

Somatic Psychotherapy

PROFESSIONAL DISCLOSURE STATEMENT FOR NON-CLIENT, COLLATERAL PARTICIPANT

You have been invited to attend psychotherapy sessions with _____ (hereafter referred to as **the Client**) to provide additional information regarding the Client's therapy with me and/or to receive guidance in improving family functioning with respect to the Client's diagnosis. It is important that you understand the following ground rules for your attendance at these sessions.

You will not be billed for your time attending these sessions. Although you are here to assist in therapy for the Client, you are not considered my client and you will not be responsible for payment of my services unless we agree otherwise. Although you may experience some benefit from these sessions, this is not intended to be therapy for you.

Since you are not seeking treatment from me and you are not considered a client of mine, any information that you choose to disclose to me is not privileged. Any information you disclose to me may be disclosed to the Client, and that information may be documented in the Client's chart. Once the information is contained in the chart, it may be subject to further disclosure via court order, subpoena, or authorization by the Client. You will not have the right to inspect or receive copies of that information or to prevent its disclosure.

I am a mandated reporter if I have reasonable cause to believe that abuse has occurred. I may also disclose information you provide if I feel you or others are at risk of harm or if I believe you may commit a crime in the future involving serious injury.

If at any time you feel the need for individual therapy, you may ask me for a referral.

I have read the above information and understand and agree with the terms of this agreement.

Signature of collateral participant

Date

Copy requested & provided