Drayton's View
Therapy and Wellness Services, PLLC
Where Healing Meets Perspective
910-929-2103 | connect@draytonsviewtherapy.com | draytonsviewtherapy.com
130 Pine State Street Suite C, Lillington, NC 27546

Couples/Family Therapy Consent

Purpose of Couples/Family Therapy

The purpose of couples and/or family therapy is to improve communication, resolve conflict, and strengthen relationships. Unlike individual therapy, the identified "client" is considered the couple or family unit, rather than any one individual.

Confidentiality

- Information shared in couples/family sessions is generally considered confidential.
- However, there is no guarantee of secrecy between members of the couple/family. The therapist will not withhold information shared in joint sessions from the other members of the therapy unit.
- Individual information disclosed outside of joint sessions may not remain confidential if it directly affects the treatment of the couple/family as a whole.

Limits of Confidentiality

As with all therapy at this practice, confidentiality is subject to legal and ethical limits, including:

- Risk of harm to self or others
- Suspected abuse or neglect of a child, elder, or vulnerable adult
- Court orders or legal requirements

Communication Outside of Sessions

- Communication via phone, email, or portal is intended for scheduling or brief check-ins, not for ongoing therapy.
- The therapist may share relevant information from individual communication with other members of the couple/family if clinically necessary.

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Treatment Agreement

- All participants agree to attend sessions in good faith and to respect each other's confidentiality outside the therapy room.
- All participants agree not to subpoena the therapist or request testimony in legal proceedings regarding custody, divorce, or other family disputes.

Financial Responsibility

- Fees are due before services are rendered.
- The person listed below as the responsible party will be billed for all sessions, unless otherwise agreed upon in writing.

Acknowledgement & Consent

We, the undersigned, have read and understood the above policies regarding couples/family therapy. We agree to enter into treatment under these terms and consent to treatment provided by Drayton's View Therapy and Wellness Services, PLLC.

Client 1 Name (Print): _____
Signature: _____ **Date:** ____ / ____ / _____

Client 2 Name (Print): _____
Signature: _____ **Date:** ____ / ____ / _____

Additional Family Member(s) Name/Signature (if applicable):

Responsible Party (for billing): _____
Signature: _____ **Date:** ____ / ____ / _____

Witness/Staff Signature: _____ **Date:** ____ / ____ / _____

Updated 11/1/2025