

Confidentiality Agreement for Guest

I, _____, am a guest for the counseling services provided Counseling to _____ (the client(s)). I hereby agree to keep all information shared in all sessions and services for the client(s) confidential.

Guest(s) Signature(s): _____ Date: _____

Interpreter

Case Worker

Family Member

Friend

Clergy

Other _____

I, _____, (the client(s)) have agreed to disclose the information and I give consent for this above named person to attend my therapy session.

Client(s) Signature: _____ Date: _____

Client(s) Signature: _____ Date: _____