



**INFORMATION, AUTHORIZATION, &
CONSENT TO BEING A COLLATERAL PARTICIPANT**

Thank you very much for taking the time to read this authorization form carefully. **I have given you this form because you have elected to become part of your friend's, family member's, spouse's, or partner's treatment.** Although providing this document is part of an ethical obligation to my profession, more importantly, it is part of my commitment to you to keep you fully informed of every part of your experience in joining the therapeutic process. Specifically, this document is to inform you about your rights, responsibilities, and risks regarding collateral participation. A "collateral participant," means that **you are here to assist another person (the designated client), but you are not the primary focus of treatment.** Please know that your relationship with me is a collaborative one, and I welcome any questions, comments, or suggestions regarding your collateral participation.

Background Information

I received my Bachelor of Arts in Psychology from Mercer University, College of Liberal Arts, in 2014 and a Master of Family Therapy from Mercer University, School of Medicine, in 2017. I am licensed in the state of Georgia as a Marriage and Family Therapist and am currently pursuing my certification as a Registered Play Therapist under the supervision of Trudy Post Sprunk, LMFT, LPC, RPTS, EMDR, CPCS, who is also the President of the Georgia Play Therapy Association. I have been providing therapeutic services to children, adolescents, adults, families, couples, and groups since 2016. My professional experiences include working in a university mental health clinic, non-profit organization, and agency settings prior to being contracted with Cornerstone Family Services, LLC. Within these settings, I have worked with diverse populations experiencing various mental health issues such as depression, anxiety, domestic violence, sexual assault, behavioral issues, etc. Additionally, I am an active member of my professional organization at both the local and state levels.

Theoretical Views

It is my belief that as people become more aware and accepting of themselves, they are more capable of finding a sense of peace and contentment in their lives. However, self-awareness and self-acceptance are goals that may take a long time to achieve. Some clients need only a few sessions to achieve these goals, whereas others may require months or even years of therapy. Furthermore, it is my policy to only see clients who I believe have the capacity to resolve their own problems with my assistance. It is my intention to empower the designated client in their growth process to the degree that they are capable of facing life's challenges in the future without me. I also don't believe in creating dependency or prolonging therapy if the therapeutic intervention does not seem to be helping. If this is the case, I will direct the client to other resources that will be of assistance to them.

Description of Collateral Participation

The role of a collateral participant can vary greatly. For example, a parent or guardian may continuously be involved in the treatment of a minor, whereas, a partner or friend may only come in once or twice to help the designated client. We will discuss what role you shall take in the client's treatment during our first session. As mentioned above, I am committed to providing treatment to the designated client, and your participation is adjunct to this treatment. Therefore, **my legal and ethical responsibility resides strictly with the designated client.** This means the following: (1) What the client tells me is confidential, but what you tell me is not. This

isn't to say that I plan to divulge any information that you tell me to the public. However, I will not keep secrets from the client, and your information isn't protected by the same laws that the information given to me by the client is. (2) Although your participation as a collateral may help you psychologically; it also may not. **My primary concern is for the client, and treatment will focus on the client's needs.** However, I will be glad to give you other resources for your own treatment if necessary. (3) I will keep a clinical record for the designated client only. *Any notes I take regarding your participation will go into the client's chart.* The client has the right to access his/her chart, whereas, you do not have the right to access this chart without the client's written permission. Parents have a legal right to a minor's chart, but not an ethical right. (4) I will give the client a diagnosis for treatment purposes and, if applicable, for insurance filing. However, I will not give a collateral participant any kind of diagnosis.

Parents as Collateral Participants (if applicable)

Due to the sensitive nature of counseling and the fragile stage of development that your child is currently experiencing, forming a therapeutic bond with me, as their therapist, is very critical at this point. It is important that your child feel safe and comfortable discussing personal and private topics with me. In effort to respect the privacy and sensitive needs of your child, I will not be discussing the content of therapy sessions with you in detail. It is my hope that through the therapeutic process new skills and insights will be gained by your child, so they can discuss these sensitive topics with you in their own time. If your child is too young to do this, we will definitely have family meetings to assist in this process. However, if at any time I make the assessment that your child is in danger or might be dangerous to others, if abuse/neglect is suspected or reported, or if there are any other concerns related to the health and welfare of your child, you will be notified immediately so that the necessary actions and precautions can be taken.

