



“No Secrets” Policy For Family Counseling and Couple Counseling

If you participate in couple or family counseling, your counselor will not disclose confidential information about your treatment unless all persons who participated in the treatment with you provide their written authorization to release such information. **However, it is important that you know that your counselor utilizes a “no secrets” policy when conducting family or couple counseling.** This means that if you participate in family, and/or couple counseling, your counselor is permitted to use information obtained in an individual session that you may have had with her/him when working with other members of your family. **If you have information you do not want to share with your family members, please do not attempt to disclose this information to your couple/family therapist.** You may want to discuss such information with an individual counselor. If you want an individual counselor referral, please let us know.

We, the members of the _____ (couple/family or other unit) being seen, acknowledge by our 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 (counselor), and that we enter couple/family counseling in agreement with this policy.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____