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No Secrets Policy

As your therapist, I will not hold the secrets of an individual member of the couple that are revealed outside of the presence of your spouse/partner. I may, in my discretion, choose to disclose information that has been revealed by you outside of the presence of your spouse/partner if I believe it is clinically appropriate.

Please sign below indicating you are aware of this policy.

Signature#1/date

Signature#2/date

Printed Name

Printed Name