

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:

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/on-going and no additional information will be released to me without a separate release form signed by the client or client's guardian.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Collateral

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian of Client