

Jennifer Ritchie-Goodline, Psy.D.

Licensed Clinical Psychologist



6065 South Quebec Street, Suite 202 | Centennial, CO 80111 | Phone 720.299.8342 | Fax 303-779-0327 | [Email](#)

Confidentiality Policy for Couples Therapy

This document contains important information about my confidentiality policy when working with couples in treatment. It is important to be aware that when I am treating a couple in therapy, I consider the couple as a whole to be my client. As such, confidentiality is to both members of the couple together, not to any one member individually. During the course of treatment, I may see members of a couple individually for therapy sessions. These sessions should be seen by you as part of the couples treatment we are doing, unless otherwise indicated. If you participate in one of these sessions with me, please understand that these sessions are confidential in the general sense. However, these sessions are not confidential from the other member of the couple. I will not “keep secrets” or withhold information from the other member of the couple. Withholding important information learned during an individual session may actually serve to negatively impact both our therapeutic relationship and your relationship as a couple and undermine couples treatment. In fact, it may be essential to address information and issues disclosed in an individual session with the other member of the couple in order for treatment to be effective. I will use my clinical judgment as to how, when, and to what extent such disclosures to the other member of the couple will be made, and, if appropriate, first give the individual the opportunity to make the disclosure. Therefore, if you find it necessary to disclose information that you do not want to be shared with your partner, you may want to consult with another therapist who will treat you individually (I can provide a referral to an individual therapist for you if needed).

Please note, this policy also applies to information shared between sessions via telephone and/or e-mail.

I have read and understand the above information and I enter couples therapy in full agreement with this policy.

Client Signature

Date

Client Signature

Date