Couples Therapy Agreement and No-Secrets Policy

To be reviewed and signed in the office before couples therapy begins

Purpose

Couples therapy differs from individual therapy because both partners are clients and the relationship is the focus of treatment. This agreement explains communication, privacy, individual contacts, records, and the no-secrets policy.

The Clients and Focus of Treatment

Both partners are clients in couples therapy. The primary focus is the relationship and the goals established together, rather than individual treatment for either partner.

I will work to understand each partner's experience without taking sides. Equal care does not always mean equal agreement, and I may challenge patterns or choices that interfere with safety, honesty, or progress.

No-Secrets Policy

Couples therapy cannot proceed effectively when I am expected to hold material information in secret from one partner. Information shared with me individually may affect the couples treatment and cannot be promised permanent confidentiality from the other partner.

If one partner discloses information that materially affects the relationship or the goals of therapy, I will encourage and assist that partner in disclosing it directly. We will discuss how and when disclosure can occur in a clinically responsible way.

I will not routinely reveal private information immediately or without discussion. However, I will not participate in maintaining a significant secret that undermines the couples treatment. If the information is not disclosed within an agreed period, I may pause or end couples therapy and provide referrals.

This policy does not require disclosure when doing so would create a substantial safety risk. Safety concerns will be assessed separately, and couples therapy may be postponed or discontinued when it is not clinically appropriate.

Individual Meetings and Communications

I may meet with one partner individually as part of the assessment or couples treatment. An individual meeting within couples therapy is not a separate individual-therapy relationship.

Phone calls and emails from either partner are considered part of the couples treatment. They should not be used to recruit me to one side, present a secret case against the other partner, or conduct therapy outside scheduled sessions.

Text messaging is not accepted because of confidentiality concerns. Email should be limited to scheduling and brief administrative communication whenever possible.

Safety and Suitability for Couples Therapy

Couples therapy may not be appropriate when there is ongoing violence, threats, coercive control, stalking, serious fear, active substance misuse that prevents safe participation, or another condition that makes open discussion unsafe.

Each partner agrees to tell me about safety concerns privately before or during treatment. I may recommend individual services, specialized intervention, safety planning, or another level of care before couples work continues.

Records, Access, and Legal Proceedings

Couples-therapy records concern both partners. Requests for access, release, amendment, or disclosure may involve the rights and confidentiality interests of both clients and will be handled according to applicable law and professional obligations.

I do not provide custody evaluations, court-ordered assessments, forensic opinions, or expert testimony. Both partners agree not to subpoena me or my records for disputes involving separation,

divorce, custody, or other legal proceedings. This agreement does not prevent compliance with a valid court order or other legal requirement.

Separation, Divorce, or Change in Treatment

If the relationship status changes, we will discuss whether the goals of therapy should change, whether discernment or separation-focused work is appropriate, or whether couples therapy should end.

I do not automatically become the individual therapist for either partner when couples therapy ends. A referral may be recommended to protect clarity, fairness, and therapeutic boundaries.

Agreement

By signing below, each partner confirms that the policy has been reviewed, questions have been answered, and both understand that significant information disclosed individually may need to be addressed in the couples therapy. Both partners agree to participate honestly and to raise safety concerns promptly.

☐ ☐ We understand and agree to the No-Secrets Policy.

☐ ☐ We understand that individual contacts are part of the couples treatment.

☐ ☐ We understand the limits regarding records, legal proceedings, and testimony.

Partner 1 name (print)	Partner 1 signature	Date
Partner 2 name (print)	Partner 2 signature	Date
Therapist signature		Date