



Collateral Participation Consent

I, _____ (the Collateral Participant) have been invited by _____ (Client's name) to attend one or more of the client's psychotherapy sessions with _____ (Therapist's name). I understand that the purpose of my participation is to assist the client and the therapist in the client's treatment and **not** to seek psychotherapy for myself. I understand that my role as a collateral participant in the client's psychotherapy is to:

- Provide information about the client, both factual and from my personal perspective;
- Participate in exercises during sessions that are intended to help further the client's treatment;
- 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 exercises. I certify that I do not have a personal or client relationship with the therapist. I am not responsible for any therapy fees, except in those cases, such as parent or legal guardianship, in which I would normally be responsible for the client's therapy fees **or** in the case where I agreed to be financially responsible for the client's therapy fees.

I understand that what I say in session(s) may be discussed between the therapist and the client. (*Note: it is sometimes possible to maintain the privacy of my communication with the therapist. If I wish to do so, this needs to be discussed before any information is communicated by me.*)

As a collateral participant, 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 the therapist 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 the rights to his/her confidentiality, I may not request to access that chart without the written consent of the client/parent/legal guardian. The client however, pursuant to state and federal laws, **can** access his/her chart. I understand the following exceptions to confidentiality, which pertains to both the client and I:

- If the therapist suspects abuse or neglect of a child or vulnerable adult, he/she is required to file a report with the appropriate agency.
- If the therapist believes that I am a danger to myself (suicidal) or others, he/she is required to take necessary actions to protect me or the other identified person.
- If a court requires that the therapist submit information or testify in a case involving me or the client, he/she 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 participant may create some anxiety or emotional distress in me and/or create tension/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 will let the therapist know so that he/she can suggest resources or referrals for me. While my participation can result in a better understanding of the client or an improved relationship, or may help in my own growth and development, there is no guarantee that this will be the case.

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

I, _____ (Client's name/Parent/Caregiver/Guardian) give permission for _____ (Collateral Participant) to attend one or more of my psychotherapy sessions.

Check one if client is a minor... Parent Caregiver Guardian

Client/Parent/Caregiver/Guardian Signature Date: _____

Collateral Participant Signature Date: _____

Therapist Signature Date: _____