



Couple's/Pre-Marital Agreement

We understand that couples therapy/Pre-Marital Counseling begins with an evaluation of our relationship, past and present. While David Defoe is deciding whether he is the appropriate therapist for us, we will decide whether we wish to begin couples 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 couples therapist.

We have read and understand the potential limits of confidentiality, including those imposed by David I. Defoe, LCPC and his agency, Imara Counseling Services and by state law, and we have received a copy to keep.

We understand that information discussed in couples therapy is for therapeutic purposes and is not intended for use in any legal proceedings involving the partners. We agree not to subpoena Mr. Defoe, or any other therapist associated with ICS to testify for or against either party or to provide records in a court action.

We understand the limits and benefits of using insurance to pay for couples therapy, and understand that ICS does no third party billing, and each couple is responsible for the costs associated with their sessions.

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

We agree to share responsibility with David Defoe, for the therapy process, including goal setting and termination. By entering into couples therapy, we accept 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 will 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 potential effects of changes before undertaking them.

By signing below, we agree to accept mental health services from ICS, and David I. Defoe and accept full responsibility for payment for such services.

Client: _____ Date _____

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