

# NORTH STATE FAMILY COUNSELING CENTER, INC

Raechel L. Callejo, Licensed Marriage and Family Therapist, MFT # 119641  
3330 Churn Creek Rd, Suite D4, Redding, CA 96002  
(530) 768-1188 Phone (530) 768-1198 Fax  
info@northstatecounseling.com

## Collateral Contact Form

You (“the collateral”) are participating in therapy because \_\_\_\_\_ (“the identified client”) has asked you to be involved. Your participation is important, and is sometimes essential, to the resolution of problems. This document is to explain your rights and responsibilities, and the limits of your rights, in your role as a collateral in therapy. Please read this document carefully and ask me (“the therapist”) any questions you have regarding this agreement.

### **WHO IS A COLLATERAL?**

A collateral is usually a spouse, family member, or friend, who participates in therapy to assist the identified client. The collateral is not considered to be a client and is not the subject of the treatment. My primary responsibility is to my client and I must place their interests first. You also have less privacy protection.

### **THE ROLE OF COLLATERALS IN THERAPY**

The role of a collateral will vary greatly. We will discuss your specific role in the treatment at our first meeting and other appropriate times.

### **BENEFITS AND RISKS**

You may experience emotional distress as you engage therapy. It may also expose or create tension in your relationship with the client. While your participation can result in a better understanding of the client or may even help in your own growth and development, there is no guarantee that this will be the case. Psychotherapy is a positive experience for many, but it is not helpful to all people.

### **RECORDS**

No record or chart will be maintained on you in your role as a collateral. Notes about you may be entered into the identified client’s chart. However, you have no right to access that chart without the written consent from the identified client.

### **FEES**

As a collateral you are not responsible for paying session fees.

### **CONFIDENTIALITY**

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

- If I suspect you are abusing or neglecting a child or a vulnerable adult, I am required to file a report with the appropriate agency.
- If I believe that you are a danger to yourself (suicidal) I will take actions to protect your life even if I must reveal your identity to do so.

- If you threaten serious bodily harm to another I will take necessary actions to protect that person even if I must reveal your identity to do so.
- If you, or the client, is involved in a lawsuit, and a court requires that I submit information or testify, I must comply.

You are expected to maintain the confidentiality of the identified client (your spouse, friend, or child) in your role as a collateral. If there is contact between you and the therapist outside of session, the therapist has discretion on whether or not to keep that information from the identified client and that will be decided on a case by case basis.

**DO COLLATERALS EVER BECOME A FORMAL CLIENT?**

Collaterals may discuss their own problems in therapy, especially problems that interact with issues of the identified client. The therapist may recommend formal therapy for a collateral. Most often, but not always, the therapist will refer you to another therapist for treatment in these situations.

**RELEASE OF INFORMATION**

The identified client is not required to sign a Release of Information form for the collateral when a collateral participates in therapy. The presence of the collateral with the consent of the client is adequate. In most instances the therapist cannot take a call from a collateral without a Release of Information form.

**SUMMARY**

If you have questions about therapy, my procedures, or your role in this process, please discuss them with me.

By signing below, you indicate that you have read and understand this document.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

I (“the identified client”), \_\_\_\_\_ agree to have the above named collateral in my session and give the therapist consent to discuss my confidential information with the collateral in session. I will sign a Release of Information if I wish for the therapist to communicate with the collateral outside of session.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Therapist Signature/License

\_\_\_\_\_

Date