

# Private Counseling

Bree Winkler, LPC, Ed.S., CAMS-II

5950 Crooked Creek Road

Suite150-C

Peachtree Corners, GA 30092

PrivateCounselingGA@yahoo.com

470-336-2884

[www.PrivateCounselingGA.com](http://www.PrivateCounselingGA.com)

## Acknowledgement for Collateral Session

Welcome and Thank You for attending \_\_\_\_\_'s (Client Name) therapy session to show your support of their progress and treatment. This document is to provide the client and his/her spouse/partner/family member important information regarding this visit and any future visits. Please read carefully and ask any questions.

### Overview and Purpose

As a therapist, it is important for me to gather information about my client's family of origin and current relationships with others. This information provides me a broader picture of my client and allows me to help my client meet their goals. Please note that your attendance does not change the structure of my individual psychotherapeutic relationship with your spouse/partner/family member. This session, or any future sessions, does not create a couples or family therapy structure, and it does not form an individual psychotherapy relationship between us. Therefore, I maintain a privileged communication with your spouse/partner/family member though my communication with you is not privileged. If you are in need of individual therapy services, or if you and your spouse/partner/family member are seeking any couples or family therapy, please let me know and I can provide an appropriate referral.

### Fees and Insurance

Your spouse/partner/family member and I have discussed a agreed to a payment structure, which will be followed for any session you attend. In regards to insurance, please note that a claim will be submitted under your spouse/partner/family member's plan. Your name or other identifying information is not submitted with the claim tough your identifying information is present in your spouse/partner/family member's chart and could be seen if the insurance provider audits the chart.

After reading the Acknowledgement for Collateral Sessions, I understand the information provided. I've expressed my right to ask any questions or discuss any information regarding the information. I also understand I may request a copy of this information.

Please provide a copy of your ID (driver's license, ID card, or passport) to be kept in my client's chart.

---

|  |           |      |
|--|-----------|------|
| Printed Name (of support member of Client) | Signature | Date |
|--|-----------|------|

---

|           |           |      |
|-----------|-----------|------|
| Therapist | Signature | Date |
|-----------|-----------|------|

# Private Counseling

Bree Winkler, LPC, Ed.S., CAMS-II  
5950 Crooked Creek Road  
Suite150-C  
Peachtree Corners, GA 30092  
PrivateCounselingGA@yahoo.com  
470-336-2884  
[www.PrivateCounselingGA.com](http://www.PrivateCounselingGA.com)

## Acknowledgement of Spouse/Partner/Family Member Attending Individual Sessions

I, \_\_\_\_\_(client name), have discussed with Bree Winkler LPC my request for my spouse/partner/family member to attend sessions to assist with my therapy treatment. I understand that, at any time, I may ask questions about these sessions. I also understand that, at any time, I can choose to not allow a spouse/partner/family member to attend sessions. The participation or lack of participation from my spouse/partner/family member will not impact my therapeutic services with Bree Winkler LPC.

I request the following person(s) to attend collateral therapy sessions, as needed:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

---

Printed Name (of Client)

Signature

Date

---

Therapist

Signature

Date

