

# STAR Counseling & Consultation, PLLC



## ADDENDUM TO CONSENT FOR COUPLES OR FAMILY OR GROUP THERAPY

When there is more than one person in the room with the mental health professional there is a "limit of confidentiality." Anyone in the room could choose to speak about the session to outsiders. Although all parties should treat information shared as confidential, it is equally important that all parties involved know that confidentiality is limited.

Parents, by signing below, you are consenting to being quoted or discussed in your children's psychotherapy notes, intake or history.

Further, if any one of the parties requests copies of the chart it will require the signature of all parties that signed the original "informed consent" before any information will be released.

To maintain and protect the therapeutic process, I ask that you sign below. By signing you are also agreeing to not ask for records of these group/couple/family sessions to be released for any legal/litigation purposes.

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Print name

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Signature

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Date

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Print name

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Signature

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Date

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Print name

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Signature

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Date

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Print name

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Signature

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Date

\_\_\_\_\_ declined to sign this addendum on this date: \_\_\_\_\_

\_\_\_\_\_ Therapist initials