

# Juniper Campbell, LPC

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## Consent to Attend a Counseling or Psychotherapy Session as a Visitor

I understand that I will be attending a counseling or psychotherapy session with the following person who is in treatment with Juniper Campbell LPC.

Name of Client: \_\_\_\_\_ Relationship: \_\_\_\_\_

I understand that \_\_\_\_\_ has given consent for me to attend this session. I agree to respect the confidentiality of any information I may learn by attending this session.

I also understand that I am **not** a client of Ms. Caampbell, nor will I have any therapeutic relationship with her by virtue of attending the session. She may explain things to me about behaviors, mental illnesses, or symptom management; but in this context, such psycho-education does not constitute counseling or psychotherapy.

Additional information (specify if none): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist: \_\_\_\_\_ Date: \_\_\_\_\_