

## Informed Consent for Collateral Visitors

### INTRODUCTION

I want to thank you for accepting the invitation to assist in \_\_\_\_\_ (client's name) 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, partner, 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. Therapists have certain legal and ethical responsibilities to clients, and the privacy of the relationship is given legal protection. My primary responsibility is to my patient 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 his/her relationship with the client may be a focus of the treatment. We will discuss your specific role in the treatment as it relates to the client's therapeutic goals at our first meeting and other appropriate times.

### BENEFITS AND RISKS

Psychotherapy may involve 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 the client, 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.

### MENTAL HEALTH RECORDS

No record or chart will be maintained on you in your role as a collateral. Notes about you and your participation may be entered into the identified client's chart. The client has a right to access the chart and the material contained therein. You, however, will not have the right to access that chart without the written consent of the client and as deemed appropriate. 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 ("financial guarantor") for the client.

### CONFIDENTIALITY

The confidentiality of information in the client's chart, including the information that you provide me, is protected by both federal and state law. It can only be released if the client specifically authorizes me to do so, or as permitted by law. These exceptions to confidentiality include:

- If I suspect or learn that you are abusing or neglecting a child (and/or viewing child pornography), vulnerable/dependent adult, or elderly person (age 65 or older), I am required to file a report with the appropriate authorities.
- If I believe that you are a danger to yourself (suicidal) or if you threaten serious bodily harm to another, I will take actions to protect your life or theirs 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 patient (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 client. The therapist may recommend a collateral obtain their own formal therapy. These are some examples of when this might occur.

- It becomes evident that a collateral is in need of or would benefit from mental health services. In this circumstance the collateral would have their own clinician, treatment plan, and chart records kept.
- Parents, being seen as collaterals as their child is being treated, needing couples therapy to improve their relationship and/or communication so they can function more 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 objective judgement, creating a possible conflict of interest. Making a referral helps prevent this from happening.
- The clinician must keep a focus on the original primary task of treatment for the 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 presence of the collateral with the consent of the patient is adequate as consent for the collateral to participate in therapy. This provides some assurance that full consent has been given to the clinician for the patient'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. Any or all communications with the collateral will be related to the benefit of the client's therapeutic goals in treatment.

## 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. By signing below you indicate that you have read and understood this document.

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Collateral's (Visitor) Signature

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Date

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Collateral's (Visitor) Name Printed Clearly

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Relationship to Client

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I, the client, understand the nature and role of the collateral visitor in my treatment and have read and understand this document. I give informed consent for the above individual to participate in my therapy for the potential benefit towards my overall treatment goals and understanding of myself.

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Client's Signature

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Date