

Therapist _____ Client _____

COLLATERAL PARTICIPATION AGREEMENT

I, _____, desire to participate in a counseling session for _____.
My relationship to the client is: _____.

I am aware of and agree to the following: (please initial by each number if agree)

1. _____ I am not a client of the therapist.
2. _____ Any comments made by the therapist are made in the interest of the client.
3. _____ I am here voluntarily and understand that I can leave the session at any time.
4. _____ I understand that the therapist takes notes of all her sessions.
5. _____ I understand that, since I am not the client, I am not allowed to take notes of the session(s) or record any or all of the session(s) with _____ the therapist.
6. _____ I understand that my participation is limited to: this one session or on-going sessions and no additional information will be released to me without a separate release form signed by the client or client's guardian.

Date

Collateral Signature

Date

Client Signature

Date

Parent/Guardian of Client

Date

Therapist Signature