**Confidentiality Policy for Couple Therapy**

This document outlines our confidentiality policy for couples seeking therapy with Chris Cambas, LMFT, Certified Gottman Therapist. Please read and understand the following guidelines before entering into therapy:

**Our Approach to Confidentiality**

When you engage in couple therapy with us, it's important to recognize that we view the couple as the primary client. This perspective forms the basis of our "No Secrets" policy.

**Individual Sessions**

Throughout the course of therapy, there may be instances where one or both individuals within the couple participate in individual sessions. These individual sessions are considered an integral part of the overall therapy process, unless stated otherwise.

**Confidentiality of Individual Sessions**

Individual sessions are treated with the utmost confidentiality. We will not disclose any confidential information to third parties unless required by law or with your written authorization. If an individual within the couple requests the release of confidential information to a third party, we will seek authorization from the other individual involved.

In the event of a subpoena for our records, we will assert therapist-patient privilege on behalf of the couple. However, please be aware that, to be effective in treating the couple, there may be instances where information learned during an individual session needs to be shared with the couple as part of the therapy process.

**Sharing Information with the Couple**

We will exercise professional judgment in determining when and to what extent information from individual sessions should be shared with the couple. In cases where disclosure is deemed necessary, we may also provide the individual involved an opportunity to share the information themselves.

**Maintaining a Conflict-Free Environment**

Our "No Secrets" policy is designed to minimize conflicts of interest where individual and couple interests may diverge. Information obtained during individual sessions may be essential for the couple's treatment. By adhering to this policy, we aim to prevent circumstances that might lead to the termination of therapy.

**Acknowledgment and Agreement**

By signing below, both members of the couple confirm that they have read, understood, and discussed this policy with Chris Cambas, LMFT, Certified Gottman Therapist. You enter couple therapy in full agreement with the "No Secrets" policy outlined herein.

Date:\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_