Confidentiality & Records

As mentioned above, your communications with me will become part of a clinical record of treatment for the designated client, and it is referred to as the client's Protected Health Information (PHI), protected by both federal and state law. The PHI will be kept in a file stored in a locked cabinet in a locked office. Additionally, the PHI of the client is confidential, with the following exceptions: (1) the client directs me to tell someone else and signs a "Release of Information" form; (2) I determine that the client or you are a danger to yourself or to others; (3) the client or you report information about the abuse of a child, an elderly person, or a disabled individual who may require protection; (4) the sessions are being billed to an insurance company, and the client's insurance company requires me to submit information about treatment for claims processing or utilization review; or (5) I am ordered by a judge to disclose information. Regarding an order by a judge, my license does provide me with the ability to uphold what is legally termed "privileged communication." Privileged communication is the client's right to have a confidential relationship with a therapist. This state has a very good track record in respecting this legal right. If for some unusual reason a judge were to order the disclosure of the client's private information, this order can be appealed. I cannot guarantee that the appeal will be sustained, but I will do everything in my power to keep what the client says confidential. However, you should be aware that if a judge orders the disclosure of your information, **I do not have the legal authority to maintain your confidentiality.** I only maintain that authority with the designated client. Additionally, it is expected that you will maintain the confidentiality of the client in your role as a collateral participant. If at any point we, as a team, determine that family or couples therapy is more appropriate than collateral participation, then you will be afforded all the rights to confidentiality that currently reside with the designated client. Please feel free to discuss this with me if you have concerns.

Structure and Cost of Sessions

Each therapy session lasts 45-50 minutes. As a collateral participant, you will be invited into therapy session(s) in order to assist in the client's treatment. As such, the client and/or client's parent is financially responsible for session payments.

Cancellation Policy

As a collateral participant, the client and myself expect you to attend all scheduled sessions in order to assist in the client's treatment. I understand that "life happens" and that unexpected interruptions occur particularly with children and adolescents, but I do expect you to inform the client if you will not be able to attend a scheduled session. If you need to cancel your appointment, please inform the client **NO LATER THAN 24 HOURS PRIOR** to your scheduled appointment. The client is financially responsible and will be charged the full session fee that is cancelled with less than 24 hours notice. Cornerstone Family Services requires all clients to provide a credit card number to keep on file in the case of missed or cancelled appointments. This information is kept in a confidential file that is locked at all times. If you "no show" or cancel your appointment without giving a 24-hour notification to the client, the cancellation charge will be charged to the client's card. Please note that insurance companies do not reimburse for missed appointments.

Professional Relationship, Protecting Your Privacy, and Social Media

Because of the nature of therapy, the designated client and your relationship with me has to be different from most relationships. It may differ in how long it lasts, the objectives, or the topics discussed. It must also be limited to only a professional relationship. If you or the client and I were to interact in any other ways, we would then have a "dual relationship," which could prove to be harmful to the client or you in the long run and is, therefore, unethical in the mental health profession. Dual relationships can set up conflicts between the therapist's interests and the collateral's or client's interests, and then the collateral's or client's interests might not be put first. In order to offer all of my clients and their collateral participant's the best care, my judgment needs to be unselfish and purely focused on your needs. This is why your relationship with me must remain professional in nature. To abide by this code, I am not able to accept any requests to friend, like, or otherwise connect via the web or social media sites such as Instagram, Facebook, LinkedIn, and Twitter.

Another example of a dual relationship is when a therapist attempts to treat close friends or multiple family members as separate individual clients. It's nearly impossible to focus on the needs of one individual without affecting the needs of others involved. Therefore, it is not advised in our profession, and I cannot also become your individual therapist. If you determine that you would like your own therapist, I'll be glad to help you find another therapist to be of assistance.

