

**Couples Counseling Service Agreement:
Supplement to Standard Service Agreement**

We, _____, and _____ are seeking couple's counseling at this time. I have read and completed the standard informed consent and service agreement for services from Ilyssa Swartout, Psy.D., and I understand that there are additional areas that document does not address, which are covered here.

Not a substitute for individual therapy.

I understand that couples counseling is no substitute for individual psychotherapy, and that while it may be helpful in alleviating some distress it is not designed to treat severe or life-threatening psychological disorders or conditions. I understand that these must be treated separately, and that Dr. Swartout will not be treating them. I understand that Dr. Swartout may ask a series of questions designed to screen briefly for current mental or emotional problems requiring treatment, and that she may recommend treatment, and assist in appropriate referrals if desired. I agree to advise Dr. Swartout any time I am feeling significant emotional or mental distress, so that she can make appropriate referrals.

Insurance may not pay.

I understand that medical insurance may not pay for couples counseling, unless there is an individual psychological condition. Dr. Swartout will not submit false claims and diagnoses to insurance carriers for individual psychotherapy when couples counseling is the service actually being provided. I agree to pay for each session at the time of the session. I understand that Dr. Swartout's fee is \$150 per hour, prorated for longer or shorter sessions.

No court involvement.

I understand that Dr. Swartout does not provide both clinical and forensic services for the same individuals. If I am now or later become involved in a Court case, I will not ask Dr. Swartout to testify, provide reports, or have any other forensic involvement.

Limit on confidentiality

I understand that even if Dr. Swartout sees me individually during the course of the couples counseling, she will be free to reveal to my spouse/partner anything I have disclosed. This means that Dr. Swartout may bring to couples' sessions any and all information that may have been shared in individual sessions. I understand that this is an exception to the confidentiality provisions of the Standard Service Agreement.

Signature

Date

Signature

Date