



## Informed Consent for a Visitor to attend a Psychotherapy or Consultation Session

•14900 Bogle Drive, Suite 200 • Chantilly, VA 20151-1652 • 703-817-9890 • FAX 703-817-9860 • www.fcsva.org•

I \_\_\_\_\_ understand that if I choose to invite a person or persons to be present during a session with my psychotherapist or consultant, that my confidentiality may be compromised. I do so with the understanding that my therapist will use his or her clinical discretion when she/he chooses to share or reveal confidential and/or sensitive information. I understand that my therapist will use his or her clinical discretion and reasoning in sharing any information. I also understand that this may be upsetting or uncomfortable to 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 comes to the session: \_\_\_\_\_

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This agreement supplements any previous informed consents.

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Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date: