Dr. William Winogron
"No Secrets" Policy
For Couples Therapy

Policy

This written policy is intended to inform you, the participants in couple therapy, that when I agree to work with a couple, **I consider that couple to be the client**.

- If there is a request for the treatment records of the couple, I will seek the authorization of both members of the treatment unit before I release confidential information to third parties.
- During couples counselling, I may see one or both people individually. These individual sessions should be seen by you as a part of the work that I am doing with the couple. 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 written authorization from both individuals.
- However, I may need to share information learned in an individual session with the entire treatment unit — that is*, the couple*, if I am to effectively serve the unit being treated.
- I will use my best judgment as to whether, when, and to what extent I will make disclosures to the treatment unit, and will also, if appropriate, first give the individual the opportunity to make the disclosure. So, 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.
- This "no secrets" policy enables me to continue to treat the client (the couple) by preventing, to the extent possible, a conflict of interest from arising where one person's interests may not be consistent with the interests of the unit being treated.

Agreement

We, the members of the couple 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 Dr. William Winogron and that we enter into couples counseling in agreement with this policy.

_____   _____   _____
Client Name - Print   Sign   Date (D/M/YR)

_____   _____   _____
Client Name - Print   Sign   Date (D/M/YR)