



Privacy Statement for Couples & Families

SPECIAL CONSIDERATIONS FOR COUPLES AND FAMILY COUNSELING CLIENTS

When Crossroads Counseling agrees to treat a couple or a family, Crossroads Counseling considers that couple or family (the treatment unit) to be the patient. If there is a request for the treatment records of the couple or the family, Crossroads Counseling will seek the authorization of all members of the treatment unit before Crossroads Counseling releases information to their parties.

Crossroads Counseling may see a smaller part of the treatment unit for one or more sessions. These sessions should be seen by you as a part of the work that Crossroads Counseling is doing with the family or the couple, unless otherwise indicated. If you are involved in one or more of such sessions, understand that generally these sessions are confidential in the sense that Crossroads Counseling will not release any information to a third party unless required by law to do so or unless Crossroads Counseling has your written authorization. In fact, since those sessions can and should be considered a part of the treatment of the couple or family, Crossroads Counseling would also seek the authorization of the other individuals in the treatment unit before releasing confidential information to a third party.

However, Crossroads Counseling may need to share information learned in an individual session with the entire treatment unit if Crossroads Counseling is to effectively serve the unit being treated. Crossroads Counseling will use the best judgment as to whether, when and to what extent we 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 would like kept completely confidential, you might want to consult with an individual counselor who can treat you individually.

This "no secrets" policy is intended to allow Crossroads Counseling to continue to treat the couple or family 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 the family. If Crossroads Counseling is not free to exercise clinical judgment regarding the need to bring this information to the family or the couple during their counseling, Crossroads Counseling might be placed in a situation where we will have to terminate treatment of the couple or the family. This policy is intended to prevent the need for such a termination.

We, the members of the _____ being seen, acknowledge by our
(couple/family or other unit)
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 _____, and that we
(counselor)
enter couple/family counseling in agreement with this policy.

Signature _____

Date _____

Printed Name _____

Signature _____

Date _____

Printed Name _____

Signature _____

Date _____

Printed Name _____

Signature _____

Date _____

Printed Name _____

Use additional date and signature lines as is necessary. If someone is signing in a representative capacity, such as a parent or a court-appointed guardian or conservator, such capacity should be stated and the person being represented should be specified.

