

Life Guide Services

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2809 Regal Rd., Ste. 110
Plano, Texas 75075

Collateral Participation Agreement

I, _____, desire to participate in a counseling session at the invitation of (Client's name) _____ for the purpose of adding information and insight which will help the client's treatment process.

I am aware of and agree to the following:

1. I am not a client of Life Guide Services and Shea Alexander, LPC-S
2. Any comments made by Shea Alexander in the session are made in the best interest of her client.
3. I am at this office voluntarily and understand that I can leave the session at any time.
4. I understand that the therapist/Shea Alexander documents/take notes of all her sessions.
5. I understand that my participation is limited to this one session. No additional information will be released to me without a separate, written and signed release of information form by the client or the client's guardian.

Collateral's Name

Collateral's relationship to client

Collateral's Signature

Date

Client's Signature

Date

Client's Official Guardian Signature

Date

Counselor's Signature

Date