

ROGERS FAMILY & SELF-CENTERED THERAPIES

*"It's all about You, Yourself e³ Why. From Your Point of You."*TM

16133 Ventura Boulevard, Suite 1125 • Encino, CA 91436 • (424) 239-8495

**TIMOTHY ROGERS, MA, LMFT MFC101500
LICENSED MARRIAGE & FAMILY THERAPIST**

POLICY AND INFORMED CONSENT FOR COUPLES THERAPY

Relationship therapy works best when the focus of my work is on your relationship. When working with you, it is expressly understood that my patient is both your relationship and each of you as individuals. In order to maintain fidelity to both of you and to your relationship, I ask for your consent on the following agreements.

Confidentiality

All information disclosed within sessions is confidential and may not be revealed to anyone without written permission except where disclosure is permitted or required by law. Those situations include but are not limited to: (a) when there is reasonable suspicion of abuse to a child or to a dependent or elder adult; (b) when the client communicates a threat of bodily injury to others; (c) when the client is suicidal; (d) when the client has been physically injured due to violence; (e) when disclosure is required pursuant to a legal proceeding.

I receive and provide occasional professional consultation. In such cases, neither your name nor any identifying information about you is revealed.

No Secrets Policy

When a couple enters into counseling, it is considered to be one unit. This means that my allegiance is to the couple "unit," and not to either partner as individuals. I find this is particularly important in creating a space where both partners can feel safe. Therefore, I adhere to a strict "No Secrets" policy. This means that I will not hold secrets for either partner. This policy is intended to allow me to continue to treat 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.



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If an individual chooses to share such information with me, I would offer the individual every opportunity to disclose the relevant information, and will provide guidance in this process. If the individual refuses to disclose this information within the couple's session, I could, based on clinical and ethical judgment, determine that it is necessary to discontinue the counseling relationship with the couple. If there is information that an individual desires to address within a context of individual confidentiality, I would provide referrals to therapists who can provide concurrent individual therapy. This policy is intended to maintain the integrity of the couples/marital counseling relationship.

However, because each of you already participate in individual sessions, and because those sessions are with the this same therapist, it is even more vital to the success of the experience of couples work, that everyone (therapist included) be clear and feels he/she/they understands what is being asked and expected of them in this process.

Court Proceedings/Subpoena of Records

By signing this policy it is understood that the purpose of marital/couples therapy is for the amelioration of distress within a relationship. Therefore, as both partners have requested my services as a psychotherapist, they are each expected not to use information given to me during the therapy process against the other party in a judicial setting of any kind, be it civil, criminal, or circuit. Likewise, neither party shall for any reason attempt to subpoena my testimony or my records to be presented in a deposition or court hearing of any kind for any reason, such as a divorce case or a defamation of character proceedings.

This includes legal matters having to do with creative or intellectual property owned by each party as well as any creative or intellectual property created and/or owned by the "unit."

**YOU DON'T HAVE RELATIONSHIP PROBLEMS. YOU HAVE UNRESOLVED
CHILDHOOD PROBLEMS DISGUISED AS RELATIONSHIP PROBLEMS.**



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Release of Records

Both partners must provide their consent to release marital/couples counseling records. If one partner does not provide consent, records will not be released.

I certify by my signature below that I have read, fully understand, and agree to abide by the stated policies.

Course of Treatment

The continued participation by each person is voluntary. Either participant may suspend or terminate the therapy at her or his individual request. Likewise, therapist may find it clinically necessary to terminate the work of couples therapy, however a commitment to discuss those clinical reasons will be made by therapist should the need arise.

I certify by my signature below that I have read, fully understand, and agree to abide by the stated policies of Timothy Rogers, MA, LMFT and Rogers Family Therapy, a Corporation.

Client Signature

Date

Client Signature

Date

Timothy Rogers, MA, LMFT
Licensed Marriage & Family Therapist
MFC101500

Date



THE MORE OF YOU YOU ARE, THE MORE OF YOU YOU ARE.

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This written policy is intended to inform you, the participants in therapy, that when I agree to treat a couple or a family, I consider that couple or family (the treatment unit) to be the patient. 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 third parties. Also, if my records are subpoenaed, I will assert the psychotherapist-patient privilege on behalf of the patient (treatment unit).

During the course of my work with a couple or a family, I may see a smaller part of the treatment unit (e.g., an individual or 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 family or 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 those sessions can and should be considered a part of the treatment of the couple or family, 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 family or the couple, if I am to effectively serve the unit being treated. I will use my best clinical 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. This is preferable.**

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.

