**Carlos Durana, Ph.D., M.Ac.**

4933 Auburn Avenue,  
Suite 208

Bethesda, MD 20814

301-654-0100

2265 Cedar Cove Court

Reston, VA 20191

703-408-4965

703-620-0420 (FAX)

**COUPLE’S THERAPY INFORMED CONSENT FORM**

We understand that couple’s therapy begins with an evaluation of our relationship, past and present. While Dr. Durana is deciding whether he is the appropriate therapist for us, we will decide whether we wish to begin couple’s therapy with him. We understand that because of the commitment of time and money, plus the potential impact on us and others (see below), it is important to make an informed choice for a couple’s therapist.

We have read and understood the potential limits of confidentiality, including those imposed by Dr. Durana’s policies and by state law, and we have received a copy to keep.

I understand that it is Dr. Durana’s role to provide therapeutic services so that we might feel better and/or improve our functioning, especially as it relates to our family. Dr. Durana’s role is not intended to gather information for the courts or to make judgments related to our family.

Therefore, we each agree that we will not call upon Dr. Durana to provide treatment records or to testify in a future divorce or custody action. We understand that courts can appoint professionals who have had no prior contact with our family to conduct independent evaluations and make recommendations to the court.

We understand that it is Dr. Durana’s policy to have no court involvement in a case in which he provides couple’s counseling because doing so could harm our professional relationship and the ability to achieve our goals. Our goals include resolving personal concerns so that we might preserve our marriage and/or be better parents. Since we need to speak freely in order for our sessions to be effective, we agree never to ask Dr. Durana to testify or have his records of our treatment disclosed in the context of a court proceeding.

By signing this form we both agree not to seek to use any of Dr. Duran’s therapeutic intervention records or seek his testimony in any future court proceedings.

We understand all policies as described on the PATIENT INFORMATION sheet and accept them as conditions for entering into couple’s therapy with Dr. Durana.

We have been given the opportunity to ask questions and discuss confidentiality and disclosure policies with Dr. Durana. We understand that while working as a couple anything either of us might say to Dr. Durana individually, whether by phone or in an individual session, will be held confidential and will not be shared with our spouse/partner without the individual’s consent.

We agree to share responsibility with Dr. Durana for the therapy process, including goal setting and the termination of therapy. By signing this form, we acknowledge that we both understand that working toward change may involve experiencing difficult and intense feelings, some of which may be painful, in order to reach therapy goals. We understand that the changes one or both of us makes may have an impact on our partner and on others around us. We accept that such changes can have both positive and negative effects and agree to clarify and evaluate the potential effects of changes before undertaking them.

Dr. Durana has further explained that his therapeutic focus in couple’s therapy is on preserving and enhancing the relationship rather than a focus on individual happiness. If remaining together is harmful to one or both partners, the focus will be on facilitating an amicable separation.

By signing below, we agree to accept mental health services from Dr. Durana and accept full responsibility for payment for such services.

Patient\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Patient\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

*[This space was intentionally left blank.]*