

*Limitation on Confidentiality in Couple or Family Therapy*

This written policy is intended to inform you, the participants in couple therapy, that when I agree to work with a couple, I consider that couple (the treatment unit) to be the patient. The undersigned agree as follows:

- Tina Dahlenburg, has agreed to provide services to {your names} only upon the condition that neither Tina Dahlenburg's testimony nor records will be available for any adversary proceedings involving the undersigned.
- That the above condition is necessary for effective therapy.
- That each of the undersigned has agreed to enter into psychotherapy only upon the condition that neither the therapist's testimony nor records will be available for adversary proceedings involving the undersigned.
- That none of the undersigned, either directly or indirectly, will seek, by any means including a subpoena or Court Order, the disclosure of any communications or information received by the psychotherapist from either or all of the undersigned in the course of services provided by the therapist.
- That this agreement is perpetual, is binding upon the undersigned and/or any of the undersigned.
- That any waiver of the terms of this agreement must be executed by all of the undersigned and the psychotherapist.
- If my records are subpoenaed, I will assert the psychotherapist-patient privilege on behalf of the patient (the treatment unit). During the course of my work with a couple, I may see a smaller part of the treatment unit for one or more sessions.
- 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 the opportunity to make the disclosure.
- If I am not free to exercise my clinical judgment regarding the need to bring this information to the 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 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 Tina Dahlenburg (the therapist), and that we enter couple therapy in agreement with this policy.

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

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