



# Joyful Hearts Counseling

## Therapy Collateral Agreement

Client \_\_\_\_\_ DOB: \_\_\_\_\_

I \_\_\_\_\_ have been invited by \_\_\_\_\_

(Hereinafter “the client”) to attend one or more of his/her therapy session with Leslie Pechkurow, LPC (hereinafter “the provider”). I understand that the purpose of my attending is 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 relationship with the provider and that she is not 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 I am free to withdraw at any time, or decline to answer any questions or to participate in any exercise. I understand that what I say to the provider may become part of the medical record and may be discussed later between the provider and the client when I am not present. I understand the client remains at all times that holder of the privilege, with the sole authority to release his/her records and may do so freely without my consultation or participation, even if I am mentioned or referred to in those records. I agree that if I am experiencing any emotional or mental difficulties, and am not currently receiving adequate treatment for these problems, I will make this fact known to the provider, who will suggest resources or referrals for assistance. The provider has explained all of the above to me in detail. My signature reflects that I have had an opportunity to ask questions regarding this agreement and am satisfied with the responses. My signature also reflects my agreement with the conditions of TCA and that I participate freely.

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Printed Name	Signature	Date
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If Minor- Name of Responsible Party	Signature	Date
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Legal Relationship with Minor \_\_\_\_\_