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Licensed Professional Counselor

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Informed Consent Agreement for Couple Therapy

The success of your therapy depends on your active participation, including attendance at sessions, investment in the work that we do together in session, and completion of between-session tasks. It will be up to you to decide what we talk about and to consent to the specific interventions recommended.

Confidentiality

No information will be released without your written consent. However, I will be required to release information to third-party payers, e.g., insurance companies, etc. Additionally, I may be required by law to breach confidentiality if I believe that you present a clear and imminent threat to yourself or to another person or that a child is in danger. Additionally, a court order, subpoena, lawsuit, complaint or similar process may necessitate that I release your records or a summary of them without your permission. Additional limitations apply to couple counseling; see No Secrets Policy.

Fee Schedule

Individual and Couple Counseling, 60-minute sessions, \$250.00 with sliding scale and no-insurance options. Consultation: Between session phone consultations will be billed at \$25 per quarter hour.

Payment is due at the time of service in the form of cash, check or credit card. I also work on a sliding scale and reserve a limited number of sessions at a reduced rate. In the event you must cancel an appointment, please give me 24-hours' notice. Within 24 hours, a late cancellation charge of \$45 will be applied. No shows will be charged the full session fee. If you are unable to attend an in-person session, you have the option of a virtual session.

Court appearance fees are \$500.00 plus \$100.00 per hour beyond the first 4 hours and federal mileage rate. An administrative fee for preparing and writing summaries for court will be billed at \$200.00. If you anticipate becoming involved in a litigation, please be advised that I may not consent to give testimony or produce documents in response to an attorney-issued subpoena.

No Secrets Policy for Couple Counseling

As we work together in couple counseling, my therapeutic focus is on your relationship, as a unit rather than on either of you as individuals. During the course of our work, there will be occasions when I receive information from one or another of you. I will, for example, meet separately with each of you to complete the initial evaluation. These individual sessions are a necessary part of the work so that I can effectively comprehend what each of you brings to the relationship. Often individuals contact me outside of sessions and share information with me.

I cannot guarantee confidentiality regarding such information. Anything disclosed within the context of the individual sessions will need to be discussed openly during couple sessions. I will hold nothing in confidence between you but will use my best judgment as to whether, when and to what extent and by whom these disclosures will be made to promote safety and wellbeing of each person. I may, when possible, give the individual the opportunity to self-disclose.

I may also suggest suspending couple counseling until such time as the individual is willing and able to discuss the revealed information in a couple session. For example, couple therapy is contraindicated in cases of an ongoing affair. It may be necessary to pause couple therapy until such time as the individual is ready to end the affair and to commit to healing after the affair.

Thus, if you feel it necessary to talk about matters of a highly sensitive nature that you do not want shared, you may wish to consult with your individual therapist rather than confide the information to me. This No Secrets Policy is intended to allow me to continue treating you as a couple, without creating a conflict of interest or alignment with either party over the wellbeing of the relationship. If I am not free to exercise my clinical judgment regarding the need to reveal information shared, then I may have to terminate treatment. This policy is intended to avoid that outcome.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THE TREATMENT AGREEMENT AND AGREE TO ITS TERMS AND HAVE SEEN THE PRIVACIES POLICIES AND PROCEDURES. YOUR SIGNATURE ALSO SERVES AS AN ACKNOWLEDGMENT THAT YOU HAVE RECEIVED A COPY FOR YOURSELF.

Client Signature

Date

Partner Signature

Date