



Limitation on Confidentiality and “No Secrets” Policy for Couple and Family Therapy

This written policy is intended to inform you that when I agree to work with more than one client in the room, I consider all participants (the treatment unit) to be the client. For instance, if there is a request for the treatment records of the couple or family, 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 client (the treatment unit).

During the course of my work with a couple or family, I may see a smaller part of the treatment unit (e.g., an individual, two siblings) for one or more sessions. These sessions should be seen by you as a part of the work that I am doing with the couple or family, unless otherwise indicated. If you are involved in one or more of such 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 can and should be considered a part of the couple or family 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 a session with only a portion of the treatment unit being present) with the entire treatment unit — that is, the couple or family, if I am to effectively serve the unit being treated. I will use my best judgment as to whether, when, and to what extent I will make disclosures to the treatment unit, and will also, if appropriate, first give the individual or the smaller part of the treatment unit being seen 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.



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This “no secrets” policy is intended to allow me to continue to treat the client (the couple or family unit) 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 family. This policy is intended to prevent the need for such a termination.

I acknowledge that I have read and understand this policy and have had an opportunity to discuss its contents with Danae Powers, M.S. Licensed Marriage and Family Therapist, and that I enter couple and/or family therapy in agreement with this policy.

Client Name [*Printed*]

____/____/_____
Date

Signature of Client or Client’s Representative*

**Indicate Relationship to Client:* _____