

Johns Creek Psychology

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Check one:

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COLLATERAL CONTACT (NON-PATIENT) AGREEMENT

Collateral Informant's name - _____

Client's name - _____

This document is to inform you about the risks, rights, and responsibilities of your participation as a collateral contact who is participating in the therapy and/or evaluation of the above-named client.

WHO & WHAT IS A COLLATERAL CONTACT?

A collateral contact is a family member, friend, or other individual who participates in the therapy or evaluation of the identified client. The collateral contact is not considered to be a client and is not the subject of the treatment or evaluation. Clinicians have certain legal and ethical responsibilities to clients, including confidentiality and the overall privacy of the relationship, but collateral contacts have less protection, as the clinician's first ethical and legal responsibilities are towards the client.

THE ROLE OF COLLATERALS IN THERAPY

The role of collateral contacts can vary greatly. A collateral contact might attend only one meeting, either alone or with the client, to provide information to the psychologist but never attend another session. However, a collateral contact might attend many therapy sessions and his/her relationship with the client might even be a focus of the treatment. Collateral contacts may discuss their own problems in therapy, especially problems that interact with issues of the identified patient, but even then the therapeutic relationship still resides with the identified client, as you are not the client.

BENEFITS AND RISKS

Psychological services can invoke intense emotional experiences, and your participation may be emotionally distressing. It may also lead to tension in your relationship with the client. While the collateral contact's participation can result in having a better understanding of the client, an improved relationship with the client, or it may even incidentally help in the collateral contact's own growth and development, there is no guarantee that this will be the case. If the clinical determines that the collateral contact requires his or her own personal therapy, or if the collateral contact requests his or her own personal therapy, the clinical will make an appropriate referral.

MEDICAL RECORDS & RELEASE OF INFORMATION

No record or chart will be maintained on you personally in your role as a collateral contact. Information that you share, about you or about the client, can be recorded into the identified client's chart. The client has a right to access the chart and the material contained therein, and it is possible that the client will know what you say during a collateral session, but you have no right to access to the client's chart without consent of the identified client. (An exception exists if you are a parent or legal guardian of the client and have inherent rights to medical information of your child in that role.)

The identified client is not required to sign an authorization to release information pertaining to the collateral contact when the collateral contact participates in therapy, as the client's agreement and consent to have the collateral contact present in the session is adequate. This provides some assurance that full consent has been given to the clinician for the client's confidential information to be discussed (to a limited extent) with the collateral contact in therapy.

CONSENT TO PARTICIPATE AS A COLLATERAL CONTACT

By signing this form, I, _____, understand that I am attending an appointment pertaining to, and/or otherwise engaging in communication regarding, the above-named client's with his or her clinician at the client's request, and/or with the client's knowledge or consent.

- I understand that my role is exclusively limited to being a collateral contact to assist in the client's therapy and/or evaluation.
- It is my understanding that that no personal therapeutic or therapist/client, therapist/patient relationship is being established between me and the above named clinician.
- It is my expectation that anything I disclose during my attendance at the client's appointment will be held in confidence. However, I understand that the client could be privy to the information that I provide.
- I understand that this confidentiality is not held by me personally. Rather, I understand that the confidentiality of any information that I provide specifically is held under the confidentiality rights of the above-named client. In other words, it is my understanding that if the client allows his or her clinician to release information to any other individual, and this could include the client allowing another party to have access to information that was disclosed by me.
- I pledge that I will hold in confidence anything that is said about the client, either by the client or the clinician.
- If I would like to see a psychologist, counselor, or other mental health professional, I will ask for a referral.

I have read and understood the info in this form.

Signature of collateral informant: _____

Date: _____