

Confidentiality Agreement for Couples & Family Therapy

When couples or families are seen by a therapist to address relationship issues, **the couple or family unit, rather than any one individual, is the client.**

One-on-one Therapy Sessions

During the course of couples or family therapy, there may be times when you'd like to schedule a one-on-one appointment for yourself with the therapist. This can be helpful when there are issues you'd like to discuss, but you're not quite sure how to bring them up in front of your partner or family members. Examples may include: problems with work, school, parents, in-laws, ex-spouses, sex, money, or alcohol/drugs. A one-on-one session can also be helpful when something we've touched on in a couple or family session stirs up an issue you'd like to spend more time on.

Your therapist is happy to see you one-on-one, as long as you agree that anything you share in such a session may be talked about in subsequent couples or family sessions. This doesn't mean that the therapist will necessarily bring up every issue you've talked about privately. It just means you've given permission for the therapist to do so if they believe it's important to the health of your relationships.

Knowing that your therapist doesn't keep secrets helps everyone feel safer in couples or family therapy. It also allows the therapist to be completely honest--without having to worry about who said what, when, etc. If you have any questions about whether a topic is one your therapist will need to share with others, please ask the therapist *before* sharing any details. If you have reservations about raising an issue, your therapist will be happy to refer you to another therapist for individual counseling.

Phone Calls and Emails

This agreement also applies to phone calls and emails. If you contact your therapist between sessions, they will expect you to let your partner or other family members know you've done so. Contents of calls or email exchanges may be shared. By signing this agreement, you're giving your therapist permission to discuss any information shared privately with all others regularly attending therapy with you.

By signing below, I/we:

- 1) acknowledge that the therapy being sought presently is for a couple or family unit.
- 2) authorize Nexus-FACTS to release protected health information (PHI) shared by one member of the couple or family unit with the others in the unit to further the goals established in therapy.
- 3) acknowledge that information acquired in one-on-one contact with the therapist will be shared or not shared based on the clinical judgment of your therapist.
- 4) agree to raise any concerns as they may arise regarding the therapist releasing information shared in one-on-one contact with other members of the couple or family unit.

Client Signature: _____

Date: _____

Client Signature: _____

Date: _____

Client Signature: _____

Date: _____

Client Signature: _____

Date: _____

Client Signature: _____

Date: _____

Client Signature: _____

Date: _____