



Catholic Community Services Yuma
Counseling and Behavioral Health Services
Confidentiality Contract Agreement
for Couples or Marriage Therapy

We, _____ and _____, hereby attest that we have voluntarily
Printed Name of Client Printed Name of Client

entered into treatment at Catholic Community Services Yuma (CCS Yuma) for couples or marriage therapy. This contract
agreement will be between the above parties and is intended to hold, in good faith, that we will respect our therapeutic process
and disclosures.

Confidentiality and Couples/Marriage Therapy

We have read and understand the "Notice of Privacy Practices" and limits of confidentiality by Arizona State law, and we have
received a copy to keep.

We understand it is important to protect information given or discussed in therapeutic sessions. We understand that
information discussed in couples therapy is for therapeutic purposes and is not intended for use in any legal proceedings
involving us. We agree not to subpoena our Provider to testify for or against either party, or to provide records in a court action.
We understand anything either of us tells our Provider, individually, whether on the phone or in an individual meeting, may not
be held as confidential, and at discretion of our Provider, may be shared with the spouse/partner during a subsequent couple
session.

We also understand it is not a legally binding contract, but this emphasizes the importance of protecting the confidentiality of the
therapy relationship, and reduces the likelihood that either member of the couple would then try to use the information from
therapy as evidence against the other member of the couple. We also understand we have a right to our records.

Parties Acknowledgements – Initial Applicable Areas of Consent

By initialing and signing below, we agree to uphold our confidentiality.

_____ I agree that I shall not, for any reason, attempt to subpoena my Provider for testimony, or subpoena any records
Initial for any legal proceedings.

_____ I acknowledge that the goal of psychotherapy, either individual or marital or couples therapy, is for the sole
Initial purpose of the improvement of psychological distress and that the process of psychotherapy depends on trust and
openness during the therapy sessions.

_____ I understand by requesting treatment services, the information given to my Provider during the therapy process
Initial will not be used against the other party in a judicial setting or legal process.

Signature of Client

Date

By initialing and signing below, we agree to uphold our confidentiality.

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Signature of Client

Date

Catholic Community Services Yuma Staff Witness:

Witness Signature

Position

Date

Client Name: _____ Client ID: _____