COLLATERAL CONTACT (NON-CLIENT) AGREEMENT

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

WHO & WHAT IS A COLLATERAL CONTACT?

A collateral contact is a partner, family member, friend, or other individual who participates in the therapy or evaluation of the identified client of a therapist or clinic. As a collateral contact you are not considered to be a client of mine and you are not the subject of the treatment or evaluation. Clinicians have certain legal and ethical responsibilities to their clients, including confidentiality and the overall privacy of the relationship; 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. You might attend only one meeting to provide information, or you might attend many therapy sessions and your relationship with the client might even be a focus of the treatment. You may discuss your own problems in therapy, especially problems that interact with issues of the identified client, but even then the therapeutic relationship still resides with the identified client, as you are not the client. If you desire your own personal therapy, you may ask for an appropriate referral.

BENEFITS AND RISKS

Psychological services can evoke intense emotional experiences, and your participation may be distressing to you. It may also expose or create tension in your relationship with the client. While your participation can result in having a 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.

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, may be recorded into the client's chart. The client has the 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 contact even if he or she was not present. In addition, the client may grant the therapist permission to exchange information with other health providers or other professionals (such as an attorney), and the therapist may then share information about your participation as a collateral contact.

You have no right to access the client's chart without consent of the 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.)

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

- I must report to Social Services any knowledge or suspicion of abuse or neglect of a child or dependent adult.
- I am required by law to take action to protect you if you become an imminent danger to yourself. Action in this situation may include psychiatric hospitalization and/or notifying a loved one of your circumstances.
- By law, if you are a serious and imminent threat to another person, or threaten violence at a specific location, I have a duty to warn that person and/or notify the police or other appropriate authorities.
- If I am directed by a judge in a court of law to reveal information, I may comply.
- To protect public health, you or I may at some point become legally required to disclose that we have been in contact (for example, if either of us were to test positive for, or show signs of, COVID-19 infection). If I am legally compelled to disclose information, I will inform you and will only provide the minimum necessary information required by law (e.g., your name and the dates of our contact). I will not go into any details about the reason(s) for our contact.

You are expected to maintain the confidentiality of the client in your role as a collateral.

Thank you for accepting the invitation to assist in the identified client's treatment. By signing below you are indicating that you have read and understand this document.

Signature of collateral contact:	Date:
Printed name:	