



stone cottage counseling

621 North Avenue NE | Building E | Atlanta, GA 30308
404.490.1865 | dana@stonecottagecounseling.com

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 here at **Stone Cottage Counseling**. 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.

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 her/his 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

Due to the sensitive nature of counseling and the fragile stage of development that your son or daughter is currently experiencing, forming a therapeutic bond with me, as his/her therapist, is very critical at this point. It is important that he/she feel safe and comfortable discussing personal and private topics with me. In effort to respect the privacy and sensitive needs of your son/daughter, 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 daughter or son so she/he can discuss these sensitive topics with you in her/his own time. If your daughter or son 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 son or daughter 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 son/daughter, you will be notified immediately so that the necessary actions and precautions can be taken.

Background Information

The following information regarding my educational background and experience as a therapist is an ethical requirement of my profession. If you have any questions, please feel free to ask.

I hold a bachelor's degree from Wesleyan University in Connecticut as well as a master's degree from Georgia State University. I began my training as a psychotherapist in 2009, and have been working as a therapist with kids, teens and adults since then. My experience includes family counseling, play therapy for children; and parent coaching to help families navigate kid and teen behavioral and emotional issues. I'm particularly skilled at mental health issues involving depression, anxiety, stress management, social skills, divorce, grief and loss, drugs/substance abuse/addiction, trauma, self-esteem and self-harm/cutting. I am now a Licensed Professional Counselor and Nationally Certified Counselor and continue to grow through continuing education and consultation with other psychotherapists.

Prior to gaining my master's degree, I listened to the stories of children, teens, adults and families in a variety of different ways. I served as a writing coach to Atlanta-area teenagers learning to write personal stories about their lives and I taught middle and high school English. I also spent time working as a radio journalist, having the honor of getting to hear people's stories about how they were impacted by local and national events.

Theoretical Views

No matter how much we try or how hard we work, all of us get stuck at some points in our lives and need some outside support and assistance to get unstuck and navigate forward. Life is tricky and complicated, and my work helps clients see more clearly what's working, what's not, and what might be different in the future.

My expertise lies in the therapeutic process, interpersonal relationships, coping skills, and the various ways in which we get stuck and unstuck. Our combined understandings mean I collaborate with clients, working to quickly understand a client's world. My focus is helping clients meet goals in a way that will offer long-term, significant positive change, long after you discontinuing counseling.

Of course, discernment, getting unstuck and resolving longstanding life difficulties aren't things that typically happen overnight. So while some clients need only a few sessions to achieve their goals, others may seek months or even years of therapy. Clients are in complete control of the process, and may end or pause their relationship with me at any point.

The more active role clients take in our time together, the more they get out of therapy. The more that clients can take the risk to be honest in our sessions, the more we can focus in on what is needed. At various points, I may offer ideas for things to practice during and between sessions. It is always clients' choice whether to do those things or not. Also, taking full advantage of therapy ideally means avoiding any mind-altering substances like alcohol or non-prescription drugs for at least eight hours prior to your therapy sessions.

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 clients 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. My clients' personal development and well-being is my number one priority. I encourage clients to let me know if they feel that terminating therapy or transferring to another therapist is necessary at any time. My goal is to facilitate healing and growth, and I am very committed to helping in whatever way seems to produce maximum benefit. I truly hope we can talk about any of these decisions. If at any point a client is unable to keep your appointments or if I don't hear from a client for one month, I will need to close his/her chart. However, as long as I still have space in my schedule, reopening the chart and resuming treatment is always an option.

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 of the client will be kept in a file stored in a locked cabinet in my 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. 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

Sessions are typically 50-55 minutes in duration. Occasionally, if we feel more time is needed, they may be 75 minutes in duration, which we will discuss prior to the appointment. Unless you elect to do so, or you are financially responsible for the client, you are not responsible for paying any of my professional fees.

Cancellation Policy

In the event that you are unable to keep an appointment, you must notify me at least 24 hours in advance. If such advance notice is not received, the client or you will be financially responsible for the session you missed. Please note that insurance companies do not reimburse for missed sessions.

In Case of an Emergency

My practice is considered to be an outpatient facility, and I am set up to accommodate individuals who are reasonably safe and resourceful. 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:

- Call Behavioral Health Link/GCAL: 800-715-4225
- Call Ridgeview Institute at 770.434.4567
- Call Peachford Hospital at 770.454.5589
- Call 911.
- Go to your nearest emergency room.

Professional Relationship

Psychotherapy is a professional service that I provide. Because of the nature of therapy, the relationship of the designated client and you 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.

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. As much as I would like to, 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.

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 Counseling Association. 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 professional licensing board that governs 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 him or her.

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 his/her 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.

Technology Statement

In our ever-changing technological society, there are several ways we could potentially communicate and/or follow each other electronically. It is of utmost importance to me that I maintain your confidentiality, respect your boundaries, and ascertain that your relationship with me remains professional. Therefore, I've developed the following policies:

Cell phones: It is important for you to know that cell phones may not be completely secure and confidential. However, I realize that most people have and utilize a cell phone. I may also use a cell phone to contact you. If this is a problem, please feel free to discuss this with me.

Text Messaging and Email: Both text messaging and emailing are not secure means of communication and may compromise your confidentiality. However, I realize that many people prefer to text and/or email because it is a quick way to convey information. If you choose to utilize texting or email, please discuss this with me. **However, please know that it is my policy to utilize these means of communication strictly for brief topics such as appointment confirmations.** Please do not bring up any therapeutic content via text or email to prevent compromising your confidentiality. **You also need to know that I am required to keep a copy of all emails and texts as part of the client's clinical record.**

Facebook, LinkedIn, Instagram, Pinterest, Etc: It is my policy not to accept requests from any current or former client on social networking sites such as Facebook, LinkedIn, Instagram, Pinterest, etc. because it may compromise your confidentiality.

Google, etc.: It is my policy not to search for my clients or collateral participants on Google or any other search engine. I respect your privacy and make it a policy to allow you to share information about yourself with me as you feel appropriate. If there is content on the Internet that you would like to share with me for therapeutic reasons, please print this material out and bring it to your session.

In summary, technology is constantly changing, and there are implications to all of the above that we may not realize at this time. Please feel free to ask questions, and know that I am open to any feelings or thoughts you have about these and other modalities of communication.

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 and understand the contents of this document and you agree to the policies stated above.

[Signature page to follow]

Our Agreement to Enter into a Collateral Relationship (Cont.)

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