



# NorthPoint

**PROFESSIONAL COUNSELING**

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## **No Secrets Policy- Couples/Partners/Families**

If you are seeking couple, partnership or family therapy, each member of the treatment unit needs to read and sign this agreement.

This written policy is to inform you, the participants in therapy, that when I agree to treat a couple, partnership and/or family, I consider that the couple, family, partner or family to be known as the “treatment unit” and not the individuals. As a result, 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 counselor/therapist-patient privilege on behalf of the client, the treatment unit.

During the course of my work with the treatment unit, I may see or speak separately with a smaller part of the treatment unit (e.g. an individual or siblings). These discussions should be seen by you as a part of the work that I am doing with the treatment unit, unless otherwise indicated. If you are involved in one or more discussions with me, please understand that generally these discussions 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 discussions can and should be considered a part of the treatment of the treatment unit, I would also seek the authorization of the individuals in the treatment unit before releasing confidential information to a third party.

I believe that the integrity of the therapeutic process with couples, partnerships and families depends on open and honest communications. Thus, I may need to share information learned in an individual discussion (or a discussion with only a portion of the treatment unit being present) with the entire treatment unit-that is, the couple, partnership or the family, 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.

Thus, if you feel it necessary to talk about matters that you absolutely want to be shared with no one (decision not to disclose) you may want to consult with me regarding this first. In other words, a decision not to disclose needs to be thoroughly evaluated, your motivation assessed, and likely outcomes considered. This "no secrets" policy is intended to allow me to continue to treat the couple, partnership 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.

In other words, I will encourage the person holding the secret to share the secret in a future (forthcoming) session and will support the client in doing so. I also reserve the right to share or disclose information revealed by one partner or family member in an individual session to the other partner or family members as I deem appropriate or necessary to support the treatment unit's overall treatment progress and goals.

For instance, information learned in the course of an individual discussion may be relevant or even essential to the proper treatment of the couple, partnership or the family. If I am not free to exercise my clinical (professional) judgment regarding the need to bring this information to the treatment unit during their therapy, I might be placed in a situation where I will have to terminate treatment of the treatment unit. This policy is intended to prevent the need of such termination.

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Client name (please print) / Signature

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Date

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Client name (please print) / Signature

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Date

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Client name (please print) / Signature

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Date

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Client name (please print) / Signature

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Date

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Client name (please print) / Signature

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Date

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Parent /Guardian Signature for child /children

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Date