

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

I, \_\_\_\_\_ understand that I may choose to invite a person or persons to be present during a session or sessions with my psychotherapist, Angela R. Viesca, LCSW, CCM, C-ASWCM, CCFP, CART™. If I choose to invite a visitor into my session(s), I understand that the confidentiality of the matters discussed during the session(s) may be compromised. I understand that Ms. Viesca will use her clinical discretion when she chooses to share or reveal confidential and/or sensitive information during the session with the visitor present. I also understand that this may be upsetting or uncomfortable to me or my visitor(s).

By my signature below, I acknowledge that Ms. Viesca is not responsible for any problems or discomfort that may arise from my decision to invite a visitor(s) into my session(s). I also agree that Ms. Viesca is not responsible for any subsequent use of confidential or sensitive information by the visitor(s) that arises from my decision to invite that person(s) into my session. Unless specified in writing, this consent does not authorize Ms. Viesca to discuss any confidential information with the visitor(s) any time after the session(s). I have clarified to my therapist that the following topics should NOT be mentioned during the time that the visitor come to the session:

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**This agreement supplements any and all previous informed consents.**

\_\_\_\_\_  
**Signature of Client**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Therapist**

\_\_\_\_\_  
**Date**

**Date(s) of Collateral Session(s):**

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