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**“No Secrets” Policy**

This written policy is intended to inform you, the participants in couple/family therapy, that by agreeing to work with a couple or family, the couple or family are the treatment unit and therefore the patient. For instance, if there is a request for the treatment records of this unit 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 patient (treatment unit).

Over the course of treatment with couples or families I may see a one or two of the individuals separately from the unit for one or more sessions. These sessions are part of the work with the entire family or couple, unless otherwise discussed. 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 each participant’s written permission.

There are, however, times when I may need to share information learned in an individual session (or a portion of the treatment unit), with the entire couple or family, to best serve all the clients being treated. I will use my best judgment as to whether, when and to what extent I will make disclosures to the clients and will also, if appropriate, first give the individual or the smaller treatment unit the opportunity to make the disclosure themselves. Thus, if you feel it necessary to talk about matters that you absolutely do not want to share with anyone, you would be advised to meet with an individual therapist for this support.

This “no secrets” policy is intended to allow me to continue to treat the patient (couple or family unit), 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 or family. If I am not free to exercise my clinical judgement regarding the need to bring this information to the ‘client”, I might be placed in a situation where I will have to terminate treatment. This policy is intended to prevent the need for such termination.

We the members of the (couple/family or other treatment participants) 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 Laara Israhel, LMFT, and that we enter (couple/family/other) therapy in agreement with this policy.

Date: Signature:

Date: Signature:

Please note: *While I have taken training through multiple institutes, I want you to know that I am completely independent in providing you with clinical services and I alone am fully responsible for those services.*