

**Vanita Kunert, LMFT**  
Licensed Marriage and Family Therapist (#12,734)  
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## **Therapy Agreement for Couples**

**Time:** Couple Therapy sessions lasts 60 minutes.

**Fee:** The fee for each session is \$125. I accept as payment cash or check.

**Cancellation Policy:** I have a 24 hour cancellation policy. If you fail to cancel a scheduled appointment, I cannot use this time for another client and you will be billed for \$62. for the missed appointment. You are responsible for payment if you cancel within 24 hours, or, if you fail to show up. *Both individuals in the couple are expected to participate in each session.* A bill will be mailed directly to all clients who do not show up for, or cancel an appointment within 24 hours. Please call me at 415.297.9044 or email me at [vanitakunert@gmail.com](mailto:vanitakunert@gmail.com) if you find it necessary to cancel or reschedule your appointment. Thank you for your consideration regarding this important matter.

**Services:** Psychotherapy is a healthy, positive, supportive exploration into the issues and challenges that you may encounter as a couple; couple therapy often leads to better relationships, solutions to specific problems and reductions in negative emotions such as anxiety and anger.

It is my intention to provide services that will assist you in reaching your goals. Based upon the information that you provide and the specifics of your situation, I will provide recommendations to you regarding your therapy. I believe that we are partners in the therapeutic process. You have the right to agree or disagree with my recommendations. I will also provide feedback to you regarding your progress as a couple and will invite you to participate in the dialogue.

Due to the varying nature and severity of problems and the uniqueness of each couple, I am unable to predict the length of your therapy or guarantee a specific outcome or result.

**Confidentiality:** It is my legal and ethical obligation to preserve and protect a client's right to medical record information confidentiality. I will protect all confidential information I know or possess. This pertains to medical and non-medical information about clients and business operations. I will not discuss, sell, or release either type of confidential information to unauthorized persons. I will not share my computer password with other persons. I will treat all client information as confidential and respect the individual's privacy.

You are reminded that email is **not** considered a confidential method of communication. Please limit email communication to appointment scheduling issues. The law protects the privacy of communications between a client and a psychotherapist. I am legally obligated as a mandated reporter to notify the appropriate authorities if a client gives me reason to believe that he or she may harm themselves or others, or if he or she is involved in, or has knowledge of, the abuse of a child, disabled adult or elderly person.

**“NO SECRETS” POLICY FOR COUPLES:** Generally speaking, in the couple setting, I cannot be the holder of a secret. Thus, if you feel it necessary to talk about matters that you absolutely do not want shared with your partner, you might want to also consult with an individual therapist who can assist you to process the meaning and importance of the secret.

**Termination of Therapy:** It is a good idea to plan for your termination and inform your therapist in advance of the final session. The length of your couples therapy and the timing of the eventual termination depend on your specific goals and your progress. Persistent cancellations, no-shows and non-payment will cause termination.

**Expectations of Couple:** Each person in the couple is expected to be honest and direct. Unless discussed there is an expectation that there will be only one couple therapist working with the couple. The couple is expected to follow the guidelines in this therapy agreement.

## **General Consent for Couples Therapy**

Your signature indicates that you have read this agreement for services, understand its contents and agree to these policies.

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Signature of Client

Printed Name

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Signature of Client

Printed Name

Date: \_\_\_\_\_