

LightSource Counseling Inc.

Lisa Ferguson

LCAC CSAT CADAC II CCPS, EMDR (EMDRIA) Certified Therapist

Licensed Clinical Addictions Counselor

Certified Sex Addiction Therapist

Certified Clinical Partner Specialist

3700 West Riverside Ave.

Muncie, Indiana 47304

“No Secrets” Policy for Couples or Families

This written policy is intended to inform you, the participants in therapy, that in the VERY RARE case where I agree to treat a couple or a family, I consider that couple or family (the treatment unit) to be the patient. **If this is the case, you must sign an agreement affirming that you are a part of a treatment unit, as opposed to an individual in treatment.** In those cases, if there is a request for the treatment records of the couple or the family treatment unit, I will seek the authorization of all members of the treatment unit before I release confidential information to third parties. Also, if my records are subpoenaed, I will assert the psychotherapist-patient privilege on behalf of the patient or treatment unit.

During the course of any work with a couple or a family treatment unit, I may see or speak separately with a smaller part of the treatment unit (individual, for example). These discussions should be seen by you as a part of the work that I am doing with the family or the couple, unless otherwise indicated. If you are involved in one or more of such discussions with me, please understand that generally these discussions 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 your written authorization. In fact, since those discussions can and should be considered a part of the treatment of the couple or family, I would also seek the authorizations of the other individuals in the treatment unit before releasing confidential information to a third party.

However, I may need to share information learned in an individual discussion with the entire treatment unit-that is, the family or 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 or the smaller part of the treatment unit being seen the opportunity to make the disclosure. **Thus, if you feel it necessary to talk with an individual therapist about matters that you absolutely want to be shared with no one, you may want to consult with an individual therapist who can treat you individually.**

The therapist must have the freedom to exercise clinical/ethical judgement regarding the timing of information that is to be disclosed to spouse or family members, whether you are an individual client or part of a current therapy unit. In the case of sex or love addiction, a formal therapeutic disclosure is usually scheduled within three to six months of intake.

Therefore, the therapist may, for example, know things about the addict's history that, for a time, may need to remain unknown to the spouse. I ask that you trust my therapeutic judgment on this matter, and I am willing to work with you to try to respectfully meet both the needs of the individual and the coupleship in a reasonable manner that reflects best practice. Of course, as always, any information that you disclose to me that reveals that someone else may be at risk in any way, will be handled per the LightSource Counseling Client Therapist Agreement.

This "no secrets" policy is intended to allow me 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 discussion may not be relevant or even essential to the proper treatment of the couple or the family. If I am not free to exercise my clinical judgment regarding the need to bring this information to the family or the couple during their therapy, I might be placed in a situation where I will have to terminate treatment of the couple or family. This policy is intended to prevent the need for such a termination.

I _____ acknowledge by my signature below that I have read and do understand this policy. I further affirm that I have had an opportunity to discuss its contents with Lisa Ferguson, and that I enter therapy in agreement with this policy.

Client signature: _____ Date: _____