 Modern Therapy LLC

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By signing below, as the client in therapy with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I am providing written authorization for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the third party) to join the session. The reason I am authorizing this is for the purpose of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If I want only limited information provided to the third party, I will list what I do or do not want disclosed below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, otherwise my therapist is free to discuss anything involving my therapy with the third party during any session(s) they attend.

I understand that the third party will be advised that they are not the client and that there is no confidentiality between them and my therapist and that they will not have any rights to access any part of my client file, including for any session(s) in which they participate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date