



“NO SECRETS POLICY”

Limitations on Confidentiality in Family Therapy and Couples Therapy

This written “no secrets” policy is intended to inform you, the participant in couples or family therapy, that when working with a couple or family, the couple or family is the *unit of treatment*. For instance, if there is a request for the treatment records of the individual, couple, or family, authorization will be requested of all members of the *treatment unit* before releasing confidential information to third parties. Also, if the records are subpoenaed, the psychotherapist privilege will be asserted on behalf of the treatment unit.

During the course of work with a couple or family, smaller parts of the treatment unit (e.g., an individual or two siblings) may be seen for one or more sessions. These sessions should be seen by you as part of the work on behalf of the couple or family, unless otherwise indicated. If you are involved in one or more of such sessions, please understand that generally these sessions are confidential in the sense that confidential information will not be released to a third party unless required by law to do so or unless written authorization from the *treatment unit* is given. In fact, since those sessions can and should be considered part of the couple or family therapy, authorization from all individuals of the treatment unit must be given before releasing any confidential information to a third party.

There may be times when it is appropriate to share information that is learned in an individual session (or a session with only a portion of the treatment unit present) with the entire treatment unit – that is, the couple or the family. The best judgment will be used as to whether, when, and to what extent disclosures will be made to the treatment unit, and will also, if appropriate, give the individual or smaller part of the treatment unit being seen the opportunity to make this disclosure. Thus, if you feel it necessary to talk about matters that you absolutely want shared with no one, you might want to consult an individual therapist who can treat you individually.

This “no secrets policy” is intended to treat the patient (the couple or the family unit) by preventing, to the extent possible, a conflict of interest to arise where an individual’s interests may not be consistent with the interests of the unit being treated. For instance, information learned in the course of an individual session may be relevant or even essential to the proper treatment of the couple or family during their therapy. The highest regard to what is in the best interest of the unit of treatment will be taken into consideration when deciding whether to share information or not. If not sharing the information is contrary to the couple or family goals there may be a situation where therapy is terminated. The policy is intended to prevent the need for such termination. Please feel free to ask any questions you have of this policy with your therapist.

By signing this No Secrets Policy, I understand and agree to the above information and conditions.

Client Signature
(Or Parent/Legal Guardian)

Date

Client Signature
(Or Parent/Legal Guardian)

Date

Client Signature
(Or Parent/Legal Guardian)

Date

Client Signature
(Or Parent/Legal Guardian)

Date