



CONTRACT ADDENDUM FOR COUPLES/FAMILY THERAPY

The Billing Process:

- Couples Counseling/Therapy is not covered by most insurance plans, however Family Counseling/Therapy is- please ensure you understand the billing process before continuing with treatment
- If using health insurance, one person must be the identified patient with a billable diagnosis- we are not able to “manipulate” a diagnosis for the purpose of billing
- Diagnosis is not required for Self-Pay couples/family

Limited Secrets Policy

If you are wanting to work on a relationship problem, it is important for all parties to understand the following information

When we treat a couple or a family, we consider that couple or family (the treatment unit) to be the patient. For instance, if there is a request for the treatment records of the family or the couple, we will seek authorization of all members of the treatment unit before release of confidential information to third parties.

During the course of treatment it may be necessary to see each of you in one or more "one on one" sessions. Such sessions are to be viewed as a part of the unit therapy unless otherwise indicated. While the "one on one" sessions are confidential in the sense that the therapist will not release the information to a third party, the therapist/counselor may need to share information learned in an individual session with the other participant(s) of the unit therapy. If the therapist/counselor is not free to exercise his or her clinical judgment regarding the need to share this information with the identified patient – the unit – the therapist/counselor might be prevented from effectively serving the needs.

If one of the participants wants complete confidentiality as to his or her communications, that participant can of course see another therapist or counselor for individual treatment.

If you have any questions or would like to discuss any of the information we have given you in more detail, please feel free to ask.

Please feel free to keep this page for your records and continue to the next page.

My signature below indicates that I have received, read, understood, and agreed to the Contract Addendum for Couples/Family Therapy.

Printed Name

Signature

Signature Date