

Informed Consent for Couples Therapy

Patient information

- Name: _____
- Date of Birth: _____
- Contact Details: _____

Therapist Information

- Name: _____

Service Description

Couples therapy involves the practice of psychological healthcare delivery, diagnosis, consultation, treatment, and referral to resources via electronic means, including video conferencing.

Key Elements of Consent

- **Voluntary Participation:** You have the right to withdraw consent at any time without affecting your right to future care or treatment.
- **Confidentiality:** Your information will be kept confidential, except in cases where we are required by law to disclose it (e.g., risk of harm to self or others).

- **Technology:** We use secure video conferencing platforms to ensure confidentiality.
- **Risks and Benefits:** Couples therapy may have risks, such as technical issues or breaches of confidentiality.

Client Rights

- You have the right to ask questions and seek clarification about your treatment.
- You have the right to access your records.

Payment

- Fees comply with standard NZ psychological service rates.
- Payment is due at the time of service unless otherwise agreed.
- If funded by ACC or another agency, rules of that contract apply.
- Missed appointments without **36 hours' notice** will be billed at the full session rate (except in emergencies).

Consent Declaration

I, _____, hereby consent to participate in couples therapy with [therapist's name]. I understand that I can withdraw my consent at any time.

Signature: _____

Date: _____