Visitor Consultation Agreement & Informed Consent

Note: This form should be used in addition to the standard Informed Consent form required for obtaining counseling services. This form is to be used to establish permission for a non-client individual to attend a session in a support/consultation capacity (visitor). Any individual attending a session must first be authorized by the primary client, or if the primary client is a minor, the primary client’s legal (custodial) parent or guardian (whose signature appears on the standard Informed Consent for Children).

Primary Client Name(s): ___________________________ Age: __________

Visitor’s Name: ___________________________ Over the age of 18? ______

If Primary Client is a Minor, Name of Authorizing Parent or Guardian: ___________________________

The University of North Texas Community Counseling Clinic holds your confidentiality and Protected Health Information (PHI) in the highest regard. Therefore, any information shared during a session is deemed confidential, privileged, and protected under both federal and state medical privacy laws. Specific information pertaining to any case will not be released to anyone except as allowed by law or as authorized by the identified primary client. A few exceptions apply to these standards:

1. If we have cause to believe that a child, elderly, or handicapped person has been abused or neglected or is in danger of being abused or neglected, we are required to report all relevant information to the Texas Department of Protective and Regulatory Services or the Police.

2. If we determine there is a probability of imminent physical injury by a client or visitor we are by law permitted to contact medical or law enforcement personnel. Because our clinic’s goal is to ensure the wellbeing and safety of all patrons of our clinic, the UNT-Dallas Police Department will be notified to assess any threat in the event we determine a potential for harm exists.

3. In response to a court order signed by a judge, we will be required to provide the court, litigants, or other third parties with verbal testimony, information in the form of a report or summary and/or records such as clinical notes, tapes, electronic mediums, assessments, and letters. Please be advised your name as a visitor will be present in the records.

4. If you are currently a UNT-Dallas Student, should an emergency arise, by signing below you consent to accepting services from our Community Counseling Clinic and give your consent to contact the Dean of Student Affairs.

5. By you filling out the appropriate authorization to release information to any third-party.
PRIMARY CLIENT CONSENT

By signing below, I __________________________ give my consent for the following

Primary Client

individual(s) below to attend my counseling sessions at the University of North Texas Dallas. I understand that my clinical records will remain confidential and will not be released to anyone except as allowed or required by law. I further acknowledge that I am aware that I have the right to refuse any and all information to be disclosed in the presence of my visitor. I agree that if I do not specifically stop my counselor from sharing information on a particular topic, then in-fact, I have consented for him or her to share my information.

Primary Client Name (Please Print): __________________________  Date: ________________

Primary Client Signature _____________________________________________

VISITOR CONSENT

I understand that, by signing this Visitor Consultation Agreement & Informed Consent, I agree to attend a counseling or therapy session in support of __________________________’s

Primary Client

progress in counseling. I understand that I am attending in a support/consultation capacity and my attendance does not constitute the establishment of a therapeutic relationship. I agree that all statements or documents shared during this session will become a part of the Primary Client’s Protected Health Information (PHI).

Visitor Name (Please Print): __________________________  Date: ________________

Visitor Signature _____________________________________________

Graduate Counselor Name and Signature: ____________________________  Date: ____

Practicum Faculty Name and Signature: ____________________________  Date: ____

Created: 3/20/17