***Limitations of Confidentiality for Couples/Families***

holding hope counseling

This form is intended to notify couples/families about the limitations of confidentiality during the treatment process.

During the couple/family counseling process, the couple/family is considered the client “unit”. Unless required by law, if there is a request for the treatment records by a third party, authorization of **all** members (over the age of 18) will be sought before releasing confidential information. If one of the couple or family members requests a release of information about treatment, each person of the client “unit” (over the age of 18) must sign the release form.

During the course of treatment it may be important to work with different subsystems of the couple or family (e.g., an individual, a parent and child, a sibling group) for one or more sessions. These sessions are viewed as part of the couples/family counseling process. Any information learned during these types of subsystem sessions may be important for the treatment of the couple or family, and may need to be shared with other members of the client “unit” not present in the subsystem. The therapist will exercise clinical judgment as to whether, when, or to what extent this information is shared. When possible, the individual or the subsystem of the client unit being seen will be given the opportunity to make this disclosure. If it is necessary to talk about matters that absolutely must not be shared with others in the couple/family, a recommendation will be made for individual counseling.

*“We have read and we understand that the statements above are an explanation of confidentiality during couples/family counseling. Our signature indicates that we give free and full informed consent for the counselor to discuss client concerns/issues in either couple/family or individual sessions.”*

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Signature of **Client Date** Signature of **Client** Date

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Signature of **Client** Date Signature of **Client** Date

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Signature of **Guardian**  Date Signature of **Witness** Date

(for minors)