

BRIGHT HOPE

Christian Counseling Center, PLLC

Serving Individual Adult, Adolescent, Children and Couples

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COLLATERAL SERVICE AGREEMENT

Thank you for your willingness to assist in _____'s psychotherapy

(identified client's name)

session(s). Your participation is important, and may sometimes be beneficial to the identified client's well-being, daily functioning and mental health. The identified client is not required to sign a "Release of Information"

authorization form to allow _____

(collateral Contact's name & relationship to client)

to participate in these psychotherapy session(s).

A **collateral** may be the client's spouse, parents, family member or a trusted friend.

A collateral's **responsibilities** includes -

- Attending the identified client's session at the invitation of the client, based on the client's needs
- Participating in the identified client's session to focus on the client's healing, to assist and to support the client. (Collateral shall **NOT** attempt to harm, exploit, manipulate, demean nor control the client. Collateral shall **NOT** attempt to derail the client from the client's identified goals for healing.)
- Protecting the identified client's rights, privacy and health information. (Collateral shall **NOT** use nor share identified client's information outside of the psychotherapy session(s), and shall **NOT** use the client's information in any harmful ways to may hurt the client).
- Knowing **parental rights and responsibilities** in the context of their family and in their child's mental health treatment. Parents have the right to access their child's mental health information (diagnoses, treatment goals and session attendance) and to know about potential contentious topic. For adolescent client, trust and privacy are crucial to treatment success. Parents-minor Client-Therapist need to discuss and agree about the type and nature of the minor client information that will remain private. A written contract may be generated and signed between parent and child concerning access to the client's records. Such contract will be legally binding, and/or may be overridden by the court of law. Parents will be notified if the minor client has suicidal and/or homicidal ideations, thoughts and intent. The therapist shall require the parents to examine their own attitudes, behaviors, perspectives, values, standards to determine if the parents can make positive changes that will benefit the child.

A collateral is **exempted** from –

- **Being a client** in the identified client's psychotherapy session(s). (Collateral may discuss their own issues in therapy, especially issues that pertain to the identified client's issues. The therapist may recommend formal therapy for the collateral if the collateral needs individual mental health services.)
- **Being the subject** in the identified client's psychotherapy session(s)
- **Being psychiatrically diagnosed** and receiving treatment plan by attending the identified client's psychotherapy session(s), nor carrying own any psychotherapy chart and records by attending such session(s)

Common Mandated reporting shall include, but not limited to:

- **CHILD, ELDER, OR DISABLED PERSON ABUSE** – Everyone above 18 years of age are considered as "Mandated reporters" in the State of Utah, and are required by law to report any known or suspected abuses.

- **SUICIDAL thoughts, ideation and attempts** – If this is an emergency, please call 911. We will contact the appropriate law enforcement authorities to help keep the identified client safe.
- **HOMICIDAL thoughts, ideation and attempts** – We are mandated by law to do our best to warn the intended victim and to notify the appropriate law enforcement authorities.
- **HOSPITALIZATION for mental illness** – Selected/pertinent information about the identified client shall be shared with the specific hospital physician/treatment team for client’s appropriate treatment and care.
- **COMMUNICABLE DISEASES** – We are mandated by law to report certain communicable diseases to the health department that we might be the first to know of a medical condition that falls under the reporting requirement. This may not include majority of the mental health diagnoses.
- **MEDICAL EMERGENCY** - If this is an emergency, please call 911. We may need to contact and give pertinent information necessary for treatment to the appropriate paramedics, hospital, and/or health department to help keep the identified client safe.
- **SUBPOENAS** – Courts/legal clerks/lawyers may request for or require the identified client’s records. Often, such subpoenas can be quashed or cancelled. The clinician will be in communication with a legal representative and will be able to advise the identified client appropriately.
- **LAWSUIT involving mental health condition** – If the identified client is involved in a part of a lawsuit that involves his/her mental health, we may be required to provide certain information to the court of law.

Acknowledgment & Signature:

I have read and agreed to the terms outlined in this document, **COLLATERAL SERVICE AGREEMENT**. I acknowledge that I am the COLLATERAL CONTACT. I agree that my e-signature below is a legally binding equivalent to my handwritten signature.

Collateral’s Name (Print): _____

Collateral’s Signature: _____

Today’s Date: _____

Collateral’s Name (Print): _____

Collateral’s Signature: _____

Today’s Date: _____

Client’s Name (Print): _____

Client’s Signature: _____

Today’s Date: _____