

## Therapy Collateral Agreement

I, \_\_\_\_\_, (the “guest”) have been invited by \_\_\_\_\_ (the “client”) to attend one or more of his/her psychotherapy sessions with Dr. Swartout.

I understand that the purpose of my attending is to provide information about the client, to participate in communication exercises that may be part of the client’s treatment plan, to provide support to the client during phases of treatment, or to assist in the process in some other way. I understand that *I do not have a personal client or patient relationship with Dr. Swartout, and that she is not treating me or providing psychological services for me.* Rather, I will function as a therapeutic ally, assisting with the client’s therapy. I understand that my participation is entirely voluntary, and that I am free to withdraw at any time, or decline to answer any questions or to participate in any exercises. I understand that what I say to Dr. Swartout may become part of the client’s medical record, and may be discussed later between Dr. Swartout and the client when I am not present. I agree that if I am experiencing any emotional or mental difficulties, and am not currently receiving treatment, I will make this fact known to Dr. Swartout, who will suggest resources or referrals for assistance. All of the above has been explained to me in detail by Dr. Swartout, and I have had an opportunity to ask any questions I may have.

I, \_\_\_\_\_ (client) give permission for \_\_\_\_\_ (guest) to attend one or more of my psychotherapy sessions.

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature of Guest: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_