

Gottman Therapy Consent

While I have taken training in the Gottman Method Couples Therapy, I want you to know that I am completely independent in providing you with clinical services and I alone am fully responsible for those services. The Gottman Institute or its agents have no responsibility for the services you receive.

I _____ understand that the Gottman Institute is not responsible for the services I am receiving from _____.

Signed: _____

Printed Name:

Date: