

# COGNITIVE THERAPY ORANGE COUNTY

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## OUTPATIENT SERVICES AGREEMENT FOR COLLATERALS

Welcome. The following information is to provide you with information about office procedures and policies.

### INTRODUCTION

You are participating in cognitive therapy treatment because a spouse, member of your family, or a friend 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.

### WHO IS A COLLATERAL?

A collateral is usually a spouse, family member, or friend, who participates in cognitive therapy treatment with the “identified patient” but is not identified formally as a patient.

### THE ROLE OF COLLATERALS IN THERAPY

The role of a collateral will vary greatly. For example, a collateral might attend only one session to provide information to the therapist and never attend another session. In another case a collateral might attend all therapy sessions and be invested in the therapy process with a focus on his or her own issues, particularly those that interact with the issues of the identified patient.

### BENEFITS AND RISKS

You may experience emotional distress as you engage therapy. Also you may grow and benefit from the process and find your life enriched in some way. 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. However, 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 have no financial obligation to the identified patient, to me, or to Cognitive Therapy Orange County (CTOC). You will not be billed.

### CONFIDENTIALITY

I will maintain your confidence. There are exceptions:

- If I suspect you are abusing or neglecting a child or a vulnerable adult, I will file a report with the appropriate agency.
- If 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.

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

### DO COLLATERALS EVER BECOME A FORMAL PATIENT?

Collaterals typically address their own problems in therapy, especially problems that interact with issues of the identified patient. The clinician may recommend formal cognitive therapy treatment 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 child is being treated, need couples therapy to improve their relationship so they can function 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 judgement. Making a referral helps prevent this from happening.
- The clinician must keep a 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 cognitive therapy treatment with the child may be lost. A referral helps the clinician to stay focused.

One exception to these guidelines is when a family therapy approach (using what is known as systems theory) 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 required to sign a release of information (ROI) to the collateral when a collateral participates in cognitive therapy treatment. The presence of the collateral with the consent of the patient is adequate. However it is recommended that the patient sign a ROI. 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 cognitive therapy treatment. The ROI 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 a ROI.

## 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 expected. 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.

- The parent has a legal right to access the medical record of the child. The child may need some measure of confidentiality with the clinician. The clinician will negotiate the terms of what is best for your child with you early in the child's treatment. Your child's clinician will always inform you if it is found that your child is in danger to himself or to others.
- If you are participating in cognitive therapy treatment 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.

## SUMMARY

If you have questions about cognitive therapy treatment, 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 your clinician. By signing below you indicate that you have read and understood this document.

\_\_\_\_\_  
Collateral Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinician Signature

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Date