

Allied Psychological Services

Couples Authorization to Share Private Treatment Information

Whereas the parties listed below have both sought psychotherapeutic or counseling services from _____, hereafter referred to as "our therapist".

Whereas our therapist provides said services both as a part of Allied Psychological Services doing business as Cary Counseling Center and

Whereas individual counseling services are usually confidential and private and

Whereas the parties listed below desire at times for our therapist to provide to them at times couples counseling services and at other times individual counseling or psychotherapy services

Then in order to make it feasible that our therapist flexibly provide these two types of services to both parties as desired by the parties, the two parties listed below agree to the following:

- 1) Our therapist is fully authorized to release all confided and treatment information from either party to the other even if the information is from individual treatment sessions for either party.
- 2) At no time will either party request that information shared in individual sessions with our therapist be kept confidential from the other party.
- 3) If either party terminates this agreement then all therapy or counseling services provided by our therapist to both parties will be terminated immediately unless said party agrees in writing to terminate his or her treatment relationship with our therapist so that the other party may proceed in treatment alone.

Agreed upon this date of _____:

(Signature)

(Signature)

(Print Name Clearly)

(Print Name Clearly)