“No Secrets” Policy

This written policy is intended to inform the participants in couple therapy, that when I 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.

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. I 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 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 Angela Winslow and that we enter couple therapy in agreement with this policy.

Dated: ________ Signature ______________________________________
Dated: ________ Signature _______________________________________