of all the legal adults that were present for the session.

You should also know that I believe it is important to practice open, honest and balanced relationship with all parties involved as we proceed through the counseling process. I rarely do individual work with a patient that is in couples counseling unless it is deemed beneficial by all involved to the couple's process. Any significant work needed will be referred to another therapist to make sure I can maintain the therapeutic relationship with all involved. If I receive a telephone call, fax or email or any other forms of communication with one individual, the nature and or content of the communication will be discussed and processed at the next session

*For parents of children and adolescents, it is especially important to note the importance of confidentiality for your child. I am committed to helping you keep your child safe and will disclose any information that is directly related to your child's immediate safety. Please know that parents' inquiries of what is discussed in session often disrupts the therapeutic relationship between your child and therapist and will likely indicate to your child that therapy is not a safe place to talk through issues which likely brought you/your child to therapy.*

**Consent for assessment and treatment** – In signing this document, you are expressly waiving any confidentiality between us to allowing me to discuss those issues that are related to the therapy and to discuss all marriage, family and relational counseling with my supervisor, Dr. Kimberly Bailey, DBH, LMFT. Consent is given for assessment and treatment under the terms outlined above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In the case of a minor child, please specify the following:

Full name of minor \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Zac Austin, MFT Intern

For supervisor use only – discussion of this consent has been included in the initial session and questions have been answered and/or additional materials have been given to patient as requested.

\_\_\_\_\_  
Date \_\_\_\_\_  
Dr. Kimberly Bailey, DBH, LMFT License #10-200