

Sheryl A. Isaacs MS, LMFT
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“No Secrets” Policy for Family Therapy/Couple Therapy

When working with a family or couple, the family or couple is considered to be the Client. If there is a request for treatment records of the family/couple, ***I will seek the authorization of all members of the treatment unit before I release confidential information to third parties. If records are subpoenaed, I will assert the psychotherapist-client privilege on behalf of the Client, which in this case would be the family/couple.***

During the course of my work with a couple/ 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 are part of the work that I am doing with the family/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 or I have your written authorization of the treatment unit.***

However, I may need to share information learned in an individual session with part of the treatment unit with the entire treatment unit. (i.e., family/couple) I will utilize my best clinical judgment as to if/when/what extent disclosures will be made. The individual in the smaller treatment group would be given an opportunity to make the necessary disclosure. ***If you feel necessary to talk about matters that you absolutely do not want shared with anyone, you might want to see another therapist for individual therapy also.***

This policy allows me to continue to treat the Client (i.e., couple/ family unit) by helping prevent a conflict of interest. The focus is not on one individual in the treatment unit but on the treatment unit as a whole. Information learned in the course of an individual session may be relevant or essential to the proper treatment of the couple/family. If I am not free to exercise my clinical judgment regarding the need to bring this information to the family/couple during their therapy, I might be placed in a situation where I will have to terminate treatment of the couple/family. ***This policy is intended to prevent the need for such a termination.***

We, the members of the _____ (couple/family or other unit) being seen, acknowledge by our individual signatures below, that each of us has read this policy, we understand the policy, that we have had an opportunity to discuss its contents with ***Sheryl A. Isaacs MS, LMFT*** (the therapist), and that we enter couple/family therapy in agreement with this policy.

Date: _____ Signature _____

Date: _____ Signature _____

Date: _____ Signature _____

Date: _____ Signature _____

Dated: _____ Signature _____