

**PATHS
PSYCHOLOGICAL AND THERAPEUTIC HEALING SERVICES, PLLC**

**OUTPATIENT SERVICES AGREEMENT
FOR COLLATERALS IN COUNSELING/HEALTH & BEHAVIOR VISITS**

THIS IS A LEGAL DOCUMENT, READ IT CAREFULLY, HAVE YOUR QUESTIONS ANSWERED TO YOUR SATISFACTION, AND INITIAL EACH LINE BEFORE SIGNING IT.

Thank you for attending _____ (patient name)'s counseling, or health & behavior, visits at PATHS. Your participation can be important, and is sometimes essential to the success of the treatment. This document is to inform you about your participation as a "collateral participant." Said another way, a "collateral" is someone who is not the identified patient, but attends visits to support the patient in some way. The collateral is not considered to be a patient and is not the subject of the treatment.

THE ROLE OF COLLATERALS IN THERAPY

The role of a collateral will vary greatly. For example, you might attend only one session, either alone or with the patient, to provide information to the counselor and never attend another session. Or, you might attend more of the patient's sessions. We will discuss your specific role at our first meeting and other appropriate times. _____ (initials)

MEDICAL RECORDS & RELEASE OF INFORMATION

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. You will not be assigned a diagnosis, and there is no treatment plan developed for you. Even if you attend sessions, you have no right to access the patient's chart without the written consent of the identified patient. The identified patient is not required to sign an authorization to release information to you when you participate in therapy as a collateral. _____ (initials)

FEES

As a collateral you are not responsible for paying for professional services unless you are financially responsible for the patient. _____ (initials)

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 specifically authorizes me to do so. There are some exceptions to this general rule: _____ (initials)

- 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 patient, is involved in a lawsuit, and a court requires that I submit

PARENTS AS COLLATERALS

Providing services to children frequently requires 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. But 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. 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. _____(initials)
- 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. _____(initials)

SUMMARY

If you have questions about counseling, PATHS 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 your clinician. By signing below you indicate that you have read and understood this document. _____(initials)

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Signature

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Date

Printed Name