

**RELATIONSHIP COUNSELING AGREEMENT**

**PRACTICE POLICIES** We understand that couples therapy begins with an evaluation of the relationship, past and present. While Nicole Saunders is deciding whether she is the appropriate therapist for us, we will decide whether we wish to begin therapy with her. We understand that because of the commitment of time and money, plus the potential impact on us and others, it is important to make an informed choice for a relationship therapist. We understand that anything either of us tells Nicole Saunders individually, whether on the phone or in an individual meeting, may not be held as confidential, and at Nicole Saunders' discretion may be shared with the spouse/partner during a subsequent session. We understand that information discussed in therapy is for therapeutic purposes only and is not intended for use in any legal proceedings involving the partners. By entering into therapy, we accept 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 the relationship 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. We understand that no promises have been made as to the results of treatment or of any procedures provided by Nicole Saunders. We are aware that we may stop our treatment at any time. The only thing we will still be responsible for is paying for the services already received or for those we did not properly cancel.

Nicole Saunders' therapeutic focus in couples counseling is on preserving and enhancing the relationship rather than a focus on individual happiness. However, if remaining together is harmful to one or both partners, the focus will be on facilitating an amicable separation.

**FINANCIAL POLICIES** Clients are required to pay their fees at the time of service. **Clients must provide 24 hours' advance notice if canceling an appointment.** Failure to do so will result in the client being charged \$150. Any check returned for insufficient funds must be paid plus a \$25 fee prior to being seen or rescheduled.

**PRIVACY NOTICE** We understand that any of our personal information contained within the designated record set may be used and/or disclosed by Nicole Saunders for purposes of carrying out treatment, obtaining payment, and caring out our health care operations of the organization. We can access Nicole Saunders' full Notice of Privacy Practices at [www.therapycharlotte.com/forms](http://www.therapycharlotte.com/forms), which we understand provides a more complete description of possible uses/disclosures of my health information and my client rights.

RELATIONSHIP COUNSELING INTAKE FORM – Partner 1

Please complete this form and bring it to your first appointment. If you believe that a question does not pertain to you, just leave it blank. The information you provide here is protected by law and held in strict confidence.

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ May I leave a message?  Yes  No

E-mail: \_\_\_\_\_ May I email you?\*  Yes  No

*\*Please note: Email correspondence is not considered to be a confidential medium of communication.*

Name of Primary Care Physician: \_\_\_\_\_

What mental health medication are you currently taking? \_\_\_\_\_

Have you previously been in therapy (individual or relationship)?  Yes  No

Is there any history of infidelity?  Yes  No

Are there any issues of domestic violence, physical or emotional abuse in your relationship?  Yes  No

Do you use alcohol or other substances recreationally?  Yes  No

**How did you hear about Therapy Charlotte LLC?**

- Internet search
- Referred by a friend/acquaintance
- Psychology Today Directory
- Good Therapy Directory
- Other: \_\_\_\_\_

**RELATIONSHIP INFORMATION**

*Using a scale of 1-10 (1 being "not at all" and 10 being "completely"), please answer the following questions:*

- How committed are you to this relationship? 1 2 3 4 5 6 7 8 9 10
- How hopeful are you that your relationship can be what you want it to be? 1 2 3 4 5 6 7 8 9 10
- How satisfied are you with your sex life? 1 2 3 4 5 6 7 8 9 10
- How able are you to feel like yourself within your relationship? 1 2 3 4 5 6 7 8 9 10
- How well do you manage your own emotions during conflict? 1 2 3 4 5 6 7 8 9 10
- Would you describe yourself as the higher desire or lower desire partner when it comes to *sex*? 1 2 3 4 5 6 7 8 9 10
- Would you describe yourself as the higher desire or lower desire partner when it comes to *intimacy*? 1 2 3 4 5 6 7 8 9 10

How do you want your relationship to be different at the end of counseling? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ACKNOWLEDGMENT OF UNDERSTANDING**

- I have reviewed Nicole Saunders’ practice and financial policies. I am aware of the circumstances for which I will incur additional charges and agree to meet my financial obligation.
- I have received and reviewed Nicole Saunders’ Privacy Notice explaining how my Protected Health Information (PHI) will be protected. I understand that my information may be released for the purposes of treatment, payment, and health care operations.

**\* In the event of a health emergency, Nicole Saunders may contact:**

Name of Emergency Contact Person \_\_\_\_\_ Telephone # \_\_\_\_\_

Relationship to Client \_\_\_\_\_

***By signing below, I acknowledge that I have reviewed the Counseling Agreement. I have been given the opportunity to ask questions and my signature indicates that I understand what I have read. I agree to abide by all policies of Charlotte Therapy LLC.***

\_\_\_\_\_  
Counselor/Coach Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

RELATIONSHIP COUNSELING INTAKE FORM – Partner 2

Please complete this form and bring it to your first appointment. If you believe that a question does not pertain to you, just leave it blank. The information you provide here is protected by law and held in strict confidence.

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ May I leave a message?  Yes  No

E-mail: \_\_\_\_\_ May I email you?\*  Yes  No

*\*Please note: Email correspondence is not considered to be a confidential medium of communication.*

Name of Primary Care Physician: \_\_\_\_\_

What mental health medication are you currently taking? \_\_\_\_\_

Have you previously been in therapy (individual or relationship)?  Yes  No

Is there any history of infidelity?  Yes  No

Are there any issues of domestic violence, physical or emotional abuse in your relationship?  Yes  No

Do you use alcohol or other substances recreationally?  Yes  No

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Other: \_\_\_\_\_

Psychology Today Directory

### RELATIONSHIP INFORMATION

*Using a scale of 1-10 (1 being "not at all" and 10 being "completely"), please answer the following questions:*

- |                                                                                                             |   |   |   |   |   |   |   |   |   |    |
|-------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|----|
| How committed are you to this relationship?                                                                 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| How hopeful are you that your relationship can be what you want it to be?                                   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| How satisfied are you with your sex life?                                                                   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| How able are you to feel like yourself within your relationship?                                            | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| How well do you manage your own emotions during conflict?                                                   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Would you describe yourself as the higher desire or lower desire partner when it comes to <i>sex</i> ?      | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Would you describe yourself as the higher desire or lower desire partner when it comes to <i>intimacy</i> ? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

How do you want your relationship to be different at the end of counseling? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### ACKNOWLEDGMENT OF UNDERSTANDING

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\_\_\_\_\_  
Counselor/Coach Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date