

Center for Relationship and Sexual Wellness
26 Roberts St Suite 114-2
Fargo, ND 58102

“No Secrets” Policy for Couples Therapy

This written policy is intended to inform you, that when I agree to work with a couple, I consider that couple to be a treatment unit. For instance, if there is a request for the treatment records of a couple, I will seek the authorization of all members of the treatment unit 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 treatment unit.

During the course of my work with a couple, I may meet with an individual (one partner of the unit) for one or more sessions. These sessions should be seen by you as part of the work that I am doing with the couple, unless otherwise indicated. If you are involved in one or more of these 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 are a part of the couple’s therapy, I would also seek the authorization of the other individuals in the treatment unit before releasing confidential information to a third party.

However, I may need to share information learned in an individual session (or session with only a portion of the treatment unit being present) with the entire treatment unit – that is, the couple, if I am to effectively serve the unit. I will use my best clinical judgment as to whether, when, and to what extent I will make disclosures to the treatment unit. 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 counsel you individually. 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.

In addition, by signing this policy, you are waiving the right to confidentiality for any information that you choose to share in session. As part of the unit, you are taking responsibility for disclosing information to your partner and acknowledge that your counselor is not responsible for how your partner will use or disclose this information outside of our treatment session.

This “no secrets” policy is intended to prevent a conflict of interest – where an individual’s interests may not be consistent with the interests of the couple therapy.

We, the members of the couple unit being seen, acknowledge by our signatures below, that each of us has read this policy, that we understand the policy, and that we have had an opportunity to discuss the contents with our counselor, and that we enter couples therapy in agreement with this policy.

Signature

Date

Signature

Date