



Advanced Counseling
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Marriage and Family Disclosure

My philosophy of therapy is that in working with couples and families' honesty between individuals is important, and keeping certain secrets is typically damaging or counterproductive to relationships. While every effort will be made to provide a safe and confidential environment for each client (even minor children) to facilitate effective therapy, having the option to discuss information from individual sessions may be necessary to help your marriage/family overcome their challenges and resolve issues. In the case of minor children, parents are seen as having the primary responsibility for the well-being and rearing of their children, and can be a valuable asset to the counseling process. Taking a family-friendly approach means that parents may be included in the counseling process when it is deemed to be of greatest benefit to the minor child/client.

I reserve the right to use my best clinical judgment in regards to sharing information in couple and family sessions in collaboration with the best interests of each client. And sensitive disclosures will generally be made after consultation with and in collaboration with you the client taking into consideration any safety issues.

I am an advocate of all parties involved in the counseling process. In the event that one or more parties seek legal action, please be advised that I do not provide character references or clinical evaluations. Please note that I am here for each of you.

Confidentiality cannot be guaranteed by me that your friends or family members may not keep confidential what is discussed in Therapy.

I understand the information I share with Rodney Limb in an individual session may not always be kept confidential from my partner or other family members.

By inviting others to participate in Therapy or joining in couples, family, or group I acknowledge work with couples and families and friends require certain additional compromises in privacy as outlined above.

Client Signature: _____ **Date:** _____

The following listed individuals have my authorization to be participants in counseling to my confidential information as the Counselor deems supportive to my purposes for seeking Counseling.

Initials:	Name:	Date:	Relationship