

**Malone Therapy PLLC
Mallory Malone, MA, LMHC, LMFT
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Woodinville, WA 98072
P: 425.329.6177**

COLLATERAL ACKNOWLEDGMENT

I understand that:

Mallory Malone, MA, LMHC, LMFT (hereafter “the counselor”) is the licensed counselor providing therapeutic services to _____ (“the client”). My relationship to the client is that I am his/her (circle one): parent, caregiver, child, spouse, partner, friend, personal representative, Guardian ad Litem, other (please explain): _____

In my meeting(s) with the counselor, I act as a collateral to the client’s services. My function is solely for the purpose of providing collateral information for the benefit of the client’s treatment. The counselor is not providing treatment to me. I am not the client.

As such, I acknowledge that all rights of confidentiality and privilege relating to the information I provide, and to the medical record associated with it, shall be retained exclusively by the client and not by me.

Collateral printed name Collateral signature Date