



MARRIAGE & FAMILY THERAPY  
of WESTERN NEW YORK

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*“No secrets” policy for couple or family therapy*

*This written policy is intended to inform you, the participants in therapy, that when I agree to treat a couple or family, I consider that couple or family (the treatment unit) to be the patient. For instance, if there is a request for the treatment records of the couple or family, I will seek the authorization of all members of the treatment unit who are over 18 before I release confidential information to third parties. Also, if my records are subpoenaed, I will assert the psychotherapist-patient privilege on behalf of the patient (treatment unit).*

*During the course of my work with a couple or family, I may see an individual for one or more sessions. These sessions should be seen by you as a part of the work that I am doing with the couple or family, unless otherwise indicated. If you are involved in one or more of such sessions with me, please understand that generally these sessions are confidential in the sense that I will not release any confidential information to a third party unless I am required by law to do so or unless I have your written authorization. In fact, since those sessions can and should be considered a part of the treatment of the couple or family, I would also seek the authorization of the other individual in the treatment unit before releasing confidential information to a third party.*

*However, I may need to share information learned in an individual with the entire treatment unit – that is, another member of the couple or family, if I am to effectively serve the unit being treated. I will use my best judgment as to whether, when, and to what extent I will make disclosures to the treatment unit, and will also, if appropriate, first give the individual being seen the opportunity to make the disclosure. Thus, if you feel it necessary to talk about matters that you absolutely want to be shared with no*

one, you might want to consult with an individual therapist who can treat you individually.

*This “no secrets” policy is intended to allow me to continue to treat the couple or family by preventing, to the extent possible, a conflict of interest from arising 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, and treatment is compromised if this piece of information is not disclosed. If I am not free to exercise my clinical judgment regarding the need to bring this information to the couple or family during their therapy, I might be placed in a situation where I will have to terminate treatment of the couple or family. This policy is intended to prevent the need for such a termination.*

*We acknowledge by our individual signatures below that each of us over the age of 18 has read this policy, that we understand it, that we have had an opportunity to discuss its contents with Dr. Cramer, and that we enter couple or family therapy in agreement with this policy.*

Dated: _____	Signature _____