

COLLATERAL DISCLOSURE FORM

1. As you know, I am providing services to a client, _____, who has authorized me to share information with you and to obtain information from you. You are a "collateral" in the treatment process.

2. You are **not** my client, and you will not be receiving treatment or services from me.

3. If you would like to receive counseling from a mental health professional, please let me know, and I will refer you to a therapist.

4. Any treatment information which I share with you is confidential. You may **not** share that information with anyone else.

5. Any information that you share with me will be confidential, as part of my client's treatment record, and I may share that information with my client.

I understand these disclosures and agree to comply with them.

Collateral

Date: _____