

Jody Weiner Davis, MA, MSW, LCSW, DCSW, LMFT

Waiver of Confidentiality for Family Therapy

Confidentiality is an important aspect of therapy, however, there may be circumstances where family members attending therapy wish to waive their confidentiality rights for the benefit of the overall therapy process. This agreement is to be used for situations where all family members attending present and future family therapy sessions, as well as any previous sessions that may have included some but not all family members, agree to waive their confidentiality rights.

Agreement for Waiver of Confidentiality for Family Therapy with Jody Weiner Davis

1. Purpose: The purpose of this agreement is to waive the confidentiality rights of all family members attending family therapy sessions, both present and future, and any previous sessions that may have included some but not all family members, for the benefit of the overall therapy process.
2. Confidentiality Waiver: All family members attending family therapy sessions, both present and future, and any previous sessions that may have included some but not all family members, agree to waive their confidentiality rights in order to facilitate the therapy process. This waiver includes the sharing of information and discussion of topics that may be sensitive, personal, or potentially embarrassing.
3. Scope: This waiver of confidentiality applies to all family members attending therapy sessions, including but not limited to, the therapist, all family members, and any other professionals involved in the therapy process.
4. Limitations: This waiver of confidentiality does not extend to the disclosure of any illegal activities or harm to oneself or others. In these instances, the therapist may be required by law to report such activities to the appropriate authorities.
5. Revocation of Waiver: Any family member may revoke their waiver of confidentiality at any time by providing written notice to the therapist. However, revocation of the waiver may impact the overall therapy process and may result in the termination of therapy services.
6. Agreement: By signing below, all family members attending family therapy sessions, both present and future, and any previous sessions that may have included some but not all family members, acknowledge that they have read and understand the terms of this agreement and agree to waive their confidentiality rights for the benefit of the overall therapy process.

Signature: _____
Printed Name: _____

Date: _____

Signature: _____
Printed Name: _____

Date: _____

Signature: _____
Printed Name: _____

Date: _____

Signature: _____
Printed Name: _____

Date: _____

Signature: _____
Printed Name: _____

Date: _____