

Family & Couples Therapy Policies for Private Pay Clients Resilient Families, PLLC

This written policy is intended to inform you, the participants in family therapy or couple therapy, about special considerations related to confidentiality, medical records, and insurance billing when engaged as part of a family group in therapy. I consider that couple or family (the treatment unit) to be the patient and the policies below provides details about treating the family unit.

Confidentiality & Medical Records

While one of you is designated as the main client for purposes of the medical record, I do not see one of you as the source of problems. One medical record is kept where I keep all session notes (whether individual, couple, or family sessions), emails, and payment records. If there is a request for the treatment records of the couple or the family, 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 (the treatment unit). Further, if any member of the treatment unit requests to inspect or obtain a copy of the medical record consent will be sought from all members of the treatment unit.

Confidentiality & “No Secrets Policy”

During the course of my work with a couple or a family, I may see a smaller part of the treatment unit for one or more sessions. These sessions should be seen by you as a part of the work that I am doing with the family or the couple, unless otherwise indicated. I may also speak to one member of the family/couple on the phone or receive an email or voice mail from one member. Please understand that all of these communications in and out of session are confidential, as in nothing can be released to a third party outside of the treatment unit unless I am required by law or have a release from all members. However, I may need to share information learned in an individual communication (session or other communication with only one member of the family unit) with the entire treatment unit — that is, the family or 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 or the smaller part of the treatment unit being seen the opportunity to make the disclosure. Thus, 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 is intended to allow me to continue to treat the patient (the couple or family unit) 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 communication may 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 the family. This policy is intended to prevent the need for such a termination.

Please see full HIPPA and practice policies for additional information about privacy and limits to confidentiality.

Insurance & Billing

All clients seeking couples or family therapy should be aware that insurance companies do not pay for therapy sessions to treat couple or relational problems or dissatisfaction. They do, however, allow for family therapy that is billed under the name of one member of the treatment unit. That member must have a mental health diagnosis. When electing private pay billing one member of the treatment unit will still be the named party on the medical record and codes referencing problems in a relationship with a spouse or intimate partner may be used in the place of a diagnosis. Family and couples therapy sessions treat the interactions between family members, including that of the identified patient and other members of the family, that exacerbate that identified patients illness, block treatment progress, and often inadvertently maintain the illness by reinforcing it through repeated relational patterns.

In order to achieve relational health that leads to improved emotional health of all individuals in the family unit, including that of the identified patient, I will maintain a balanced supportive relationship with all members of the treatment unit. Therefore, every member of

the treatment unit must be able to attend all sessions. The only exception is when all members of the treatment unit and myself agree in advance with specific goals in mind. Therefore, if one member does not show up for a session the late cancel fee policy will apply.

Additionally, by signing this document all members of the family unit agree that they have chosen to pay for their therapy privately due to an understanding that their case does not meet standards for medical necessity. Therefore, responsibility for payment is accepted per the financial agreement and the Good Faith Estimate form provided.

By signing below each of us that are a part of this family unit consent to treatment as described here. Further, we acknowledge by our individual signatures below, that each of us has read this policy and full practice policy documents, that we understand it, that we have had an opportunity to discuss its contents with Angela S. McLean, LMFT, and that we enter family therapy in agreement with this policy.