

Consent to Include Third Party

In connection with your therapy, you may bring other individuals (such as a family member to therapy sessions if you feel this would be helpful or if recommended by Heather Everett, MSW, LISW-S and A New View Counseling & Consulting, LLC ("the Provider"). A third party is not a client and is therefore not subject to confidentiality between the Provider and the third party. The third party shall not have the right to access any part of your file, including but not limited to any session in which the third party participated, unless the Client signs a release.

Identification of Third Party: _____

Purpose/Need for the third party to join: _____

Circumstances and extent to which confidential information may be disclosed to the third party: _____

By my signature below:

- a. I hereby give my informed consent to include the above named third party in my therapy;
- b. I understand I have the right to withdraw the consent given above at any time;
- c. I acknowledge that I have read and understood all information contained herein and that I have been given an opportunity to ask questions concerning this document; and
- d. I acknowledge that I have been given a signed copy of this document.

Signature of Client: _____

Date: _____

Signature of Parent, Guardian or Responsible Party of a Client who is a Minor:

Date: _____

Witnessed by: _____

Date: _____