



Collateral Contact (Non-Client) 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 therapy and/or evaluation of the above-named client and with Andrea Nus, LMFT.

Who and 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 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 session, either alone or with the client, to provide information to the therapist but never attend another session. However, a collateral contact might attend many therapy sessions and his/her/their relationship with the client might even be a focus on the treatment. Collateral contacts may discuss their own problems in therapy, especially problems interacting with issues of the identified client, but even then, the therapeutic relationship resides with the identified client, as you are not the client.

Benefits and Risks

Therapeutic 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 this will be the case. If the clinician determines the collateral contact requires his/her/their own personal therapy, or if the collateral contact requests his/her/their own personal therapy, the clinician will make an appropriate referral.

Medical Records and Release of Information

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

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 session is adequate. This provides some assurance 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 I am attending an appointment pertaining to, and/or otherwise engaging in communication regarding, the above-named client's with his/her/their clinician at the client's request, and/or with the client's knowledge or consent.

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

I have read and understood the information in this form.

Signature of collateral informant: _____ Date: _____