

# No Secrets Policy

For the obvious reason that there are more people involved, family and couple therapy is different from individual therapy and there are some different agreements that need to be made. In family or couple therapy, the situation may arise that I feel the need to talk privately to only a portion of the family or to just one spouse. Another possibility is that one portion of the family or one spouse communicates with me privately. It is important for each of my clients to understand and agree to the rules of confidentiality that apply in these situations.

The first rule of confidentiality in any therapeutic relationship in Colorado is that everything shared with the counselor is confidential and I will not reveal anything to any third party without a signed agreement from each person involved in the therapy. The only exceptions to this are if there is a threat of harm to oneself or another person or suspected child or elder abuse. Furthermore, each of you waives the right to subpoena my records or me for testimony or production. This further supports my fidelity to all of you and to your relationship(s), and discourages my taking sides in a legal dispute.

Each person involved in family or couple therapy understands and agrees that any and all information which is shared in private may come out in joint sessions. This pertains to all face-to-face, written, and phone conversations and messages. If I meet with any one individual, or only a portion of a family, know that I will use my clinical judgment and share in a joint session any and all information that is important for the therapy work that is being done. Please do not expect me to keep secrets where doing so jeopardizes the therapeutic work or my relationship with any of you or with your relationship(s). The presence of "secrets" is frequently a cause of many of the problems within couples and families. 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, then the likelihood of effective treatment can be significantly diminished.

We, the members of the \_\_\_\_\_ couple or family being seen, acknowledge by our individual 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 Mark and that we enter couple/family therapy in agreement with this policy.

Dated: \_\_\_\_\_

Signature \_\_\_\_\_

Dated: \_\_\_\_\_

Signature \_\_\_\_\_

Dated: \_\_\_\_\_

Signature \_\_\_\_\_

Dated: \_\_\_\_\_

Signature \_\_\_\_\_