**Michael A. Gentry, JD, LCSW**
**Gentry Therapy LLC**

## Therapy Collateral Agreement

I _____ have been invited by _____ _____ (hereinafter "the client"), to attend one or more of his/her individual psychotherapy sessions with Michael A. Gentry, JD, LCSW and Gentry Therapy LLC (hereinafter "the provider"). I understand that the purpose of my attending is to provide information about the client, participate in communication exercises that may be part of the client's treatment plan, to provide support to the client during phases of treatment, or to assist in the process in some other way. I understand that *I do not have a personal client or patient relationship with the provider, and that he/she is not treating me or providing psychological services for me*. Rather, I will function as a therapeutic ally, assisting with the client's therapy. I understand that my participation is entirely voluntary, and that I am free to withdraw at any time, or decline to answer any questions or to participate in any exercises. I understand that what I say to the provider may become part of the medical record, and may be discussed later between the provider and the client when I am not present. I understand that the client remains at all times the holder of the privilege, with the sole authority to release his/her records, and may do so freely without my consultation or participation, even if I am mentioned or referred to in those records. I agree that if I am experiencing any emotional or mental difficulties, and am not currently receiving adequate treatment for these problems, I will make this fact known to the provider, who will suggest resources or referrals for assistance.

The above understandings and agreements have been fully explained to me by the provider and I have had an opportunity to ask any questions that I may have.

_____

Printed name Signature Date

*If the collateral person is a minor or otherwise requires authorization by another*

_____

Printed name of responsible party Legal relationship to collateral person

_____

Signature of responsible party Date