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"NO SECRETS POLICY"

Limitations on Confidentiality in Family Therapy and Couples Therapy

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

During the course of my work with the couple or family, I may see a smaller part of the treatment unit (e.g., an individual or two siblings) for one or more sessions. These sessions should be seen by you as part of the work that I am doing with the family or the couple, 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 part of the family or couple therapy, I would also seek the authorization of the other individuals in the treatment unit before releasing confidential information to a third party.

However, I may need 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 family or the couple. 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, 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 allow me to continue 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 family or couple during their therapy. If I am not free to exercise my clinical judgment regarding the need to bring this information to the family or couple during therapy, I might be placed in a situation where I will have to terminate treatment of the couple or the family. The policy is intended to prevent the need for such termination.

By signing this No Secrets For Family Therapy and Couples Therapy Form, I understand and agree to the above information and conditions.

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Patient Signature (Or Parent/Legal Guardian) Date

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Patient Signature (Or Parent/Legal Guardian) Date

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Signature of Associate Marriage and Family Therapist Date