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“NO SECRETS” POLICY FOR COUPLE THERAPY

This written No Secrets Policy (herein “Policy”) is intended to inform you, the participant in couple therapy, that when I agree to work with a couple, I consider that couple (the treatment unit) to be the client. For instance, if there is a request for the treatment records of the couple, 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 (the treatment unit).

During the course of my work with a couple, I may see a smaller part of the treatment unit (e.g., an individual partner) for one or more sessions. These sessions should be seen by you as a part of the work that I am doing with the couple, unless otherwise indicated. If you are involved in one or more of such sessions with me, please 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 authorization. In fact, since these sessions can and should be considered a part of the couple’s 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 being present) with the entire treatment unit — that is, the couple, 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, you might want to consult with an individual therapist who can treat you individually.

This “no secrets” policy is intended to allow me to continue to treat the client (the couple) 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. For instance, information learned in the course of an individual session may be relevant or even essential to the proper treatment of the couple. 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 of the couple. This policy is intended to prevent the need for such a termination.

I, a member of the couple being seen, acknowledge by my individual signature below, that I have read this policy, that I understand it, that I have had an opportunity to discuss its contents with the therapist Adriane Nada, MS, LMFT, LPCC and that I enter couple therapy in agreement with this policy.

Client Name (please print)

Signature of Client (or authorized representative)

Date