

Johns Creek Psychology

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Check one:

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COLLATERAL CONTACT (NON-CLIENT): CLIENT'S CONSENT AND AGREEMENT

Client's name: _____

I, _____, the client of above named clinician, have read and fully understand the COLLATERAL CONTACT (NON-PATIENT) AGREEMENT document(s) that was signed by a collateral contact who will be participating in my therapy or evaluation, which describes the role of collateral contacts in therapy and evaluations.

I have had an opportunity to discuss with the above named clinician the nature, benefits and risks of having collateral contacts as part of my therapy or evaluation.

Although I understand that my clinician will make all possible and reasonable efforts to maintain the privacy of my personal disclosures to the clinician, I know that this is not always possible. Therefore, I hereby waive confidentiality and release my clinician of all liability pertaining to personal information I have shared with my clinician, with regard to the collateral contacts listed below, in order for my clinical to consult with those collateral contacts, verbally in person or on the telephone, and/or in writing, as part of my psychotherapy or evaluation. However, I understand that this waiver *does not* release my clinician to produce, share, or disclose a written copy of any portion of my clinical record, unless I have given that consent in the form of a standard release of information form:

Name(s) of collateral contact(s): (1) _____

(2) _____ (3) _____

Date

Signature of Client

OR

Date

Signature of Parent/Legal Guardian