

Karoll Counseling, LLC
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Confidentiality Agreement for Couples/Family Therapy

When I work with couples or families, the identified “patient” or treatment unit is the couple/family. During the course of therapy, I generally prefer that the members of the couple/family are seen together for sessions, because my professional opinion is that healthy relationships are built on openness and truth.

Sometimes it may be necessary to see each of you in one or more one-on-one sessions. If individual, one-on-one sessions are indicated, such sessions are to be viewed as a part of the couple/family therapy. Toward this end, you agree that anything you share in an individual session may be talked about in subsequent therapy sessions where your partner/family member is present. This does not mean that I will necessarily bring up every issue you have talked to me about privately. It simply means that you have given me permission to do so, if I believe that it is important to the health of your relationship.

My policy of not keeping secrets is designed to help everyone feel safer in therapy. It also allows me to be completely honest, without having to worry about who told me what, when. If you have any questions about whether a topic is one that needs to be brought up in the joint session, please ask me before sharing any actual details of your particular situation. If you have reservations about raising a topic, I am happy to refer you to another therapist in order to give the matter proper attention.

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/family member 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.

Patient Signature _____
Date

Patient Signature _____
Date

Patient Signature _____
Date

Patient Signature _____
Date