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**INFORMED CONSENT AGREEMENT FOR
COLLATERAL PARTICIPANTS IN PSYCHOTHERAPY**

INTRODUCTION

Thank you for accepting the invitation to assist in _____'s (client name) psychotherapeutic treatment. Your participation may be important to the success of the treatment. This document is to inform you about the risks, rights, and responsibilities of your role as a collateral participant.

WHO IS A COLLATERAL?

A collateral is usually a spouse, family member, or friend, who participates in a patient/client's therapy to assist the patient/client. A collateral is not considered to be a patient/client and is not the subject of the treatment. Psychologists have legal and ethical responsibilities to maintain a patient/client's confidentiality. As a collateral participant, you have much less privacy protection than the patient/client; information that you share will be documented in the patient/client's record and will be available if that record is authorized for disclosure by the patient/client. My primary responsibility is to my patient/client, and I must place their interests first.

THE ROLE OF COLLATERALS IN THERAPY

The role of a collateral can vary greatly. For example, a collateral might attend only one session, either alone or with the patient/client, to provide information to the therapist. In another case a collateral might attend many of the patient/client's therapy sessions. Regardless, your role and sole purpose is to facilitate the patient/client's progress in therapy. We will discuss your specific role in the treatment at our first meeting and other appropriate times.

BENEFITS AND RISKS

While your participation can result in better understanding of the patient/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, and that is not the purpose of your involvement in the patient/client's treatment. In addition, psychotherapy often includes intense emotional experiences, and your participation as a collateral to treatment may include some anxiety or emotional distress. However, the sole focus of treatment will be on meeting the patient/client's clinical treatment goals and not on your emotional reactions.

MEDICAL RECORDS

No separate medical record or chart will be maintained for you as a collateral, and you will not receive a diagnosis or individualized treatment plan. However, notes about you or things you say may be entered into the patient/client's medical record. The patient/client has a right to access that record, but as a collateral participant, you do not have access to that record without the written consent of the patient/client.

FEES

You are not responsible for paying for my professional services unless you are responsible for the patient/client.

CONFIDENTIALITY

Although I strive to maintain the privacy of your communications to me regarding third parties, there are a few circumstances where I might be required to make a report about you to a governmental agency. The most significant such circumstance is if you disclose to me information that indicates that a child or a vulnerable adult is or has been abused or neglected (by anyone, including the patient/client or the collateral) or if you threaten serious physical harm to yourself or another person.

Additionally, if you or the patient/client are involved in a lawsuit, and a court requires that I submit information or testify about the patient/client's treatment, I must comply, and this disclosure might include information you have given to me in sessions. Further, if insurance is used to pay for the treatment, the patient/client's insurance company may require me to submit information, some of which might be about you.

Although I cannot compel you to maintain the confidentiality of the information that the patient/client discloses in your presence during sessions, I ask that you do your utmost to maintain the confidentiality of the patient/client and their communications made in your presence.

DO COLLATERALS EVER BECOME PATIENT/CLIENTS?

If it becomes evident that a collateral needs their own mental health services, I may recommend that the collateral seek out professional assistance. With very few exceptions, I would generally refer the collateral to another therapist.

DISCLOSURE OF INFORMATION

The identified patient/client is not required to sign an authorization to release information (Authorization Form) to the collateral when a collateral participates attends therapy sessions. The presence of the collateral with the consent of the patient/client is adequate and provides some

assurance that full consent has been given to the clinician for the patient/client's confidential information to be discussed with the collateral present in therapy.

In most instances the clinician cannot take a call from or share information with a collateral outside a session without having an Authorization Form signed by the patient/client. It is recommended that you and the patient/client discuss this issue with the clinician in advance. The clinician and patient/client should consider having a signed Authorization Form on file if it is expected that communication between the clinician and collateral outside the sessions will occur and benefit the patient/client. In addition, any such contacts will be documented in the patient/client's record and will be available to the patient/client.

SESSIONS WHERE YOU ARE PRESENT BUT THE PATIENT/CLIENT IS NOT

I will not meet with you individually (i.e., without the patient/client being present), unless the patient/client gives me prior written authorization permitting you to attend without them being present. Moreover, I do not keep secrets from patient/clients and may disclose to the patient/client some or all of what you communicated to me during a meeting where the patient/client was not present.

If you have questions about my procedures, or your role as a collateral in this process, please discuss them with me as soon as possible. By signing below, you indicate that you have read, understood, and agree with all the above information in this document.

Client Signature: _____ Date: _____

Collateral Signature: _____ Date: _____

Psychologist Signature: _____ Date: _____