

ALLIED PSYCHOLOGICAL SERVICES

Informed consent

I have agreed to accompany my relationship partner _____ for relationship counseling at Allied Psychological Services otherwise known as Cary Counseling Center or Allied Psychological Services in New Bern. For the purpose of insurance coverage I have elected to let my partner establish the medical record under his/her name. However, in doing so I have been informed that my partner will control access to this medical information in the future while I will not have such control. I am aware that I will not be able to stop my partner from using the contents of his/her record in whatever manner he/she chooses in the future (e.g. legal action or public disclosure).

Agreed and Acknowledged:

(Sign Name)

(Date)

(Print Name)