



## **Office Disclosure Statement and Consent for Service**

### Welcome to Couple Connect LLC

Before starting your therapy, it is important to know what to expect and to understand your rights and commitments. The goal of this form to be as transparent as possible about the nature of the couples therapy process, so you are fully informed prior to starting the therapy.

### Your Provider and Scope of Therapy

Your Couples Therapist Rosonna Comers LCSW, CSAC has been practicing as a professional psychotherapist for over 25 years. Rosonna has attended Gottman Method Couple's Therapy Trainings: Level I and Level II. So that you receive the best possible service, Rosonna receives private consultation monthly. Although Rosonna has training in many therapy areas, Couple Connect LLC is solely responsible for supporting clients in their relationship using the evidenced based model: The Gottman Method Couples Therapy. The goals of Gottman Method Couples Therapy are to disarm conflicting verbal communication; increase intimacy, respect, and affection; remove barriers that create a feeling of stagnancy; and create a heightened sense of empathy and understanding within the context of the relationship. The Gottman Method; developed by Drs' John and Julie Gottman is a structured and robust model of psychotherapy based in 50+ years of research and providing evidenced based care for couples. However, if for any reason this does not seem to be a good fit for your relationship, you can speak to your therapist about other local resources.

### Risk, Benefits and Limitations of Care

Couple Connect LLC Operates on Strictly a Cash pay fee schedule and will not bill commercial insurance for your couples therapy services. The relationship is the client and generally all visits will be together except for individual interviews and emergency or crisis situations. All correspondence between the provider and the partnership are expected to be open and transparent. To maintain integrity of the therapeutic process there is a **"no secret's policy"** between the parties and the therapist that shall exist. If there are concerns about the process, then the best method for addressing concerns is a conjoint scheduled session.

Couples' therapy will only be effective in cases where both partners put in a good faith effort to work on their problems and their relationship. Deliberate dishonesty or deceit, unwillingness to introspect and take responsibility for one's actions, or lack of interest and motivation to engage in the couples' therapy process by one or both partners will undermine the therapy. Therapy may involve recalling unpleasant aspects of your history together and/or individually. Difficulties between the two of you may become temporarily

amplified. Thus, there are no guarantees about how the therapy process will be for the two of you specifically or what the outcome will be for your relationship.

Couples' therapy is not advisable in the following situations:

- If there is active alcohol and/or drug addiction on the part of either or both partners, from either partner's perspective.
- If there is serious violence in your relationship, threats by one or both partners that serious violence might occur, or fear of such serious violence on the part of one or both partners.

Some other contraindicated concerns include, but are not limited to, the following: suicidal or homicidal ideation, acute major mental health concern, active infidelity, any repeat or severe, non-situational emotional, verbal, and physical violence. Non-Consensual Sexual Violence of any kind is not permissible and shall result in referral and discharge from the service. During Couple's Therapy if it becomes apparent there is an expressed, or implied concern, that these issues are occurring the therapist reserves the right to defer couples therapy until the conditions are managed.

#### Gottman Method Couples Therapy 5 Parts

1. Assessment
2. Treatment
3. Phasing Out
4. Termination
5. Outcome Evaluation

Early in the assessment phase, you will be asked to complete an online relationship assessment, the **Gottman Relationship Checkup**, to help us better understand your relationship. This assessment is fully HIPAA compliant, automatically scores a couples' strengths and challenges, and provides detailed clinical feedback and suggestions for a treatment plan with specific recommendations for intervention. The cost of the **Gottman Relationship Checkup** is \$29.00 and is already include in your first visit fee. You both will be sent a link to complete the check up and it must be completed prior to scheduling your second visit.

In the first session you discuss the history of your relationship, areas of concerns and goals for treatment. You well also be recorded in a conflict at that time for playback, review and consultation purposes. In the next session, your therapist will meet with you individually to learn each of your personal histories and to give each of you an opportunity to share thoughts, feelings, and perceptions. In the third session of assessment, your therapist will share with you any recommendations for treatment and work to define mutually agreed upon goals for your therapy; known as your treatment plan. Most of the work will involve sessions where you will be seen together as a couple. Your therapist will see you

individually at your second visits. You may receive exercises to practice between sessions. The length of therapy will be determined by your specific needs and goals.

In the later stage of therapy, we will “phase out” or meet less frequently so that you both can continue to practice your new relationship skills and to prepare for termination of the therapy. Although you may terminate therapy whenever you wish, it is most helpful to have at least one session together to summarize progress, define the work that remains, and say good-bye. In the outcome-evaluation phase, as per the Gottman Method, four follow-up sessions are planned: one after six months, one after twelve months, one after eighteen months, and one after two years. These sessions have been shown through research to significantly decrease the chances of relapse into previous, unhelpful patterns. In addition, commitment to providing the best therapy possible requires ongoing evaluation of methods used and client progress. The purpose of these follow-up sessions then will be to fine-tune any of your relationship skills if needed, and to evaluate the effectiveness of the therapy received.

### Confidentiality Policy and Exceptions

To protect the integrity of the therapeutic process your information will not be shared with another third party. However, there are some exceptions to this rule:

- If one of you pose an imminent danger to yourself, your partner, or a third person, we are allowed to disclose information.
- If you talk about events that lead us to believe that a child under the age of 18 or an elderly or disabled person is at risk of emotional, physical or sexual abuse; neglect; or exploitation.
- If there is a lawful court order signed by a judge.
- When you both sign a release of information to have your records disclosed: Remember the couple is the client, and your records belong to both of you. This means that except in the circumstances outlined above, we will require a written consent from both of you to disclose any information from your record to a third party.

### Involuntary Termination

- Your therapist reserves the right to terminate treatment under certain conditions which compromise our ability to provide effective services, the client’s ability to benefit from services, or when it is legally and/or ethically appropriate to do so. Such circumstances including, but are not limited to:
  - Three missed appointments or late-cancellations within a six-month period
  - Non-adherence to the treatment plan
  - Non-compliance with practice guidelines
  - Refusal to accept recommendations for supplemental care.

- Behaviors that are disrespectful, devaluing, threatening, or otherwise inappropriate toward the provider, staff, other clients, or any persons present in the building.
- Non-payment of fees.
- Violation of the no secrets agreement, misrepresentation, or omission of pertinent clinical information.

By signing this document, I am agreeing that I fully understand the services that I will receive, the conditions for effective participation, fee structure, confidentiality practices, risks, benefits, and limitations of care, as well as grounds for involuntary discharge. I further understand that no guarantees have been made regarding the outcome of care.

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**Client Signature**

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**Date**

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**Client Signature**

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**Date**

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**Therapist Signature**

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**Date**