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## OUTPATIENT SERVICES AGREEMENT FOR COLLATERALS

### INTRODUCTION

I want to thank you for accepting the invitation to assist in \_\_\_\_\_ 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 patient. The collateral is not considered to be a patient and is not the subject of the treatment. Psychologists have certain legal and ethical responsibilities to patients, 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.

### WHAT IS 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 patient, to provide information to the therapist and never attend another session. In another case a collateral might attend all of the patient's therapy sessions and his/her relationship with the patient may be a focus of the treatment. We will discuss your specific role in the treatment at our first meeting and other appropriate times.

### WHAT ARE THE 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 patient. While your participation can result in better understanding of the patient 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 patient's chart. The patient 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 that chart without the written consent of the identified patient. 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 the parent of and/or financially responsible for the patient.

## **CONFIDENTIALITY**

All patient information is confidential, including the information that you may provide to me. Both federal and state law protects it and it can only be released if the identified patient specifically authorizes me to do so. There are some exceptions to this general rule:

- If I suspect you are abusing or neglecting a child or a vulnerable adult, 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 patient, 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 clients 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 PATIENT?**

Collaterals may discuss their own problems in therapy, especially problems that interact with issues of the identified patient. 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 patient. 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 patient 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 patient is adequate. 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.

## **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 patient 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 his/her appointments. At the end of treatment, I prepare a summary for the parents. In addition, I will always inform you if I think that your child is in danger or if he/she

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

\_\_\_\_\_  
Collateral's Name

\_\_\_\_\_  
Collateral's Signature

\_\_\_\_\_  
Date