

Client # _____

**INFORMATION AND CONSENT TO PARTICIPATE IN THERAPY AS A
COLLATERAL PERSON TO TREATMENT**

By signing this form you are consenting to participate as a collateral person in the treatment of a client of the Clinical Center. A collateral participant is a person who only attends one or two sessions for specific purposes related to the actual client but not themselves. If you attend more sessions and/or have personal issues or involvement related to the case, then it is suggested that you become a client. Since there is always the possibility that by participating you may be impacted, it is important that you agree to do so voluntarily. Your participation will be recorded as a part of the client's record only.

All the information we collect is kept in confidence. No client information will be released unless the client provides us with specific written permission to do so or as provided in the Illinois Mental Health and Developmental Disabilities Confidentiality Act. Some examples of legal disclosure without consent are when: (1) we suspect a child has been abused or neglected or both, (2) we suspect elder abuse (3) we determine that you are a danger to yourself or others, (4) we are ordered by a court to disclose information, or (5) you file suit for breach of duty against the SIU Clinical Center or one or more of its employees.

The students who receive training as counselors are in graduate programs in Counselor Education, Clinical Psychology, Rehabilitation Counseling, or Social Work. Student clinicians are supervised by faculty members from their respective departments or by Clinical Center staff. Each supervisor holds an advanced degree and many hold licenses and certificates from state and national regulatory boards.

The clinician's name is: _____ tel. 453-2361

The clinician's supervisor is: _____ tel. 453-2361

Please feel free to contact the supervisor listed above or the Director of the Clinical Center, Dr. Holly Cormier, if you have questions or concerns. She can be reached at (618) 453-2361.

All clients 12 years of age and older should sign and date both copies of this form. One copy is for you; the other is for your Clinical Center records. Please ask for clarification if you have questions.

_____	_____	_____	_____
Client's Signature	Date	Collateral Signature	Date
_____	_____		
Witness Signature	Date		