## Bettina Lehnert , PhD

## 480.285.7011

## Informed Consent for Participants in Family Therapy

By signing below we understand and agree that we are freely choosing to participate in family therapy with Dr. Lehnert. We understand that confidential and/or sensitive information may be disclosed and discussed during the session(s) which may be upsetting to others within the family. We acknowledge that Dr. Lehnert is not responsible for any problems or discomfort that may arise from matters disclosed or discussed during the family therapy session(s).

We understand that, in comparison to individual therapy, the focus in family therapy is on the family and all participants are considered clients. Therefore, we agree that all information in the therapist's records will be fully accessible to any adults involved. By our signatures below, we understand and agree that any and all information disclosed and discussed with Dr. Lehnert at any time, including phone calls, will not be confidential between the participants.

By our signatures below, we acknowledge that Dr. Lehnert is required by law to report any information regarding the abuse or neglect of a child or a vulnerable adult to the proper authorities regardless of the wishes of any participant or family member.

By our signatures below, we confirm that no divorce, child custody, or any other Court case has been filed or is currently pending or that, if there is a Court case, all information has been fully disclosed to Dr. Lehnert. If Dr. Lehnert's records for therapy sessions are later subpoenaed, we understand that she may have to honor any lawfully issued subpoena/court order and release the records without requesting or obtaining any additional authorization. We also understand that providing records in response to a lawfully issued subpoena may result in a loss of confidentiality for the issues disclosed and discussed during therapy session(s).

Signature of Client	Date
Signature of Client	Date
Signature of Client	Date
Signature of Client	Date