



# Amigo Family Counseling, LLC

## Non-Client (Collateral) Consent Form

### Statement of Understanding for Non-Clients Participating in a Therapy Session

There are a number of circumstances where a third-party may be invited to meet with a client's professional clinician. This can involve the client being present or not present, as agreed on with the client. The following are examples of situations where this might occur:

- Client(s) receiving professional clinical services invite a third-party to their session for additional support or assistance
- Client(s) invite a third-party to their session so the client can express a concern with the assistance of a professional clinician

In such situations, the third party will be speaking with one of our professional clinicians or social workers with the focus geared toward the goals of the client.

A third-party participant in a client's therapy session:

- Is not a client of Amigo Family Counseling
- Will not receive any type of mental health diagnosis.
- Will not be charged for the session; the client will be responsible for payment.
- Does not have rights to confidentiality; however, the clinician will not disclose information about you to anyone other than the client unless required to do so by law (i.e.: child abuse or neglect or threats to harm someone).
- May only receive a copy of the notes for the session in which the third-party participated in if the client signs an "Authorization to Release Information" form.

**If you are a client, requesting the involvement of a third-party please complete this section:**

I, \_\_\_\_\_ (client's name), am requesting \_\_\_\_\_ (third party) participate in my clinical session for the purpose of: \_\_\_\_\_.

_____	_____	_____
Client Name	Client Signature	Date

_____	_____	_____
Clinician Name	Clinician Signature	Date

**If you are a third-party participant, please sign below stating you have reviewed this document, you accept the terms stated above, and you agree to maintain confidentiality regarding the information discussed in the client's session.**

_____	_____	_____
Third-Party Name	Third-Party Signature	Date

_____	_____	_____
Clinician Name	Clinician Signature	Date