



COLLATERAL PARTICIPATION AGREEMENT

The purpose of this agreement is to inform individuals participating in the client's treatment of their risks, rights, and responsibilities of their participation as a collateral participant.

As a Collateral Participant in the client's treatment/sessions, I am choosing to participate in the counseling treatment of the client and I agree to the following:

1. I am not a client of the therapist.
2. The therapist does not protect my confidentiality as the Collateral Participant; only the confidentiality of the client is protected by the therapist.
3. Any comments/communication made by the therapist are made in the interest of the client.
4. My participation is voluntary and I understand that I can stop participating in the client's treatment at any time.
5. I understand that the therapist may take notes in session(s) and I am not allowed to take notes of the session(s) or record any or all of the session(s) with the therapist.
6. (For Collateral Participants of adult clients) I understand that my participation is limited to: the client's sessions and no additional information about their treatment will be released to me without a separate release form signed by the client/client's legal guardian.
7. Additional policies for Collateral Participants of minor clients:
 - a. I understand that my participation is limited to: my child's sessions and no additional information about their treatment will be released to me without a separate specific request for records or an appropriately designated release form signed by the client's guardian.
 - b. I understand that all communication between me and the therapist will include and/or be privy to all other legal conservators participating in my child's treatment.

Acknowledgment and Consent

By electronically signing below, I, the undersigned, acknowledge that I have been informed of the terms of this agreement, and agree to abide by its terms, and conditions and I also intend for this authorization to remain in full force until I revoke it in writing, to be sent to Counseling4Life, LLC at 16607 BLANCO RD, STE 1404 SAN ANTONIO, TX 78232. The revocation will not affect any actions taken before the receipt of the written revocation.

Client Name (first, last)

Client Date of Birth

Collateral Participant Name (Printed)

Collateral Participant Name (Signature)

Date