

Dora Parys, LCSW
Child, Family and Individual Counseling

1193 Pearl Street
Eugene, OR 97401

No Secrets Agreement Mutual Consent for Limited Release of Information

This Mutual Consent Agreement will confirm that _____
and _____ have engaged Dora Parys, LCSW
for purposes of professional counseling/therapy. This counseling/therapy may include this
therapist meeting with Clients in joint and/or individual sessions.

We wish to encourage candor, transparency, and honesty within our relationship and in our
counseling/therapy experience. Therefore, we hereby mutually agreed to the following:

Any information or communication Dora Parys, LCSW receives individually from one of us may
subsequently be disclosed by her to the other of us. Such disclosures, if any, shall be at the
sole professional discretion of Dora Parys, LCSW.

We understand this Agreement constitutes a ***partial waiver of our individual rights of
confidentiality for the limited purposes stated above***. Exceptions to this Agreement, if any,
are as follows:

This Mutual Consent Agreement shall in effect as of the date of both Client's signatures below.
It shall expire at the conclusion of therapy or upon this therapist's receipt of written revocation
by either Client, whichever first occurs.

This Consent has been explained to me. I have read and fully understand it.

Signature of Client

Date

Signature of Client

Date

Signature of Therapist

Date