

**The Sunrise Center for Wellness LLC  
826 Bustleton Pike Suite 101B  
Feasterville-Treose PA 19053  
215-399-5691**

**Special Notice for Individual Therapy, Phone Calls, or Emails for Couples and Families**

During the course of couple's or family therapy, there may be times when you would like to schedule an individual appointment for yourself. This can be helpful when there are issues you'd like to discuss, but you're not sure how to bring them up in front of your partner or family members. Examples include: problems with work, school, parents, in-laws, ex-spouses, sex, money, alcohol, etc. An individual session can also be helpful when something has been discussed in a couple's or family session that stirs up an issue you'd like to spend more time on.

Your therapist is happy to see you individually, as long as you agree that anything you share in an individual session may be talked about in subsequent couple's or family sessions. This doesn't mean your therapist will necessarily bring up every issue you've talked about privately. It just means you've given your therapist permission to do if he/she believes it's important to the health of your relationship.

Knowing that your therapist doesn't keep secrets helps everyone feel safer in therapy. It also allows your therapist to be completely honest- without having to worry about who told him/her what, and when. If you have any questions about whether a topic is one that will need to be shared with others, please ask your therapist before sharing any details. If you have reservations about raising an issue, he/she will be happy to refer you to another therapist for individual therapy.

This agreement applies to phone calls and emails. If you contact your therapist between sessions, he/she will expect you to let your partner or other family members know you've done so. Contents of phone calls or emails may be shared. By this signing this agreement, you're giving your therapist permission to discuss any information shared with him/her privately with others regularly attending therapy with you.

We have received, read, and understand this therapy agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_