



Gary Seeman, Ph.D.

Clinical Psychologist, License PSY19356

Authorization to End Couples Psychotherapy

I hereby authorize Gary Seeman, Ph.D. to end couples psychotherapy that I formerly participated in with _____ so that she/he may participate in individual psychotherapy with Dr. Seeman. I understand that this means I may not be able to resume couples therapy with Dr. Seeman. If I wish to resume couples therapy with the same partner, at his discretion, Dr. Seeman may offer referrals to a different couples psychotherapist. With this authorization I release all parties involved from any liability for ending couples psychotherapy with me and sign this authorization of my own free will.

Print full name

Signature

Date: