

**Thomas Kessler, LMFT, RAS**  
**Marriage & Family Therapists, Inc.,**  
License CA 51868  
1036 Sir Francis Drake Blvd.  
Kentfield, CA 94904  
415-454-8931

**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: \_\_\_\_\_