



"No Secrets" Policy for Couples Therapy

This written policy is intended to inform you, the participants in couple therapy, of my policy on "secrets" and confidentiality in the context of our work together. My policy is based upon the premise that when I agree to work with a couple, I consider that couple to be the client.

During the course of my work with you both, I will see each of you at least once for individual sessions. These sessions should be seen as 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 these sessions are confidential, meaning that I will not release any confidential information to third parties unless I am required to do so by law or unless I have your written authorization. Additionally, if my records were subpoenaed, I would assert the therapist-patient privilege on behalf of you, the couple.

However, if I am to be effective, I may need to share information learned in an individual session with the couple. I will use my best judgment as to whether, when, and to what extent I will make such disclosures to the couple, and will also, if appropriate, first give the individual the opportunity to make the disclosure. Thus, if you feel it necessary to talk to me about matters that you absolutely do not want to be shared with your partner, you may want to consult with an individual therapist who can treat you separately.

This "No Secrets" policy is intended to allow me to continue to provide the best treatment possible to the client (the couple) by preventing, to the extent possible, a conflict of interest where an individual's interests may not be consistent with the interests of the couple.

Acknowledgment and Agreement: We, the members of the couple being seen, acknowledge by our individual signatures below, that each of us has read this policy, understands it, and has had an opportunity to review and discuss its contents with The PAIR Center for Couples Counseling, PLLC. We enter couples therapy in full agreement with this “No Secrets” policy.

Date: _____ Signature _____

Date: _____ Signature _____