

**Limitation of Confidentiality ~ Couples or Families in 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 (the treatment unit) to be the client. 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 client (treatment unit).

Additionally, it is important that you know that I utilize a "no-secrets" policy when conducting family or marital/couples therapy. This means that if you participate in individual, and/or marital/couples therapy, I request that information obtained in an individual session be part of the marital/couples therapy as well. 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.

**Privilege, Legalities, and Fees**

Psychological practice uses the word *privilege* to describe the legal right of keeping your clinical records confidential. I am required to hold the privilege for you even after therapy has been terminated. I will not release any information – even that you are/were a client to others without a signed *Release of Information* form.

You should also understand that if the issue of your psychological treatment is raised during the course of a lawsuit, I may be forced by the court to reveal the details of your treatment. In such a case, if I receive a subpoena from an attorney to provide copies of your clinical records, I **must** claim privilege for you and you

- may **waive** privilege and allow me to provide the subpoenaed information; or
- may **invoke** privilege and refuse to allow the release of information. In this case, the trial judge will determine whether I must release information—and the judge can issue a *court order*, which I must obey, despite your protests.

If an attorney asks me to provide copies of your clinical records on your behalf, I will be forced to seek my own counsel. If this occurs, you agree to pay additional fees at double my hourly rate (\$90) that apply to my preparation of clinical notes, court appearance and travel time to/from court. Additionally, you agree to pay all incurred costs for legal proceedings that involve me.

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 Celeste Labadie, MA, MFT, and that we enter couple/family therapy in agreement with this policy.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_