

DEBBIE GROSS, LCSW, Ltd.

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Couple or Family Confidentiality Understanding Agreement

This agreement is intended to inform you, the participants in couples or family therapy, that when I agree to treat a couple or family, I consider that unit as the patient. For example, if there is a request for the treatment records of any individual or the couple or the family unit, I will seek authorization of all members of the treatment unit before I release any confidential information to any third parties.

During the course of my work with a couple or family, I may see a smaller part of the treatment unit. These sessions should be seen by you as 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.

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 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 smaller part 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 a separate individual therapist who can treat you individually and hold that information.

This "no secrets" policy is intended to allow me to continue to treat the couple or family 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. If I am not free to exercise my clinical judgment regarding the need to bring information to the family unit 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.

We, the individual members of the couple/family unit being seen, acknowledge by our individual signatures below, that each of us has read this policy, that we understand it, that we have had the opportunity to discuss its contents with Debbie Gross, LCSW, our therapist, and we enter couple/family therapy in agreement with this policy.

Printed Name	Signature	Date

Therapist: Debbie Gross, LCSW