

**Memorandum of Acknowledgement  
for Collateral Session**

Welcome and thank you for attending your spouse/partner/family member's therapy session to show support of his/her/their progress and treatment. This document is to provide you and your 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 trained couples and marriage therapist, it is important for me to gather information about my client's family of origin (FOO) and current relationships with others. This information provides me a broader picture of my client and allows me to help my client meet his/her/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 you and your spouse/partner/family member are seeking any couples or family therapy, please let me know, and I can provide the most appropriate referral.

**Fees and Insurance**

Your spouse/partner/family member and I have discussed and agreed to a fee or payment structure, which will be followed for any session you attend including sessions we met without your spouse/partner/family member. 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 though your identifying information is present in your spouse/partner/family member's chart and could be seen if the insurance provider audits the chart. I cannot submit a claim under your name as the sessions are your spouse/partner/family member's treatment.

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date