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### **No Secrets Policy**

When I work with couples or multiple partners, I consider the relationship(s) my client. This means that my allegiance is to the couple or relationship “unit,” and not to individual partners. I find this very important in creating a space where partners can feel safe. Therefore, I have a “No Secrets” policy. This means that I will not hold secrets from partners. This policy is intended to allow me to continue to provide psychotherapy to the 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 in therapy.

Sometimes I will see each partner for one or more individual therapy sessions. In this case, the individual sessions are still considered part of the unit’s therapy. Some information disclosed during individual sessions may be relevant to the work with the unit. If an individual chooses to share such information with me, I will offer this individual the opportunity to disclose the relevant information to the partner(s). I will provide guidance in this process. If the individual does not wish to disclose this information within the unit’s session, I may determine that it is necessary to discontinue the therapy relationship with the unit. If there is information that an individual would like to address within a context of individual confidentiality, I will be happy to provide referrals to therapists who can provide concurrent individual therapy. This policy is intended to maintain the integrity of the couple’s or multiple partner therapy relationship.

**Contact:** When there is contact via email or text, it will be with all partners in the relationship. Any contact through the phone is also considered part of therapy with the relationship unit.

**Release of Records:** Both (or all) partners must provide their consent to release the therapy records and/or for this therapist to speak with a third party. If one partner does not provide consent, records will not be released. If my records are subpoenaed, I will assert the psychotherapist-client privilege.

**Course of Therapy:** The continued participation by each person is voluntary. Any participant may suspend or terminate therapy at any time. I certify by my signature below that I have read, fully understand, and agree to abide by the stated policies.

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Signature Therapist	Print Name	Date Signed