

**Covenant Family Solutions**  
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## **Limits to Confidentiality for Couples/Family Therapy**

This policy is intended to inform you, the participants in therapy, that when treating a couple or a family, the couple or family is considered to be the client. For instance, if there is a request for treatment records of the couple or family, authorization will be obtained from all members of the treatment unit before a release of confidential information to a third party occurs. Also, if treatment records are subpoenaed practitioner-patient privilege on behalf of the client (couple/family) will be asserted.

During therapy it may be requested that a smaller part of the treatment unit attend for one or more sessions and this should be seen by you the client as part of the work that is done with the couple/family to promote the best interest of treatment. Please note that these sessions are considered confidential in nature only to the extent that protected information will not be released to a third party unless required by law to do so until written authorization is obtained. In addition, as these sessions are considered part of the treatment of the couple/family, authorization of the other individuals in the treatment unit will be sought before releasing any information to a third party. These sessions may or may not be appropriate to bill through a third party insurance company. Discussion of this will be held when necessary regarding this matter as well as discussion of alternatives for payment in such circumstances.

However, it may be necessary to share information learned in an individual session (or a session with a portion of the treatment unit being present) with the entire treatment unit if the treatment unit is to effectively be served. Clinical judgment will be implemented as to what extent disclosures to the rest of the treatment unit are necessary. In addition, if appropriate, opportunity will be given to the individual or smaller part of the treatment unit to make the disclosure. Thus, if you feel it is necessary to talk about matters that you absolutely **do not** want to be shared with anyone, recommendations can be made for individual therapists who can assist you in processing those matters.

This “no secrets” policy is intended to allow the therapist 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. For instance, information learned in an individual session may be relevant and even essential to the proper treatment of the couple or family. If a therapist is not free to exercise clinical judgment regarding the need to bring this information to the family or the couple during their therapy, the therapist

may be placed in a situation where treatment will be terminated for the couple or family. This policy is intended to prevent the need for such a termination.

We, the members of the \_\_\_\_\_ (couple/family or other unit name) 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 content with our therapist and that we enter couple/family therapy in agreement with this policy.

\_\_\_\_\_  
Family Member #1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family Member #2 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family Member #3 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family Member #4 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family Member #5 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family Member #6 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date