



2141 Kirkwood Boulevard, Suite 130, Southlake, TX 76092  
817.266.8676 - [www.SouthlakeChildandFamilyTherapy.com](http://www.SouthlakeChildandFamilyTherapy.com)

### **Collateral Participation Agreement**

I, \_\_\_\_\_, desire to participate in counseling sessions for  
\_\_\_\_\_. My relationship to the client is: \_\_\_\_\_. I am  
aware of and agree to the following:

1. I am not a client of the therapist.
2. Any comments made by the therapist are made in the interest of the client.
3. I am here voluntarily and understand that I can leave the session at any time.
4. I understand that the therapist takes notes of all her sessions.

_____	_____
Collateral	Date
_____	_____
Client	Date
_____	_____
Katharine Ottone, LPC	Date