



The Northwest Catholic Counseling Center

Serving all regardless of faith or finances

CONSENT FOR A VISITOR TO A SESSION

I, _____ understand that if I choose to invite

(visitor name) _____ to be

present during today's session, the date being, _____ with my therapist or Psychiatric Nurse Practitioner, my confidentiality may be compromised. I understand that sensitive information may be revealed during the session and the visitor is not bound by the same confidentiality rules as my provider.

Unless specified by signing a release of information, this consent does not give permission to the therapist/PMHNP to discuss any confidential information with the visitor any time after the visit.

I do not want the following topics to be mentioned during the time that the visitor is in the session:

Client Signature

Date

Updated 3/2015