

CRAINE COUNSELING AND CONSULTING GROUP

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INFORMED CONSENT FOR COLLATERALS TO TREATMENT

INTRODUCTION

I want to thank you for accepting the invitation to assist in the psychotherapeutic treatment of _____ . Your participation is important, and is sometimes essential to the success of the treatment. 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 therapy to assist the identified patient. The collateral is not considered to be a patient and is not the subject of the treatment. Psychotherapists 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/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. For example, a collateral might attend only one session, either alone or with the patient/client, to provide information to the therapist and never attend another session. In another 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 as part of our first meeting/session and other appropriate times.

BENEFITS AND RISKS

Psychotherapy often engenders 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 or an improved relationship, 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.

MEDICAL 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 patient's chart. The patient has a right to access the chart and the material contained in it. 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 the 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, if you are being seen in the same meeting and at the same time with the patient, he/she will be responsible for my fees. If you are being seen at a meeting separate from the patient, then you may be responsible for my fees; this will be negotiated with the patient.

CONFIDENTIALITY

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

- If I have "reasonable suspicion" that you are abusing or neglecting a child or vulnerable adult, I am required to file a report with the appropriate agency.
- If I believe that you are a danger to yourself (suicidal – thoughts with intent and an identified means to carry it out), I will take actions to protect your life even if that means I must reveal your identity to do so.
- If you threaten serious bodily harm to another person and I believe you have the intent and means to carry out the threat, 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 there is a court order signed by a Judge requiring me to appear, submit written information, or testify, I may be required to do so. In such circumstances I will share with the court and attorneys involved any limits of information I can share and any concerns about any potential harm that may exist should I share information with them.
- If insurance is used to pay for treatment, the client's 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 identified patient (your spouse, friend, or child) in your role as a collateral.

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DO COLLATERALS EVER BECOME A FORMAL PATIENT?

Collaterals may discuss their own problems in therapy, especially problems that interact with the issues of the identified patient. The therapist 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 clinician, diagnosis, and chart records kept.
- Parents, being seen as collaterals as their children are being treated, need couples therapy to improve their relationship so they can function more effectively as parents.

Most often, but not always, your clinician will refer you to another clinician for treatment in these situations. There are two reasons the referral may be necessary:

- Seeing two members of the same family, or close friends, may result in a dual role, and potentially cloud the clinician's judgment. Making a referral helps prevent this from happening.
- The clinician must keep focus on the original primary task of treatment for the identified patient. For example, if the clinician started treating a child's behavioral problem, then takes on couples' therapy with mom and dad to address their relationship problems, the original focus of therapy with the child may be lost. However, sometimes it is in the best interest of the original patient, especially a child, for the parents to also be in therapy and work on improving their spousal, parental and co-parenting relationship.

In addition, sometimes a family therapy approach can be effectively and ethically used to treat all members of the family, or each member of the couple.

RELEASE OF INFORMATION

The identified patient is not 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 suggest such an authorization when appropriate. 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.

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PARENTS AS COLLATERALS

Clinicians specializing in the treatment of children have long recognized the need to treat children in the context of their family. Participation of parents, siblings, and sometimes extended family members, is common and often recommended. Parents in particular have more rights and responsibilities in their role as a collateral than in other treatment situations where the identified patient is not a minor.

- In treatment involving children and their parents, access to information is an important and sometimes contentious topic. Particularly for older children, trust and privacy are crucial to treatment success. Parents also need to know certain information about the treatment. For this reason, we need to discuss and agree about what information will be shared and what information will remain private. I generally require a written contract signed by both parents and the child/children concerning access to a child's record and once the contract is made, I will treat it as legally binding although sometimes it is overridden by a Judge. In general, I believe that parents should be informed about the goals of treatment and how the treatment is going and whether the child comes to his/her appointments. In addition, I will always inform you if I think that your child is in danger or if he/she is endangering others. One of our first tasks is to discuss and agree on our shared definition of dangerousness so we are all clear about what will be disclosed.
- If you are participating in therapy with your child, you should expect the clinician to request that you examine your own attitudes and behaviors to determine if you can make positive changes that will be of benefit to your child.
- **Craine Counseling and Consulting Group/Ellen M. Craine, JD, LMSW, ACSW** will **NOT** appear in court on your behalf in any matter without a court order signed by a Judge; a subpoena signed by an attorney is not sufficient.

Furthermore, she especially does NOT appear in Court in custody matters regardless of whether one or both parents are participating in therapy with, or on behalf of, the minor child(ren) involved. Providing any kind of recommendation in favor of one parent or another is not an option because doing so is potentially detrimental to the therapeutic process. However, if she deems it to be in the best interest of the child(ren), she will discuss your case with legal counsel of both parents, if necessary, with a Release of Information form signed by you in her office. There will be a consultation fee at the rate of _____ per hour for contact with legal counsel should that become necessary and may include, but not be limited to phone contact and any letters or reports written at the request of you or your attorney.

All documentation and communication will be done within the ethical scope and requirement of confidentiality and the legal and ethical exceptions that are allowed based on Michigan law and the National Association of Social Workers Code of Ethics.

SUMMARY

If you have questions about therapy, my procedures, or your role in the 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 your clinician. By signing below, you indicate that you have read and understand this document.

Signature of Collateral: _____

Date of Signature: _____

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