

**AUTHORIZATION FOR USE OR DISCLOSURE OF
PROTECTED HEALTH INFORMATION – COUPLES THERAPY**

“No Secrets” Couple Therapy Policy

Person Authorized to Make Disclosure: L. Chris Cannida, LPC-S * Phone: (918) 209-3902

Working with a couple’s therapist includes elements of trust that extended beyond just the relationship between one client and the therapist. Because betrayal and attachment injuries might involve secrets being kept between spouses, the level of trust is the most important element in the work. The couple’s therapist must ensure that she or he does not, even inadvertently, become part of the secret keeping that has broken the marital bond. The trust must be maintained between all persons (spouses and therapist) at all times in order for the relationship to work. That’s why I take every step to ensure my couples know I am working to build and maintain this trust needed for healing.

It is both a vulnerable and courageous decision for a couple to enter this therapeutic relationship and I want to ensure that we take the necessary steps for all parties involved to feel emotionally safe in the therapy space, whether being seen together in conjoint sessions or as individual spouses.

This written policy is intended to inform you, both participants, that when I agree to treat a couple I consider the couple to be the “client”. During the course of my work with a couple, I might see one or each spouse individually for one or more sessions. These sessions should be seen as a part of the work that I am doing with the couple, unless otherwise indicated. If you are involved in one or more 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 consent. In those instances, I would also seek the consent of the other individual in treatment before releasing said information to a third party.

However, I may need to share information learned in an individual session(s) with the other spouse as part of the couples work. I will use my best judgment as to whether, when, and to what extent I will make disclosures to the other spouse. 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 outside this couples’ work. This consent does not take the place of the federal laws that protect your information and does not include the therapist breaking most confidences. Its purpose is to clarify the understanding that, in part, my role is to promote transparency and honesty – both of which are vital to repairing any broken bond of your marriage.

Please complete and sign the attached Consent and return as soon as possible.

I look forward to working with you to restore and strengthen your marital connection.

Client Signature: _____ **Date:** ___/___/___

Client Signature: _____ **Date:** ___/___/___