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Consent for Couple's Therapy ("No Secrets" Policy)

This written policy is intended to inform you, the participants in couple therapy, that when I agree to work with a couple, I consider the couple to be the patient. For instance, if there is a request for the treatment records of the couple or of one member of the couple, I will seek the authorization of both members of the couple 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 and the couple.

During the course of my work with a couple, I may see one partner 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, 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 these sessions can and should be considered a part of the couple therapy, I would also seek the authorization of the other partner before releasing confidential information to a third party.

However, I may need to share information learned in an individual session with the 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 couple, and will also, if appropriate, first give the partner 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 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 couple 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. If I am not free to exercise my clinical judgment regarding the need to bring this information to the couple during their therapy, I might be placed in a situation where I will have to terminate treatment of the couple. This policy is intended to prevent the need for such a termination.

We, the members of the couple being seen, acknowledge by our individual signatures below, that each of us has read this policy, that we understand it, that we have had an opportunity to discuss its contents with my therapist (designated below), and that we enter couple therapy in agreement with this policy.

Patient Name: _____ Patient Signature: _____ Date: _____

Patient Name: _____ Patient Signature: _____ Date: _____

Therapist Name: _____ Signature: _____ Date: _____