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COUPLES TREATMENT AGREEMENT

I consent to participate in couples therapy with my spouse or partner. If I reveal information to the couples therapist outside of the presence of my spouse / partner, he may disclose that information if he feels it is clinically appropriate.

Print Name: _____ Date: _____

Signed: _____ Date: _____

I consent to participate in couples therapy with my spouse or partner 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: _____