

Jacquelyn M. Harlan, LMFT  
License #: 89995  
9550 Warner Ave., Ste. 250-08  
Fountain Valley, CA 92708  
(714) 593-2336

**Limitation on Confidentiality in Couple or Family Therapy**

When working with a couple or a family, I consider that couple/family (the treatment unit) to be the patient. If there is a request for the treatment records of the couple/family, I will seek consent from all members of the treatment unit before I release confidential information to third parties. In addition, if my records are subpoenaed, I will assert the psychotherapist-patient privilege on behalf of the patient (the treatment unit).

During the course couple/family therapy, 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 a 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, 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 consent. Since these sessions are considered a part of the family/couple therapy, 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) with the entire treatment unit if I am to effectively serve the unit being treated. I will use my best 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. If you feel it is necessary to talk about matters that you absolutely want to be shared with no one, you might want to find an individual therapist who can treat you individually.

This “no secrets” policy is intended to allow me to continue to treat the patient (the couple/family unit) 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 couple/family. For instance, information learned in the course of an individual session may be relevant or even 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; 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, that we understand it, that we have had an opportunity to discuss its contents with Jacquelyn Harlan, LMFT, and that we enter couple/family therapy in agreement with this policy.

Dated: \_\_\_\_\_ Signature \_\_\_\_\_

Dated: \_\_\_\_\_ Signature \_\_\_\_\_

Dated: \_\_\_\_\_ Signature \_\_\_\_\_

Dated: \_\_\_\_\_ Signature \_\_\_\_\_