

**INFORMED CONSENT DOCUMENT FOR INDIVIDUALS IN COUPLES COUNSELING**

This document deals with privacy issues specific to couples and supplements the following forms: Client Information Sheet Professional Disclosure. Please read this carefully and bring in any questions you might have to our next meeting. When you sign this document, it will represent an agreement between the two of you and Pripo Teplitsky LCMHC, HeartShare Counseling & Consulting PC.

First of all, I wish to reiterate to you that I'm committed to protecting your privacy. I realize that therapy can only take place in a setting in which everyone feels secure in the knowledge that his or her thoughts and feelings will remain protected and secure within the confines of the therapy office. To protect your privacy, I have put the following policies into effect regarding couples counseling.

Issues concerning personal privacy and professional confidentiality are somewhat more complicated when working with couples. In addition to the exceptions to confidentiality outlined for you in the documents listed at the top of the page, work with couples sometimes requires certain additional compromises in privacy.

For example, part of our couples work may require that I meet individually with you and at other times individually with your spouse or partner ("Individual break-out sessions"). While I typically desire full disclosure in a relationship, there may be times when your partner and I have agreed to keep certain information secret from you. There is a tendency to feel betrayed when you later learn that we kept that information from you. Unfortunately, that is part of the nature of working with couples. Thus, we will all be walking through a complicated maze of agreements and private communications.

Some therapists attempt to get around this complication by making blanket rules that I believe does not best serve the couples I work with. For example, some therapists have a "no secrets policy." These therapists say that everything and anything they hear in therapy will be shared with the other partner. First, I believe it is not the role of the therapist to relay information from one partner to the next. In addition, I believe this creates a barrier in therapy. It may promote one partner withholding information which, if known, may alter the direction I may choose to pursue with you.

Other therapists avoid this problem by requiring that all therapy sessions are attended in their entirety by both partners, thereby avoiding the possibility of one partner sharing information that the other partner is unaware of. In such situations, if one partner cannot make it to a session, the session would therefore be cancelled. I maintain a belief that by having all relevant information, disclosed and otherwise, the therapist is in a better position to help the couple experience rapid and lasting progress. Unfortunately, with that flexibility certain inevitable confidentiality complications arise. What are some of the complications that can arise from this policy? I might uncover or discover secrets about you or your partner that the other of you is unaware of. For example, I might learn that (a) your partner had an affair that is now ended; (b) is still having an affair and wants help ending it, or (c) is still having an affair and has no intention of ending it.

It is my policy to discontinue couples treatment if one partner is actively in an affair and is withholding this information. I understand this may result in the information not being shared, but I hold the belief that productive couples therapy will not occur while an active affair is being kept a secret.

In brief, my policy concerning private communication is that I reserve the right to withhold from you or your partner information that I learn from you or your partner during individual break-out sessions. My commitment to each of you is to assist you in having the kind of relationship you desire. In addition, I strive for couples to develop transparent, honest, and trusting relationships.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Name \_\_\_\_\_ Name \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_