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Counseling with Couples

When working with you, it is expressly understood that my client is both you and your relationship and each of you as individuals. In order to maintain fidelity to both you and to your relationship, there are important agreements for us to make.

I may potentially share any information conveyed to me by either of you to me with the other member of the couple. At times, there arise instances where one partner in a couple wants to tell me something without the other one knowing it. **Please do not expect me to keep secrets where doing so jeopardizes the therapeutic work or my relationship with either of you or your relationship.** Please be aware that information you choose to share with me that is particularly pertinent to both of you may come out in counseling. This pertains to all face-to-face, written, and phone conversations and messages.

If I meet with one or both of you in individual sessions, we will likely share contents of that meeting with the partner at the next couple's session.

All information revealed to me by each of you shall be considered strictly confidential and I will not reveal it to any other person without mutual consent of both of you, except as described in the legal exceptions of (a) Imminent danger to self or to others (suicidality and homicidality) (b) Legal requirements to report child abuse (c) grave disability from a mental illness.

Furthermore, each of you waives the right to subpoena my records or me for testimony or production. This further supports my fidelity to both of you and to your relationship, and discourages my taking sides in a legal dispute.

The continued participation by each person is voluntary. Either person may suspend or terminate counseling at her or his individual request.

I HAVE READ AND UNDERSTAND THE ABOVE POLICIES. I CONSENT TO COUPLES COUNSELING UNDER THE AGREEMENT STATED ABOVE.

Client Name (printed)

Client Signature

Date

Client Name (printed)

Client Signature

Date

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SHANNON
RANTS MA, LPC