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Confidentiality Policy for Family Therapy and Couple Therapy

This written policy is intended to inform you, the participants in family therapy or couple therapy, that when I agree to work with a couple or a family, I consider that couple or family (family group) to be the patient. For instance, if there is a request for the treatment records of the couple or the family, I will seek the authorization of all members of the family group 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 (the family group). All individuals, adult or child, who are seen as part of the treatment will be considered part of the "family group" regardless of whether they are actually related, or whether they are asked to sign this agreement.

During the course of my work with a couple or a family, I may see a smaller part of the family group (e.g., an individual or two siblings) for one or more sessions. These sessions should be seen as a part of the work that I am doing with the family or 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 are considered a part of the family or couple therapy, I would also seek the authorization of the other individuals in the family group before releasing confidential information to a third party.

I may need to share information learned in an individual session (or a session with only a portion of the family group being present) with the entire family group — that is, the family or the couple, in order to best serve the family being treated. I will use my best judgment as to whether, when, and to what extent I will make disclosures to the family group, and will also, if appropriate, first give the individual or the smaller part of the family group being seen the opportunity to make the disclosure. 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. I will when meeting with adolescents individually as part of family treatment, usually agree to keep some information confidential from parents, provided however that the information provided does not put the adolescent or others at risk.

This policy is intended to allow me to continue to treat the family group 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 family 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 the family. If I am not free to exercise my judgment as a therapist regarding the need to bring this information to the family or the couple during their therapy, I might be placed in a situation where I would have to terminate treatment of the couple or the family. This policy is intended to prevent the need for such a termination, and to allow me to serve the family most effectively.

We, the members of the members of the couple/family or other group 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 Russell Hendlin, LMFT and that we enter couple/family therapy in agreement with this policy.

Client/family member name	Signature	date