

# DOWNEY PARK COUNSELING ASSOCIATES

## Non-Client Disclosure

Thank you for coming in today. In order for you to participate in \_\_\_\_\_ treatment process we would like to obtain consent acknowledging that your participation in this and/or any future sessions will not make you one of our client=s and will exempt us from any therapist/client privileges and liabilities.

By signing this I agree that I am not a client, in this that I have no client/therapist privilege. Furthermore I understand that I am not bound to the constraints of confidentiality. However, I do understand the importance of confidentiality as it relates to \_\_\_\_\_ treatment.

Please ask if you have any trouble understanding any of the information given on this form, then sign and date below if you understand and agree with the terms listed above.

\_\_\_\_\_  
Name of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Therapist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date