



Arrowhead
Family
Systems, LLC

Informed Consent Supplement Marriage, Family and Relationship Counseling

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

For relationship therapy, when multiple members are consenting to participate in therapy, there are some changes to the confidentiality provisions of our time together. With marriage/couples counseling or family therapy, there is one record for the session. The MFT code of ethics and 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 the session. 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 any part of the session. You should also know that I believe it is important to practice open, honest and balanced relationships with all parties involved as we proceed through the counseling process. At times, it may be helpful to have some individual work with an individual of the system to promote healing and/or movement with concerns identified. This is a process that will be discussed and decided to be beneficial by all involved in the therapeutic process. Any significant individual work needed will be referred to another therapist to make sure I can maintain the therapeutic relationship with all involved and focus on the system. 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 in session. In signing this document, you are expressly waiving any confidentiality between us to allow me to discuss those issues that are related to the therapy. If you have a person(s) participate in your therapy as a collateral participant, confidentiality will be treated as indicated in the Collateral agreement.

For parents of children and adolescents, it is a policy of our practice to obtain authorization from both custodial parents in cases with joint legal custody. Documentation for any other arrangement needs to be provided. 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. Any request of records for the child will be discussed first, so that you are completely informed of the risks of obtaining your child's records. Therapist will notify custodial parents of any release of information requested on behalf of the minor.

Consent is given for assessment and/or participation in therapy under the terms outlined above

Signature : _____ Date _____

Signature : _____ Date _____

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

Full name of minor _____ Relationship to minor _____

For therapist 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.

Therapist. _____ Date _____