

MORANT CLINICAL SERVICES

POLICY OF CONFIDENTIALITY IN COUPLE THERAPY

This written policy is intended to inform you, the participants in couple therapy, that when I agree to work with a couple or a family, I consider that couple (the treatment unit) to be the patient. For instance, if there is a request for the treatment records of the couple, I will seek the authorization of the unit 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 (the treatment unit).

During the course of my work with a couple, I may see a smaller part of the treatment unit (e.g., an individual) 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, 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 therapy, I would also seek the authorization of the other individual 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, 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 other 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.

This “no secrets” policy is intended to allow me to continue to treat the patient (the couple) 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. 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.

We, the couple _____ 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 Jocelyn Morris-Bryant(the therapist), and that we enter couple/family therapy in agreement with this policy.

Dated: _____ Signature _____ Print _____

Dated: _____ Signature _____ Print _____