

Laurel A. Fay, M.S., LCMFT

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Licensed Clinical Marriage and Family Therapist

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Couples Confidentiality Agreement

When I work with couples, the treatment unit is the couple itself. During the course of couples therapy, I will usually see both members of a couple together for the majority if not all of the sessions.

However, there may be times it becomes necessary for me to see each an individual member of a couple one-on-one. These individual sessions are part of the couples work, and will be used to augment and enhance the work we are doing in the joint sessions.

Your signature below indicates that you agree that anything you share in an individual session may be talked about in subsequent therapy sessions where your partner is present. This does not mean that I will necessarily bring up every issue you have talked to me about in the individual session(s). It means that you have given me permission to share if I believe that doing so is important and relevant to our work in couples therapy.

This agreement also applies to phone calls, voice mail messages, and e-mail messages. If you contact me between sessions, I will expect you to let your partner know that you have done so. Contents of phone calls, voice mail messages, and e-mail exchanges may be shared. By signing this agreement, you are giving me permission to discuss any information shared with me privately with the other person regularly attending therapy with you.

Name

Signature

Date

Name

Signature

Date

