

Lisa Gabardi, Ph.D., LLC

Licensed Psychologist

15455 NW Greenbrier Parkway ~ Suite 240

Beaverton, Oregon 97006-7374

(503) 629-0272

Fax (503) 617-0475

COUPLES TREATMENT CONSENT

In order to facilitate the most effective treatment for ourselves and our relationship and in keeping with respect for the confidentiality of each of us as individuals, our treatment and all associated records, we, the undersigned,

_____ and _____

agree to the following conditions and terms of treatment with Dr. Gabardi. These terms and conditions apply while in treatment with Dr. Gabardi and indefinitely thereafter. The terms of this document may not be revoked at a later date. Both of the above named individuals agree that no decisions regarding the treatment and the treatment record may be made without the consent of the other individual.

*We agree that any information provided by one of the above named individuals may be shared by Dr. Gabardi with the other above named individual, as we have agreed to enter into a conjoint treatment contract in which we will be seen together in treatment and the goals of the treatment are for our mutual and relationship benefit.

*We agree that we will not request that Dr. Gabardi testify regarding any aspects of the treatment, either of the above named individuals, or their relationship in any kind of legal/court proceeding or involvement.

*We agree that we will not request Dr. Gabardi to furnish any records pertaining to the treatment for which one or both of the above named parties has consented in any kind of legal action or proceeding.

*We agree that records regarding the treatment with Dr. Gabardi will not be furnished to any other person or agency without the explicit, written, and informed consent and signed release of information by each individual named above.

*As this treatment is a non-adversarial process, we agree that Dr. Gabardi will not furnish information or treatment records for any legal/court related proceedings which involve actions against the other individual involved in this treatment (named above).

I have read and fully understand this document. Dr. Gabardi has reviewed this document with me and explained the ramifications. I may request a copy of this document for my records. I voluntarily consent to and agree with the terms and conditions of this document as described above. My signature below signifies my consent and waiver of certain options regarding the future use of my treatment record and information regarding my treatment.

Signature- Client of Record

Date

I have read and fully understand this document. Dr. Gabardi has reviewed this document with me and explained the ramifications. I may request a copy of this document for my records. I voluntarily consent to and agree with the terms and conditions of this document as described above. My signature below signifies my consent and waiver of certain options regarding the future use of the treatment record and information regarding our marital treatment.

Signature-Spouse/Significant Other

Date