

# CONTACT FORM

NOTE: For Joint Couples Therapy <sup>TM</sup>

All communications are shared among the four participants

We agree to share all information

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NAME (S) .....

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ADDRESS (ES) .....

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MOBILE (S) .....

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EMAIL (S) .....

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REFERRED BY .....

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All personal information is confidential unless subpoenaed by Court, or there is a risk of harm to self or others, or approval is given to share it.

Consumer rights found at: NSW Health Care Commission: 1 800 043 159