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**Agreement for Collaterals**

**INTRODUCTION**

I want to thank you for accepting the invitation to assist in \_\_\_\_\_ [Client name]'s psychotherapeutic treatment. Your participation is important, and is sometimes essential to the success of the treatment. This document is to inform you about the risks, rights and responsibilities of your participation as a collateral participant.

**WHO IS A COLLATERAL?**

A collateral is usually a spouse, family member, or friend, who participates in therapy to assist the identified client. The collateral is not considered to be a client and is not the subject of the treatment. Psychologists have certain legal and ethical responsibilities to clients, and the privacy of the relationship is given legal protection. My primary responsibility is to my client and I must place their interests first. You also have less privacy protection.

**THE ROLE OF COLLATERALS IN THERAPY**

The role of a collateral will vary greatly. For example, a collateral might attend only one session, either alone or with the client, to provide information to the therapist and never attend another session. In another case a collateral might attend all of the client's therapy sessions and their relationship with the client may be a focus of the treatment. We will discuss your specific role in the treatment at our first meeting and other appropriate times.

**BENEFITS AND RISKS**

Psychotherapy often engenders intense emotional experiences, and your participation may engender strong anxiety or emotional distress. It may also expose or create tension in your relationship with the client. While your participation can result in better understanding of the client or an improved relationship, or may even help in your own growth and development, there is no guarantee that this will be the case. Psychotherapy is a positive experience for many, but it is not helpful to all people.

**MEDICAL RECORDS**

No record or chart will be maintained on you in your role as a collateral. Notes about you may be entered into the identified client's chart. The client has a right to access the chart and the material contained therein. It is sometimes possible to maintain the privacy of our communications. If that is your wish, we should discuss it before any information is communicated. You have no right to access a client's records without the written consent of the identified client. You will not carry a diagnosis, and there is no individualized treatment plan for you.

**FEES**

As a collateral you are not responsible for paying for my professional services unless you are financially responsible for the client.

## **CONFIDENTIALITY**

The confidentiality of information in the client's records, including the information that you provide me, is protected by both federal and state law. It can only be released if the identified client specifically authorizes me to do so. There are some exceptions to this general rule:

- If I suspect you are abusing or neglecting a child, elder or disabled person, I am required to file a report with the appropriate agency.
- If I believe that you are a danger to yourself (suicidal), I will take actions to protect your life even if I must reveal your identity to do so.
- If you threaten serious bodily harm to another, I will take necessary actions to protect that person even if I must reveal your identity to do so.
- If you, or the client, is involved in a lawsuit, and a court requires that I submit information or testify, I must comply.
- If insurance is used to pay for the treatment, the client's insurance company may require me to submit information about the treatment for claims processing purposes or for utilization review.
- You are expected to maintain the confidentiality of the identified client (your spouse, friend, or child) in your role as a collateral.

## **DO COLLATERALS EVER BECOME A FORMAL CLIENT?**

Collaterals may discuss their own problems in therapy, especially problems that interact with issues of the identified client. The therapist may recommend formal therapy for a collateral.

These are some examples of when this might occur.

- It becomes evident that a collateral is in need of mental health services. In this circumstance, the collateral needs to have a clinician, diagnosis, and chart records kept.
- Parents, being seen as collaterals as their child is being treated, need couples therapy to improve their relationship so they can function effectively as parents. Most often, but not always, your clinician will refer you to another clinician for treatment in these situations. There are two reasons the referral may be necessary:
- Seeing two members of the same family, or close friends, may result in a dual role, and potentially cloud the clinician's judgement. Making a referral helps prevent this from happening.
- The clinician must keep a focus on the original primary task of treatment for the identified client. For example, if the clinician started treating a child's behavioral problem, then takes on couples therapy with mom and dad to address their relationship problems, the original focus of therapy with the child may be lost. A referral helps the clinician to stay focused.

One exception to these guidelines is when a family therapy approach can be effectively and ethically used to treat all members of the family, or each of the couple.

## **RELEASE OF INFORMATION**

The identified client is not required to sign an authorization to release information (Authorization Form) to the collateral when a collateral participates in therapy. The presence of the collateral with the consent of the client is adequate. This provides some assurance that full consent has been given to the clinician for the client's confidential information to be discussed with the collateral in therapy. The Authorization Form is also helpful to the clinician on those occasions

when receiving a telephone call from a collateral or when the clinician calls a collateral for one reason or another. In most instances the clinician cannot take a call from a collateral without an Authorization Form.

### **PARENTS AS COLLATERALS**

Clinicians specializing in the treatment of children have long recognized the need to treat children in the context of their family. Participation of parents, siblings, and sometimes extended family members, is common and often recommended. Parents in particular have more rights and responsibilities in their role as a collateral than in other treatment situations where the identified client is not a minor.

- In treatment involving children and their parents, access to information is an important and sometimes contentious topic. Particularly for older children, trust and privacy are crucial to treatment success. But parents also need to know certain information about the treatment. For this reason, we need to discuss and agree about what information will be shared and what information will remain private. I generally require a written contract signed by both you and your child/children concerning access to a child's record and once that contract is made, I will treat it as legally binding, although it sometimes may be overridden by a judge. In general, I believe that parents should be informed about the goals of treatment and how the treatment is going and whether the child comes to their appointments. In addition, I will always inform you if I think that your child is in danger or if they are endangering others. One of our first tasks is to discuss and agree on our shared definition of dangerousness so we are all clear about what will be disclosed.
- If you are participating in therapy with your child, you should expect the clinician to request that you examine your own attitudes and behaviors to determine if you can make positive changes that will be of benefit to your child.

### **SUMMARY**

If you have questions about therapy, my procedures, or your role in this process, please discuss them with me. Remember that the best way to assure quality and ethical treatment is to keep communication open and direct with your clinician.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_