One question you may have is if a collateral participant ever becomes a formal client of mine. The only time this might occur is if we collectively decide that couples or family therapy is more appropriate and beneficial to all parties. However, if I've had multiple sessions with the designated client and already developed a strong alliance, I will most likely refer couples or family therapy out to another professional. This will prevent a dual relationship as described above and allow for unbiased service to the couple or family.

You should also know that therapists are required to keep the identity of their clients and collaterals confidential. For your confidentiality, I will not address you in public unless you speak to me first. I also must decline any invitation to attend gatherings with your family or friends. Lastly, when this relationship is completed, I will not be able to be a friend to you like your other friends. In sum, it is my duty to always maintain a professional role. Please note that these guidelines are not meant to be discourteous in any way, they are strictly for the client's and your long-term protection.

Supervision/Case Consultation

Supervision/case consultation helps to ensure that the client is receiving the best of care and that appropriate measures are being taken to ensure that their needs are being met. I have contracted with a State Board approved supervisor to oversee cases that I feel the need to seek guidance on. This supervisor is legally bound to all the confidentiality restrictions listed above. The designated client's case may or may not be discussed with a supervisor, or in case consultation, at some point during their work with me, which means that your participation as a collateral participant may or may not be discussed. During supervision/case consultation, I do not disclose names of clients or specific identifying information. If you have any questions about this process, you are encouraged to ask them at any point during your time in therapy. I am currently under the supervision of Trudy Post Sprunk, LMFT, LPC, RPTS, EMDR, CPCS as I pursue my certification as a Registered Play Therapist.

In Case of an Emergency

Ishita Patel, MFT, LMFT, does not provide emergency services. I do not carry a pager, and I am not available at all times. I do not carry a beeper nor am I available at all times. If at any time this does not feel like sufficient support for the person you are here to support, please feel free to inform me, and we can discuss additional resources for the designated client or transfer the case to a therapist or clinic with 24-hour availability. However, if you are feeling that I'm not giving you enough support, this is a good indication that you might need to seek individual therapy for your own needs, which is discussed in the next section. Generally, I will return phone calls within 24-48 hours. If you or the designated client has a mental health emergency, I encourage you not to wait for a call back, but to do one or more of the following:

1. Call Ridgeview Institute at 770.242.4567 or Peachford Hospital at 770.454.5589
2. Call 911
3. Go to the emergency room of your choice
4. Georgia Crisis and Access Line (GCAL) 1.800.715.4225 (available 24/7)
5. Cobb County Mental Health Crisis Line 770.422.0202
6. Fulton County Mental Health Crisis Line 404.730.1600

Statement Regarding Ethics, Client Welfare & Safety

I assure you that my services will be rendered in a professional manner consistent with the ethical standards of the American Association for Marriage and Family Therapy. I make it a priority to be familiar with the AAMFT Code of Ethics and to structure my practice to follow those guidelines. If at any time you feel that I am not performing in an ethical or professional manner, I ask that you please let me know immediately. If we are unable to resolve your concern, I will provide you with information to contact the Georgia Association for Marriage and Family Therapy and the American Association for Marriage and Family Therapy, both which govern my profession.

Due to the very nature of psychotherapy, as much as I would like to guarantee specific results regarding your participation or the therapeutic goals of the designated client, I am unable to do so. However, with your participation, we will work to achieve the best possible results for the client as well as your relationship with them.

Additionally, as a support person for the client, it is important for you to know that at times people find that they feel somewhat worse when they first start therapy before they begin to feel better. This may occur as the client begins discussing certain sensitive areas of their life while in a session. However, once we are able to target the specific treatment needs for the client and the particular modalities that work the best, help is generally on the way.



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****Please keep the above information for your record. Return only this page.****

Our Agreement to Enter into a Collateral Relationship

I sincerely hope this document has been helpful to explain your role in the client's treatment, your rights, risks, and my procedures. If you have any questions about any part of this document, please ask.

Please print, date, and sign your name below indicating that you have read (or have had read to you) and understand the contents of this document and you agree to the policies stated above.

Designated Client's Name (Please Print)

Date

Designated Client's Signature

Collateral Participant's Name (Please Print)

Date

Collateral Participant's Signature

My signature below indicates that I have discussed this form with you and have answered any questions you have regarding this information.

Therapist's Signature

Date