



“NO SECRETS” POLICY AND AGREEMENT WHEN TREATING COUPLES OR FAMILIES

This written policy is intended to inform you, the participants in therapy, that when I agree to treat a couple or family, I consider that couple or family (the treatment unit) to be the patient and each individual in that unit to be a patient for legal and possibly insurance billing purposes.

For instance, if there is a request for the treatment records of the couple or the family, I will seek the authorization of ALL members of the treatment unit before I release confidential information to any third party. If one of you authorizes the release of information specific to him/her, I will only release the portion(s) of the record on that person supplying the written authorization. If my records are subpoenaed the records will *not* be released, in whole or in part, unless I receive a court order directing their release or the written authorization(s) of the person(s) whose records are involved in directing the release of those parts of the record which that person has the ability to release.

During the course of my work with the couple or family, I may see a smaller part of the treatment unit (e.g. an individual or a sibling) for one or more sessions. These sessions should be seen by you as part of the work that I am doing with the family or couple unless otherwise indicated.

If you are involved in one or more individual 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 or allowed by law to do so, or unless I have your written authorization, or I am court-ordered to release the records. In fact, since those sessions can and should be considered a part of the treatment of the couple or family, I would also seek the written authorization of the other individual(s) in the treatment unit if that individual(s) confidential information is involved and that person has a right to assert privilege as to that information.

However, I may need to share information learned in an individual session (or a session with only a portion of the treatment unit being present) with the entire treatment unit – that is, the family or the couple, if I am to effectively serve the individuals being treated.

I will use my best judgment as to whether, when, and to what extent I will make disclosures to the individuals being treated, and will also, if appropriate first give the individual 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 or family by preventing, to the extent possible, a conflict of interest to arise where an individual’s interests may not be consistent with the interests of the unit 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 or the family. If I am not free to exercise my clinical judgment regarding the need to bring this information to the family or the couple during their therapy, I might be placed in a situation where I will have to terminate treatment of the couple or the family. This policy is intended to prevent the need for such a termination.



Everyone participating in therapy with me as part of this treatment unit agrees to keep the information shared in sessions by others as confidential. Each of you understands, however, that I cannot guarantee that other persons in the session honor their agreement.

Please also note that children under 18 years of age under Ohio law generally have no right to confidentiality where their parent(s)/legal guardian(s) are involved, with the exception, that minors 12 years of age or older may receive certain limited outpatient services without the information being disclosed to the parent(s) or guardian(s) under most circumstances. Other than that specific exception, both parent(s)/legal guardian(s) generally have a right to obtain all information on their minor children, unless specifically blocked from access by a court order.

We, the members of the _____
(couple/family or other unit being seen), acknowledge by our individual signatures below, that each of us has read this policy, that we understand it; and that we have had an opportunity to discuss its contents with the CCPC-Ohio Therapist; and that we enter into therapy and agree to abide by the terms and conditions of this policy, and agree to the release of information as provided for in this policy.

Dated: _____ Signature _____

Dated: _____ Signature _____

Dated: _____ Signature _____

Dated: _____ Parent/Guardian Signature _____

Dated: _____ Parent/Guardian Signature _____

CCPC-Ohio Therapist

Date

*Information for this policy gathered from the AAMFT Consultant Richard S. Leslie, J.D.