# CONSENT AGREEMENT FOR THIRD-PARTY PARTICIPATION

(Client) is a client of Alexandra Hinst, MA, LPC, NCC and has requested your participation in his/her therapeutic session(s). This document is designed to help you understand your rights and responsibilities as a Third-Party Participant to therapy. If there is anything you do not understand or that you would like additional information about, please let me know.

# Contact information

# Alexandra Hinst, MA, LPC, NCC

# 4810 W. 31st Avenue

# Denver, Colorado 80212

# 303-885-6746

# [therapistalexhinst@gmail.com](mailto:therapistalexhinst@gmail.com)

# Degrees and Credentials

I am a licensed clinical counselor candidate in the state of Colorado. My license number is LPC.0019942 and it expires on 08/31/2025.

Education:

Bachelor of Arts degree in Psychology from the University of Colorado, Denver in 1988 and a Master of Arts in Counseling from Regis University in 2020

# 3. Counselor Regulation

The Colorado Department of Regulatory Agencies (DORA), Division of Professions and Occupations (“DOPO”) has the general responsibility of regulating the practice of Licensed Psychologists, Licensed Clinical Social Workers, Licensed Professional Counselors, Licensed Marriage and Family Therapists, Certified Addiction Counselors, And Registered Psychotherapists. The agency within DORA that has responsibility is the Mental Health Section, 1560 Broadway, Suite #1350, Denver, CO 80202, (303) 894- 2291. Specifically, the State Board of Licensed Professional Counselors regulates Licensed Professional Counselors and can be reached at the address listed above. You are encouraged to resolve any grievances through Alexandra Hinst, MA, LPC, NCC internal process.

# Your Participation

Thank you for agreeing to participate in Client’s therapy. Client and Therapist have discussed bringing you in to participate in Client’s therapy and Client has given his/her permission for your limited participation in his/her therapy. It is important to understand the various roles, dynamics, and effects that you may experience being part of Client’s therapy. As such, your role in Client’s therapy; including boundaries and goals, will be discussed at the beginning of each session in which you participate. Please feel free to ask me questions about the therapeutic process and your participation at any time.

Client and Therapist have discussed the possible positives and negatives of your participation in Client’s therapy. Your participation and role in Client’s therapy may change throughout your involvement in Client’s therapy. There may be sessions in which you participate the entire time and others where your participation is limited. Therapist requests your patience and flexibility as Client’s needs for your participation are constantly evaluated. At the beginning of each session your participation ground rules will be set. Therapist requests that you abide by the rules so that your participation will remain an effective therapeutic tool. Failure to abide by the rules may result in your termination of your participation in Client’s therapy.

Client is the one seeking therapy services from Therapist. As such, the work done in session will be limited to Client and Client’s needs. Your participation is important to accomplishing these goals. It is possible that you may experience some therapeutic benefit yourself or possibly some negative effects with Client such as increased tension in the relationship or the revealing of unresolved issues. I will discuss these possibilities with Client and with you.

# Nature of Relationship

You are not considered a client of Therapist and no therapeutic relationship is formed by your participation in Client’s therapy. As such, outside the scope of those issues that intersect with Client’s needs and purposes for bringing you into his/her therapy; Therapist will not provide direct therapy services to you. Therapist may offer referrals or recommend mental health services to you. It is the policy of Alexandra Hinst, MA, LPC, NCC not to treat a partner, spouse, significant other, parent, legal guardian, other family member or friend of Client who has participated in Client’s therapy. Doing so could result in a dual relationship and the need to terminate both therapeutic relationships.

# Your Rights

* 1. You may revoke your consent to participate in Client’s treatment at any time. Please provide a written confirmation that you are withdrawing your participation in Client’s therapy.
  2. In a professional relationship (such as psychotherapy), sexual intimacy between a therapist and a client or a third party participating in the therapeutic process is never appropriate. If sexual intimacy occurs it should be reported to DORA at (303) 894-2291, Mental Health Section, 1560 Broadway, Suite 1350, Denver, Colorado 80202; State Board of Licensed Professional Counselors.

# Communication Outside of Therapy Sessions

Please limit your communication with Therapist outside of therapy sessions to administrative purposes only. Alexandra Hinst, MA, LPC, NCC cannot guarantee that any communication outside of Client’s presence will remain confidential. Additionally, any communications relating to Client may be shared with Client.

# Confidentiality

Generally speaking, information provided by and to a client in a professional relationship with a Licensed Psychologist, Licensed Social Worker, Licensed Professional Counselor, Licensed Marriage and Family Therapist, Licensed or Certified Additional Counselor, or a Registered Psychotherapist is legally confidential, and the therapist cannot disclose the information without the client’s consent. There are, however, several legal exceptions to confidentiality which include: (1) I am required to report any suspected incident of child abuse or neglect to law enforcement; (2) I am required to report abuse of at- risk elders (3) I am required to report any threat of imminent physical harm by a client to law enforcement and to the person(s) or place(s) threatened; (3) I am required to initiate a mental health evaluation of a client who is imminently dangerous to self or to others, or who is gravely disabled, as a result of a mental disorder; (4) I am required to report any suspected threat to national security to federal officials; and (5) I may be required to disclose treatment information when ordered by a court. You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided under C.R.S. §13-90-107. It is possible that additional exceptions to confidentiality may apply. I will identify any exceptions to you if any such situation arises during the therapeutic session.

Although you, as a Third-Party Participant, are not legally required to maintain confidentiality of the sessions you participate in, please respect Client’s therapeutic process. **Both Client and** Alexandra Hinst, MA, LPC, NCC expect you to keep the information shared and discussed in these sessions confidential.

1. **Fees**

You are not responsible for any fees owed unless you are currently responsible for Client’s fees. Client remains solely responsible for the fee arrangement between him/her and Alexandra Hinst, MA, LPC, NCC.

# Access to Client’s Records

Absent certain circumstances, such as a parent/child relationship, you will not have access to Client’s records and you will be denied such requests for access. In the situation of a parent/child relationship, Alexandra Hinst, MA, LPC, NCC may require a separate contract to be entered into by the parent and child for the disclosure and access to certain records.

# Termination

At any time, you, Therapist, or Client, may terminate this Agreement and withdraw consent for participation in Client’s therapy. If, at any time, your participation in Client’s therapy is no longer beneficial or causing harm to Client, Therapist will terminate your participation in Client’s therapy. If, at any time, you believe your participation in Client’s therapy is not beneficial to you or is causing you harm, you may terminate your participation in Client’s therapy. Termination shall be provided in writing.

I am signing this Consent Agreement for Third-Party Participation as a partner, spouse, significant other, parent, legal guardian, family member, or other person important in the life of Client. I understand and agree that my involvement is limited to the work that Client is doing with Therapist. **I understand and agree that although I may receive some therapeutic benefit by participating in Client’s therapy session(s), I am not a client of** Alexandra Hinst, MA, LPC, NCC **and that no therapeutic relationship is formed by my participation in this limited capacity**. I affirm that the preceding information has been provided to me in writing by Therapist, or if I am unable to read or have no written language, an oral explanation accompanied the written copy. I understand my rights and limited role as a Third-Party Participant in Client’s therapy and should I have any questions, I will ask Alexandra Hinst, MA, LPC, NCC.

This Consent Agreement for Third-Party Participation was entered into on this \_day of \_, 20 , and will remain in effect until day of , 20\_ or until terminated in writing, whichever comes first.

Client/Legal Representative Signature Date\_

Third Party Participant Signature\_ \_Date\_

Third Party Participant Name (Please Print)

Therapist Signature Date\_