

## No Secrets Policy for Family Therapy and Couples Therapy

This written policy is intended to inform you, the participants in family therapy or couples therapy, that when I agree to work with a couple or a family, I consider that couple or family (the treatment unit) to be the client. For instance, if there is a request for the treatment records of the couple or the family, I will seek the 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-patient privilege on behalf of the patient (the treatment unit).

During the course of my work with a couple or a 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 a part of the work that I am doing with the family or the couple, unless otherwise indicated. If you are involved in these 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 to do so by law or unless I have your written authorization. In fact, since these sessions can and should be considered a part of the family or couples therapy, 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 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, if I am to effectively serve the unit being treated (which I have defined as my client). I will use my best judgement as to whether, when, and to what extent I will make these disclosures to the treatment unit, and will also, if appropriate, first give the individual or the smaller part of the treatment unit the opportunity to make the disclosure.

The “no secrets” policy is intended to allow me to continue to treat the client (the couple or 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 whole unit. 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 the family. If I am not free to exercise my clinical judgment regarding the need to bring this information to the couple or the family during therapy, I might be placed in a situation where I will have to terminate treatment of the couple or the family. This policy is intended to prevent the need for such a termination.

We, the members of the couple/family or other unit being seen, acknowledge by our individual signatures below, that each of us has read this policy, that we understand it, and that we have had the opportunity to discuss its contents.

1. \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
2. \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
3. \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Names of Clients (please print) (please sign)

Signature of Therapist: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_