

COUPLES & FAMILY THERAPY CONFIDENTIALITY FORM

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The statement below is a Confidentiality Contract which I require to be signed by all parties who request my services as a couples or family therapist. It is for the purpose of protecting information given to me or discussed during therapeutic sessions from being used outside the session in such circumstances as court cases, either through subpoenas or in any way requested by either party to use in subsequent adversarial or collateral situations.

Note: This is not a legally binding contract, but it emphasizes the importance of protecting the confidentiality of the therapy relationship, and it greatly reduces the likelihood that either member of the couple would then try to use the information from therapy as evidence against the other member of the couple.

Please initial that you have read each section.

_____/_____**SECTION 1.0: CONFIDENTIALITY CONTRACT FOR COUPLE & FAMILY THERAPY**

This contract is an agreement between the interested parties that neither party shall for any reason attempt to subpoena my testimony or my records to be presented in a deposition or court hearing of any kind for any reason, such as a divorce case.

Both parties acknowledge that the goal of couples & family psychotherapy is for the sole purpose of the amelioration of psychological distress and that the process of psychotherapy depends on trust and openness during the therapy sessions.

Therefore it is understood by both parties that if they request my services as a couples & family therapist, they are expected not to use information given to me during the therapy process against the other party in a judicial setting of any kind, be it civil, criminal, or circuit.

_____/_____**SECTION 2.0:NO SECRETS** (Adapted from the American Association of Marriage & Family Therapy)

This written policy is intended to inform you, the participants in therapy, that when I agree to treat a couple or a family, I consider that couple or family to be the patient. For instance, if there is a request for the treatment records of the couple or the family, I will seek the authorization of all members of the treatment unit before I release confidential information to third parties. Also,

if my records are subpoenaed, I will assert the psychotherapist-patient privilege on behalf of the patient (treatment unit).

During the course of my work with a couple or a 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 should be seen by each party as a part of the work that I am doing with the family or the 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 to do so or unless I have your written authorization. In fact, since those sessions can and should be considered a part of the treatment of the couple or family, I would also seek the authorization of the other individuals in the treatment unit before releasing confidential information to a third party.

However, I may need to share information learned in an individual session (or a session with only a portion of the treatment unit being present) with the entire treatment unit –that is, the family or the couple, if I am to effectively serve the unit being treated. I will use my best professional judgment as to whether, when, and to what extent I will make disclosures to the treatment unit, and will also, if appropriate, first give the individual or the smaller part of the treatment unit being seen the opportunity to make the disclosure.

Thus, if you feel it necessary to talk about matters that you absolutely want to be shared with no one, you might want to consult with an individual therapist who can treat you individually. This “no secrets” policy is intended to allow me 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 the course of an individual session may be relevant or even essential to the proper treatment of the couple or the family. If I am not free to exercise my professional judgment regarding the need to bring this information to the family or the couple during their therapy, I might be placed in a situation where I will have to terminate treatment of the couple or the family. This policy is intended to prevent the need for such a termination.

The signatures below reflect that parties have reviewed the policies described above and agree to the terms set forth above. If you have any questions as we progress with therapy, you can ask me at any time.

Party #1 Signature: _____ Date _____

Party #2 Signature: _____ Date _____

Therapist Signature: _____ Date _____

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