ADDENDUM TO CONSENT FORM: COUPLES' THERAPY

By signing this document, we agree to the following conditions of couples' therapy:

1. We are aware that the PSC will keep one confidential record that documents our work as a couple (dates of sessions, progress notes, etc.). The contents of this medical record may not be released to any person without the written consent of both the undersigned clients, except as required or permitted by law.

2. Each of us acknowledges that we are jointly responsible for the costs of couples' therapy.

3. We are aware that this form supplements, but does not replace, other consent forms and HIPAA policies to which we have already agreed.

CLIENT #1

________________________________
PRINTED NAME

________________________________
SIGNATURE

____________
DATE

CLIENT #2

________________________________
PRINTED NAME

________________________________
SIGNATURE

____________
DATE

THERAPIST

________________________
PRINTED NAME

________________________
SIGNATURE

____________
DATE

SUPERVISOR

________________________
PRINTED NAME

________________________
SIGNATURE

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DATE