

"No Secrets" Policy for Couple 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 patient.

During the course of my work with you both, I may see one of you for individual 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 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. In fact, since these individual sessions can and should be considered a part of the couple therapy, I would also seek the authorization of the other individual in the couple before releasing confidential information to a third party. Additionally, if my records were subpoenaed, I would assert the psychotherapist-patient privilege on behalf of 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 anyone, you might want to consult with an individual therapist who can treat you separately.

This "No Secrets" policy is intended to allow me to continue to treat the patient (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. 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 joint therapy, I might be placed in a situation where I would have to terminate treatment of the couple. This policy is intended to prevent the need for such a termination.

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 Dr. Diana Shulman. We enter couple therapy in full agreement with this "No Secrets" policy.

Date:_____ Signature_____

Date:_____ Signature_____