

Client Name: _____
Date of Birth: _____



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Therapy | Speaking | Coaching

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Counseling Service Agreement for Collateral Participants: Your Rights and My Policies

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WHAT YOU CAN EXPECT

Please accept my thanks and appreciation for accepting our invitation to assist in the counseling of my client. Your participation will be important to the success of treatment. This document is to inform you about the risks, rights and responsibilities of your participation as a collateral participant. A collateral participant is usually a spouse, family member, or friend, who participates in counseling to assist the client. The collateral participant is not considered to be a client and is not the subject of the treatment. I have certain legal and ethical responsibilities to my clients, and the privacy of the relationship is given legal protection. My primary responsibility is to my client and I must place their interests first. You also have less privacy protection.

YOUR ROLE

Your role as a collateral participant will vary greatly. For example, you might attend only one session, either alone or with the client, to provide information to me and never attend another session. In another you might attend all of the client's counseling sessions and your relationship with the client may be a focus of the treatment. We will discuss your specific role in the treatment at our first meeting and other appropriate times.

BENIFITS AND RISKS

Counseling can have benefits and risks. Your participation may involve discussing unpleasant aspects of your life; you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, counseling has also been shown to have benefits for people who go through it. While your participation can result in better understanding of the client and can lead to better a relationship with the client, there are no guarantees of what you will experience.

CLINICAL RECORD

No record or chart will be maintained on you in your role as a collateral participant. However, notes about you may be entered into the client's chart. The client has a right to access the chart and the material contained therein. It is sometimes possible to maintain the privacy of our communications. If that is your wish, we should discuss it before any information is communicated. You have no right to access that chart without the written consent of the client. You will not carry a diagnosis, and there is no individualized treatment plan for you.

FEEES

As a collateral participant you are not responsible for paying for my professional services unless you are financially responsible for the client. **(OVER)**

Client Name: _____

CONFIDENTIALITY

Both federal and state law protects the confidentiality of information in the client's chart, including the information that you provide me. It can only be released if the 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, are involved in a lawsuit, and a court requires that I submit information or testify, I must comply.
- If insurance is used to pay for the treatment, the clients insurance company may require me to submit information about the treatment for claims processing purposes or for utilization review.

You are expected to maintain the confidentiality of the client (your spouse, friend, or child) in your role as a collateral participant.

WILL I BECOME A CLIENT?

You may discuss your own problems in counseling, especially problems that interact with the issues of the client. I may recommend you consider counseling for yourself. Most often I will refer you to another counselor for treatment in these situations.

RELEASE OF INFORMATION

The client is required to sign an authorization to release information to you when you participate in his or her counseling. This authorization is also needed on those occasions when I receive a telephone call from you or when I need to call you.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Collateral Participant Signature _____ Date _____

Client (or Guardian if applicable) Signature _____ Date _____

Witness Signature _____ Date _____