

*Please read carefully,  
sign and return to me.*

## Confidentiality and Couples

The information an individual reveals in a counseling session is confidential, with a few exceptions determined by law (see my Professional Disclosure and Treatment Consent Form for details). How does this rule of confidentiality apply to couples therapy in which two people are involved? Three things are important to know:

- 1) Confidentiality is held jointly by both partners. Unless one of the legally prescribed exceptions applies, I cannot divulge any information to an outside party unless both of you consent.
  
- 2) While I am bound by confidentiality as your therapist, I have no control over what your partner might reveal to others outside of the session. In light of this, I strongly encourage each of you to make a commitment to respect each other's confidentiality (no matter how acrimonious your relationship may be now or in the future) so that each can participate freely and sincerely in the counseling process.
  
- 3) At times during the course of therapy, I might meet with one of you individually. You should assume that any information you convey to me individually is not necessarily held in strict confidence from your partner. One reason for this is that I cannot always be relied upon to remember who told me what, when. It does not mean that I will be telling your partner details about what you said. Rather, it is my philosophy to *not* be in the middle and to encourage you to communicate to each other what is important. In that light, if something is revealed by one of you that I believe is significant to the counseling process or the integrity of your relationship I will likely encourage you to convey that to your partner in a subsequent session.

This policy also applies to any phone calls, emails, or letters received by me from one of you containing content relevant to therapy. If you contact me individually, please inform your partner and know that I will need to let them know you contacted me in the next session. This is important to maintain openness and trust in the counseling process.

If you have any concerns about this policy, please feel free to discuss it with me. By signing below you indicate you understand and agree to this policy.

\_\_\_\_\_  
**Partner Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Partner Signature**

\_\_\_\_\_  
**Date**