



MINDFUL LIVING GROUP

Informed Consent & “No Secrets” Policy for Family and Couples Therapy

This written policy is intended to inform you, the participants in family and/or couples therapy, that when a therapist agrees to work with a couple or a family, we consider that couple or family (the treatment unit) to be the patient (also known as client). For example, if there is a request for the treatment records of the couple or the family, we will seek the authorization of all members of the treatment unit before releasing confidential information to third parties. Also, if records are subpoenaed, We will assert the psychotherapist-patient privilege on behalf of the treatment unit.

During the course of Mindful Living Group's psychotherapy evaluation and treatment with a couple, and/or a family, we may see a smaller part of the treatment unit for some sessions. These sessions should be seen by you as part of the work that we do with the family or couple, unless otherwise indicated. If you are involved in one or more of such sessions with your provider, please understand that generally these sessions are confidential in the sense that we will not release any confidential information to a third party unless required by law to do so, or unless we have your written authorization. These sessions are considered a part of the family or couple therapy, and would include the consent of the other individuals in the treatment unit.

At times, we may need to share information learned in an individual session (or a session with only a portion of the treatment unit being present) with the entire treatment unit if the provider is unable to effectively serve the unit being treated. The provider will use their clinical judgment as to whether, when, and to what extent those disclosures to the treatment unit are made. If appropriate, the provider may first give the individual or smaller part of the treatment unit being seen the opportunity to make the disclosure. Therefore, if you feel it necessary to talk about matters that you absolutely do not want to be shared with anyone, you might want to consult with an individual therapist who can treat you individually.

This “no secrets” policy is intended to allow your provider to continue to treat the treatment unit by preventing, to the extent possible, a conflict of interest to arise where an individual's interest may not be consistent with the interests of the unit being treated. For instance, information learned in the course of an individual session may be relevant or even essential to the proper treatment of the treatment unit. If your provider does not feel free to exercise their clinical judgement regarding the need to bring this information to the treatment unit during therapy, your provider may need to terminate treatment. This policy is intended to prevent the need for such a termination.

We, the members of the treatment unit being seen, acknowledge by our individual signatures below, that each of us has read this policy, that we understand it, that we have or will have an opportunity to discuss its contents with our provider and that we enter therapy in agreement with this policy.

Name (print): _____ Signature: _____ Date _____

Name (print): _____ Signature: _____ Date _____