

Kim Gilliland, LMFT
Licensed Marriage and Family Therapist
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Disclosure Statement for Couples

You are seeking counseling to improve your relationship. I will use my professional skills and best efforts to assist you. It is our mutual hope that our work together will be successful. However, there are times that, despite the best efforts and good will of the therapist and clients, the relationship ends and the couples seeks to legally dissolve their marriage or domestic partnership. Because people in a counseling relationship, in order to do their best work, must be able to trust that disclosures made in the course of counseling will be kept confidential, it is very important that we agree that this will occur.

Therefore, in signing this Disclosure Statement, both of you agree that you will neither call me as a witness nor seek to have records of our work together disclosed in any legal proceeding between you. You also agree that I will be authorized to speak to anyone in connection with a legal proceeding between you only if you both sign an authorization permitting me to do so.

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____

No Secrets Policy

Please be aware that if you privately share with me a secret that you are keeping from your partner, such as an active affair or an addiction, we will only be able to continue couples work if you decide to address the issue (end the affair, get treatment, etc), and you share the information with your partner. I will not share your secret with your partner, but I can help you do so. If you are unwilling to disclose the secret to your partner, we will need to discontinue our work together and it will be up to you to explain the reason for ending therapy to your partner.

I acknowledge this message:

Client signature: _____ Date: _____

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____