

**Lauren Boasberg**  
Licensed Marriage and Family Therapist #52871  
10833 Washington Blvd. Suite #5  
Culver City, CA 90232  
310 890-8305

## **Consent to Couples Counseling**

### **Consistency/Frequency**

Couples therapy is more effective when both individuals in the partnership attend appointments in a consistent manner. I will generally meet with you on a weekly basis for approximately 50 minutes, which is recommended for effective progress and growth. The frequency of sessions/length of session time may be evaluated during times of crisis, as well as when it is mutually decided and clinically relevant to either increase or decrease the frequency/length of your session. I may also choose to meet with each partner of the couple individually for therapeutic purposes. I will communicate my intention and rationale to you prior to scheduling individual sessions.

### **Professional Fees and Payment**

My hourly fee (50 minute session) is \$150.00 unless otherwise arranged. You are responsible for the specified payment at the beginning of each session.

I do not bill insurance directly but will assist you by completing a “super bill” that you may submit to your insurance company. It is important that you find out exactly what mental health services are covered by your insurance policy.

You should also be aware that your contract with your health insurance company may require that I included information relevant to the services provided to you. I may be required to provide a clinical diagnosis. I also may be required to provide treatment plans, summaries, or copies of your clinical record. In such situations I will make every effort to release the minimum amount of information about you that is necessary for the purposes requested. By signing this agreement, you understand that I may be required and allow me to provide the requested information to your insurance provider.

### **Attendance/Cancellations**

The established appointment time is set aside for a particular couple. It is expected that you will be prompt for your appointment. If you or your partner arrives late for your

appointment, the session will only start with both individuals present, and the session will still end at the regularly scheduled time.

It is expected that you and/or your partner will give me more than 24 hours notice if you must cancel the appointment. If, for any reason, you and/or your partner cannot let me know more than 24 hours in advance you will be charged the regular fee for the time reserved. It is recommended for consistency that you attempt to reschedule the appointment within the same week.

If, for whatever reason, only one partner shows up to the session, for the sake of the neutrality and symmetry of the therapy, ***I will not conduct an individual session.*** It is important that I, as your therapist, maintain neutrality and objectiveness in the couples' counseling relationship. It is, nonetheless, expected that ***the full session fee for the session will be paid.***

### **No Secrets Policy**

If you or your partner shares information with me in private, I will encourage you to share this information voluntarily to your partner in our session. If you do not share this information, I will need to share this information in order to preserve my neutral position in our therapeutic relationship.

### **Confidentiality**

I will adhere to the ethical and legal requirements of confidentiality as stated on your individual informed consent form. I cannot, however, ensure that you and your partner will maintain confidentiality about your therapeutic experience including content discussed within the couples' counseling session.

YOUR SIGNATURES BELOW INDICATES THAT YOU BOTH HAVE READ THIS AGREEMENT AND AGREE TO IT'S TERMS.

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date