

## **Informed Consent for Treatment for Couples and Families**

Both parties acknowledge that the goal of therapy, either individual or family or marital or couples therapy, is for the sole purpose of the dissolution of psychological distress and that the process of therapy depends on trust and openness during the therapy sessions.

Therefore it is understood by all parties that if they request my services as a therapist, they are expected not to use information given to me during the therapy process against the other party in a judicial setting of any kind, be it civil, criminal, or circuit.

We understand that while working as a couple or family, anything any of us might say to the therapist individually, whether by phone or in an individual session, will be held confidential and will not be shared with the spouse/partner/ family member without the individual's consent (verbal or written).

We agree to pay for all services provided, including any charges not fully reimbursed by the insurance company. We understand that no insurance company will pay for missed sessions, and we agree to the therapist's policy of charging if we fail to cancel appointments in advance.

**Your signature below indicates your consent for treatment with Maleka Walters, as well as your understanding and agreement to the above policies and procedures.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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