

**Thom Kessler, LMFT, RAS**

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**COUPLES TREATMENT AGREEMENT**

I, \_\_\_\_\_ consent to participate in couples

therapy with my spouse or partner \_\_\_\_\_

I understand that if I reveal information to my couples therapist outside of the presence of my

spouse / partner, that he may disclose that information if he feels it is clinically appropriate.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_