

WAIVER OF CONFIDENTIALITY FOR COUPLE'S THERAPY

I, _____, hereby authorize Jody Weiner Davis, MA, LCSW, DCSW, LMFT, to release and disclose any and all information related to my couple's therapy sessions to my partner _____. This authorization is effective immediately and shall remain in effect until I provide written notice of revocation to Jody Weiner Davis.

I understand that as part of the couple's therapy process, it may be necessary for each of us to meet individually with the therapist. During these individual sessions, we may discuss personal or sensitive information that would otherwise be kept confidential in the context of our couple's therapy sessions. I acknowledge that my partner has the right to know and access any information that is shared during these individual sessions.

I agree that any information disclosed by either party during the course of our couple's therapy sessions may be shared with the other party. This includes but is not limited to verbal communication, written notes, audio and video recordings, and any other form of documentation related to the therapy.

I understand that this waiver of confidentiality is voluntary and that I have the right to refuse to sign it. However, I acknowledge that by refusing to sign this waiver, it may limit the effectiveness of the couple's therapy process.

I further understand that any information disclosed during the course of our couple's therapy sessions will be kept confidential except as provided in this waiver of confidentiality. The therapist will not disclose any information without the written consent of both parties to outside parties unless required by law.

I understand that this waiver of confidentiality will be in effect throughout the course of therapy and after the therapy has ended, unless I provide written notice to revoke this waiver. I have read and understand the terms of this waiver of confidentiality for couple's therapy and agree to its terms.

Client's Signature: _____ Date: _____

Partner's Signature: _____

Date: _____

Therapist's Signature: _____

Date: _____