

WHOLENESS TO FREEDOM MINISTRIES, INC.

James L. Begley Jr. M-Div, BCPC

SECTION C: CONFIDENTIALITY POLICY

Limitation on Confidentiality when Providing Therapy to Couples or Families

This written policy is intended to inform you, the participants in therapy, that when working directly with couples and/or families, that the couple or family is considered to be the treatment unit or the client. During the course of our work together smaller parts of the treatment unit (e.g. an individual, two siblings, the couple) many attend sessions apart from the whole unit. Although separate, these sessions are to be seen as a part of the work that is being done with the whole treatment unit unless otherwise indicated. Generally these sessions are confidential and follow the above guidelines (1-4) as stated above meaning that no confidential information to a third party will be released unless required by law to do so and/or without your written authorization, as well as each member of the treatment unit. However certain limitations apply to this policy when considering working with the smaller parts of the treatment unit to most effectively serve the treatment unit as a whole. There is a “no secrets” policy due to the fact that secrets tend to divide rather than unit families and interferers with treatment goals; therefore you are agreeing to the free exercise of the therapist clinical judgment regarding the need to disclose information to the treatment unit with the following guidelines.

- All information within sessions, apart from the treatment unit, remain confidential unless the information learned in the course of an individual session is relevant or even essential to the proper treatment of the treatment unit.
- The therapist will use his/her best judgment as to whether, when, and to what extent disclosures will be made to the treatment unit.
- The therapist will encourage and provide the opportunity for the individual or the smaller part of the whole to make such disclosures with the proper support to do so.
- Individuals within the treatment unit that find it necessary to talk about matters they absolutely want to remain confidential and shared with no one agree to consult with an individual therapist separate from the treatment unit therapist.

We, the undersigned members of the _____ (couple unit), acknowledge we have read, discussed together and fully understand this stated policy and agree to honor this policy.

Signature _____

Date _____

Signature _____

Date _____

Counselor _____

Date _____