

Collateral Therapy Consent

I, _____, (the collateral participant) have been invited by

_____ (client) to attend one or more of the client's psychotherapy sessions with Wendy Dingee, LCPC, LCADC. I understand that the purpose of my attending is to assist the client and therapist in the client's treatment and **not** to seek psychotherapy for myself. I understand that my role as a collateral ally in the client's psychotherapy is to:

- a) provide information about the client, both factual and from my personal perspective;
- b) participate in exercises during sessions that are intended to help further the client's treatment;
- c) support the client during treatment in other ways.

I understand that my participation is voluntary, and that at any time I can withdraw, decline to answer any question or to participate in any exercise. I certify that I do not have a personal or client relationship with Wendy Dingee. I am not responsible for any therapy fees with Wendy Dingee, except in those cases, such as parent or legal guardianship, in which I would normally be responsible for the client's therapy fees.

I understand that what I say in session(s) may be discussed between Wendy Dingee and the client. (**Note:** It is sometimes possible to maintain the privacy of our communications. If you wish to maintain some privacy concerning some aspects of our communications, we should discuss it before any information is communicated by you).

As a collateral ally I understand that I have certain rights and requirements pertaining to confidentiality, as well as some limits to that confidentiality. I am expected to maintain the confidentiality of the client. I understand that although Wendy Dingee will not maintain a chart on me nor make any diagnosis, notes about me which pertain to my relationship with the client may be entered into the client's chart, as well as some of my comments about the client. Because the client has rights to his/her confidentiality, I may not request to access that chart without the written consent of the client. The client however, pursuant to state and federal laws, **can** access his/her chart. I understand the following exceptions to confidentiality, which pertain to both the client and myself:

- If the therapist suspects abuse or neglect of a child or a vulnerable adult, she is required to file a report with the appropriate agency.

- If the therapist believes that I am a danger to myself (suicidal) she is required take actions to protect my life.
- If I threaten serious bodily harm to another the therapist is required to take necessary actions to protect that person.
- If a court requires that the therapist submit information or testify in a case involving me or the client, he must comply. Please note that the therapist will do so only if the court requires it, not merely if an attorney requests information.

I understand that my role as a collateral may create some anxiety or emotional distress in me. It may also expose or create some emotions in my relationship with the client. I understand that, if I find myself experiencing any emotional difficulties, and I am not currently in psychotherapy, I should let Wendy Dingee know so that she can suggest resources or referrals for me.

I certify that all of the above information has been explained and discussed with me by Wendy Dingee, and that I have had an opportunity to ask any questions.

I, _____ (client) give permission for _____

(collateral participant) to attend one or more of my psychotherapy sessions.

Signature of Client: _____ Date: _____

Printed Name - Collateral: _____

Signature of Collateral participant: _____

Date: _____

Printed Name: _____

