

Nicole Barnum MA, RN, LPC, NCC
Release of Information Form
Couples Counseling

In addition to the privacy practices outlined in Nicole Barnum’s Declaration of Practices and Procedures, the following are additional privacy practices and procedures for couples and family therapy. This policy is intended to maintain the integrity of the counseling relationship.

Confidentiality / Release of Information

Records will not be released to either member of couples therapy or to an outside source without written authorization from **both** partners. Authorization by one member of the couple is insufficient to release medical records or engage in consultation with outside parties. These rules apply except where disclosure is permitted or required by law. These situations include but are not limited to: (a) when the client expresses an intent to harm him/herself or someone else; (b) there is reasonable suspicion of abuse/ neglect against a minor child, elderly person, or dependent adult; (c) a court order is received directing the disclosure of information.

No Secrets Policy

When a couple enters counseling, it is considered to be one unit. This means the therapist allegiance is the couple unit. Therefore, a “No Secrets Policy” is honored. This means the therapist will not hold secrets for either partner. Typically, each member is seen for one session of individual counseling at the start of the counseling relationship. The individual session is still considered part of the couple’s counseling relationship and record. Information disclosed during individual sessions may be relevant or even essential to the proper treatment of the couple. If information is revealed in individual sessions that seems relevant to repairing the relationship, the therapist will encourage the partner to share this with the other partner prior to the next session. The therapist will also offer support to help share it in the next session. Refusal to disclose this relevant information may result in the discontinuation of couple’s therapy.

This agreement will remain in effect for the duration of treatment unless revoked in writing by either party.

By signing below, you acknowledge and consent to the terms set forth herein.

Date: _____

Client signature: _____

Client signature: _____

Therapist signature: _____