

Ebony Counseling Consulting and Supervision
4300 B Street Suite 410
Anchorage, AK
99503

Informed Consent for a Visitor to Attend a Psychotherapy/Consultation Session

**Informed Consent for a Visitor to Attend a Psychotherapy or
Consultation Session**

I, _____, understand that if I choose to invite a person or persons to be present during a session with my psychotherapist or consultant my confidentiality may be compromised. I do so with the understanding that my therapist will use his/her clinical discretion when s/he chooses to share or reveal confidential and/or sensitive information. I understand that my therapist will use his/her clinical discretion and reasoning in sharing any information. I also understand that this may be upsetting or uncomfortable for me. Unless specified in writing, this consent does not give permission to the therapist to discuss any confidential information with the visitor any time after the visit.

I have clarified to my therapist that the following topics should NOT be mentioned during the time that the visitor is present at the session:

This agreement supplements previous informed consents.

Signature: _____ Date: _____