

Family and Couple Therapy Services, Inc.

2018 Rock Spring Road, Forest Hill, MD 21050

Office 410-838-2493 Email – factsinc@zoominternet.net Fax 410-838-2597

Web Site www.familyandcouple.com

“No Secrets Policy”

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 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 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 family, I may see 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 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 to do so or unless I have written authorization. In fact, since these sessions can and should be considered a part of the family or couple therapy I would also seek authorization of the other individuals 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 being present) with the entire unit—that is, family or couple, 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 or the smaller part of the treatment unit being seen the opportunity to make the disclosure themselves. 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 patient (the couple or family unit) by preventing, to the extent possible, a conflict of interest to arise where an individual’s interest 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 the family. If I am not free to exercise my clinical judgment regarding the need to bring this information to the family or the couple during their 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. **Any member of the UNIT may rescind their participation in this agreement at a later date as agreed by all participants.**

We, the members of the _____ being seen, acknowledge by our individual

(COUPLE/FAMILY OR OTHER UNIT)

signatures below, that each of us read this policy, that we understand it, that we have had an opportunity to discuss its contents with _____, and we enter couple/family therapy in agreement with this policy.

(THERAPIST SIGNATURE)

DATED: _____

SIGNATURE(S): _____

DATED: _____

SIGNATURE(S): _____