



William L. Buchanan, Ph.D., ABPP
Board Certified in Clinical Psychology,
American Board of Professional Psychology (ABPP)
Licensed Psychologist, GA #1251

North Point Psychology, LLC
3534 Old Milton Parkway
Alpharetta, GA 30005

(678) 624-0310, ex. 0
fax: (678) 624-0258

www.northpointpsychology.com
doc4add@mindspring.com

COLLATERAL AGREEMENT

INTRODUCTION

I want to thank you for accepting the invitation to assist in the evaluation and/or treatment of _____. Your participation is important, and is sometimes essential to a successful outcome. This document is to inform you about the risks, rights and responsibilities of your participation as a collateral participant.

WHO IS A COLLATERAL?

A collateral is usually a spouse, family member, or friend, who participates in evaluation and/or therapy to assist the identified patient. The collateral is not considered to be a patient and is not the subject of the treatment. Psychologists have certain legal and ethical responsibilities to patients, and the privacy of the relationship is given legal protection. My primary responsibility is to my patient and I must place their interests first. However, your privacy is also important and will be protected though not to the same degree as a patient.

THE ROLE OF COLLATERALS IN THERAPY AND EVALUATION

The role of a collateral will vary greatly. For example, usually for an evaluation the collateral will only provide information to me during one or two conversations. This could be through talking in person, talking on the telephone, and/or you providing written documents to me. In therapy a collateral might attend only one session, either alone or with the patient, to provide me with information and never attend another session. In another therapy case, a collateral might attend all of the patient's therapy sessions and his/her relationship with the patient may be a focus of the treatment. We will discuss your specific role in the treatment at our first meeting or at other appropriate times.

Initials: _____

BENEFITS AND RISKS

Psychotherapy and psychological evaluations often engender intense emotional experiences, and your participation may engender strong anxiety or emotional distress. It may also expose or create tension in your relationship with the patient. While your participation can result in better understanding of the patient, an improved relationship with the patient, or may even help in your own growth and development, there is no guarantee that this will be the case.

MEDICAL RECORDS

No record or chart will be maintained on you in your role as a collateral. Information from you will be entered into the identified patient's chart. The patient (or in the case of a minor, the parent or legal guardian) has a right to access the chart and the material contained therein. However, 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 identified patient. You will not carry a diagnosis, and there is no individualized treatment plan for you.

FEES

As a collateral you are not responsible for paying for my professional services unless you are financially responsible for the patient.

CONFIDENTIALITY

The confidentiality of information in the patient'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 patient (or the parent or legal guardian in the case of a minor) 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 State or County agency.

If I believe that you are a danger to yourself (i.e., that you are 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 person, I will take necessary actions to protect that person even if I must reveal your identity to do so.

If you, or the patient, is involved in a lawsuit, and a Court orders 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.

Initials: _____

You are expected to maintain the confidentiality of the identified patient (your spouse, friend, or child) in your role as a collateral. This means that what goes on here, and what is said here, must stay here, and you are not to repeat it or tell anyone outside of here without written authorization.

DO COLLATERALS EVER BECOME A FORMAL PATIENT?

Collaterals may discuss their own problems in therapy, especially problems that interact with issues of the identified patient. At times, I may recommend formal therapy for a collateral. These are some examples of when this might occur:

It becomes evident that a collateral is in need of mental health services. In this circumstance the collateral needs to have a diagnosis and chart records kept.

Parents, being seen as collaterals as their child is being treated, need couples therapy to improve their relationship so they can function effectively as parents.

Most often, but not always, I will refer you to another mental health professional for treatment in these situations. The main reason a referral may be necessary is that seeing two members of the same family or close friends, may result in a dual role, and potentially cloud the clinician’s judgement. Making a referral helps prevent this from happening. One exception to these guidelines is when a family therapy approach can be effectively and ethically used to treat all members of the family or each of the couple.

RELEASE OF INFORMATION

The identified patient is not always required to sign an authorization to release information (Authorization Form) to the collateral when a collateral participates in therapy. The presence of the collateral with the consent of the patient is adequate; however, it is my practice to require such an authorization. This provides some assurance that full consent has been given to the clinician for the patient’s confidential information to be discussed with the collateral in therapy. The Authorization Form is also helpful to the clinician on those occasions when receiving a telephone call from a collateral or when the clinician calls a collateral for one reason or another. In most instances, the clinician cannot take a call from a collateral without an Authorization Form.

SUMMARY

If you have questions about therapy, psychological evaluations, my procedures, or your role in this process, please discuss them with me. Remember that the best way to assure quality and ethical treatment is to keep communication open and direct with me.

Initials: _____

By signing below I acknowledge that I have read and understood this document, that I give my informed consent to participate as a collateral, and that I agree to abide by the terms and conditions as specified.

Printed Name

Signature

Date