

AGREEMENT FOR COLLATERALS

I, _____, (the collateral participant) have been invited by _____ (client) to attend one or more of the client's psychotherapy sessions with his/her therapist. I understand that the purpose of my attending is to assist the client and the therapist in the client's treatment and **not** to seek psychotherapy for myself. I understand that my role as a collateral ally in the client's psychotherapy is to provide information about the client, both factual and from my personal perspective.

I understand that my participation is voluntary, and that at any time I can withdraw and/or decline to answer any question. I understand that this experience may generate positive feelings by creating better understanding, but it can also create anxiety or distress.

I certify that I do not have a personal or client relationship with this therapist.

I understand that I am not responsible for any therapy fees unless I am financially responsible for this client.

I understand that what I say in session(s) may be discussed between the therapist and the client. I understand that no record will be maintained on me in my role as a collateral. However, I also understand that notes about me may be entered into the client's chart. I understand that the patient has a right to access the chart and the material contained therein. I have no right to access the chart without the written consent of the client. I will not carry a diagnosis and there will be no individualized treatment plan for me.

As a collateral ally I understand that I have certain rights and requirements pertaining to confidentiality, as well as some limits to that confidentiality. I am expected to maintain the confidentiality of the client. The confidentiality of information in the client's chart, including information that I provide, is protected by both federal and state law and can only be released if the client specifically authorizes the therapist to do so. I understand the following exceptions to confidentiality, which pertain to both the client and myself:

- If there is a suspicion of abuse or neglect of a child or a vulnerable adult, the therapist is required to file a report with the appropriate agency.
- If there is a belief that I am a danger to myself (suicidal), the therapist is required to take actions to protect my life.
- If I threaten serious bodily harm to another, the therapist is required to take necessary actions to protect that person.
- If a court requires that the therapist submit information or testify in a case involving me or the client, he or she must comply.
- If insurance is used to pay for the treatment, the client's insurance company may require the therapist to submit information about the treatment for claims processing or for utilization review.

I understand that the client's therapist may recommend formal therapy for me if the therapist believes I could benefit from mental health services. Most often, the therapist will refer me to another therapist so that the client's therapist can focus on the client's needs.

I understand that, except for emergencies, if I want to speak with the therapist outside of the collateral sessions, I would need the client to sign an authorization form.

If I have any questions about therapy, procedures, or my role in this process, I will discuss them with the therapist.

I certify that all of the above information has been explained and discussed with me and I understand this document.

I, _____ (client) give permission for _____
(collateral participant) to attend one or more of my psychotherapy sessions.

Signature of Client: _____
Printed Name: _____

Date: _____

Signature of Collateral participant: _____
Printed Name: _____

Date: _____