



**AUTHORIZATION FOR THIRD-PARTY/GUEST INVOLVEMENT**

*The purpose of this form is to allow a person to participate in a therapy session as a third-party participant ("guest") of the client. The guest will be attending sessions upon request and authorization of the client. The guest will not be considered a client of NWCC. The guest's participation is solely for the purpose of providing information to the counselor in order to provide the best possible services to the client.*

Client name (printed): \_\_\_\_\_ DOB: \_\_\_\_\_

Guest name (printed): \_\_\_\_\_ DOB: \_\_\_\_\_

I, \_\_\_\_\_ **(the client), do hereby authorize**  
\_\_\_\_\_ **(the guest) to participate in my**  
**therapy/counseling sessions with my therapist, \_\_\_\_\_**  
**(counselor name). I acknowledge that my guest is participating for the general purpose of assisting me in**  
**providing information and helping me achieve my treatment goals.**

By signing below, the client and the guest of the client understand/acknowledge the following:

1. All information discussed during a counseling session (and any subsequent sessions) is to be kept confidential and private.
2. NWCC and the counselor will not be liable for any violations of confidentiality or privacy by the guest.
3. Participating in counseling sessions does not make the guest a client of NWCC.
4. Participating in counseling sessions does not authorize the guest to have access to the client's medical records.
5. The guest will be attending and/or participating in any session(s) upon the request and approval of the client.
6. The client can terminate the guest's participation at any time.
7. This agreement is not the same as an "Authorization to Release Information." If the client wishes for the counselor to be able to communicate with the guest without the client being present (via email, phone call, etc), the client must fill out an "Authorization to Release Information" form.

By signing below, I affirm that I understand and agree to these agreements, and that the guest is solely responsible to make every reasonable effort to maintain the client's confidentiality. Neither NWCC nor the client's counselor will in any way be held responsible if the guest breaks the client's confidentiality.

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guest signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Northwest Christian Counseling, LLC*

NOTE: This form contains protected/confidential information that can't be released without the client's consent.

**3rd-Party / Guest Authorization**