



9829 Blue Larkspur Lane, Suite 2  
Monterey, CA 93940  
Phone: 831-647-8490  
Fax: 831-641-7320  
[www.wellspringbranches.com](http://www.wellspringbranches.com)

## **Informed Consent for Collateral Support Participation in Individual Psychotherapy**

### **Purpose of This Consent**

This document describes the role of collateral or support persons (e.g., partners, spouses, family members, or other individuals) who may participate in psychotherapy sessions **in support of an individual client's treatment**. This practice provides **individual psychotherapy only**. The participation of a collateral support person does **not** constitute couples therapy or family therapy.

At times, the therapist may determine that it is clinically appropriate for an individual client to invite a collateral support person to participate in one or more therapy sessions. The purpose of such participation may include, but is not limited to:

- Supporting the individual client's treatment goals
- Providing relevant background or contextual information
- Receiving psychoeducation related to the client's care
- Supporting continuity of care, recovery, or aftercare planning

The individual client remains the **sole identified patient** throughout treatment. The therapist's primary clinical responsibility is to the individual client.

Collateral support participation:

- Is **not** couples therapy or family therapy
- Does **not** establish a therapist–patient relationship with the support person
- Does **not** create a treatment unit or joint client relationship
- Does **not** obligate the therapist to provide relationship counseling, mediation, or neutrality

The therapist does not provide independent therapeutic services to collateral support persons.

### **Identified Client and Record Holder**

The individual receiving psychotherapy is the **patient of record**. All clinical documentation, treatment plans, and billing are maintained under the identified client's record. Collateral support persons are **not patients of the practice** and do not have independent rights to access, amend, or obtain copies of the psychotherapy record, except as permitted by law.

## **Confidentiality and Privacy**

Information shared during psychotherapy sessions is confidential and protected by applicable state and federal law, including HIPAA. When a collateral support person participates in a session, information disclosed by that individual during the session is also treated as confidential. The therapist recognizes the privacy interests of all individuals who participate in sessions and will safeguard such information in accordance with the law. Confidentiality may be limited or breached without consent in the following circumstances, as required or permitted by law:

- If there is an imminent risk of serious harm to the client or others
- If abuse or neglect of a child, elderly person, or vulnerable adult is suspected
- If records are compelled by a lawful court order or subpoena

## **Release of Records Involving Multiple Parties**

Psychotherapy records are confidential and will not be released to third parties without appropriate written authorization, except as required by law. When records include information disclosed by more than one individual during a session, the therapist may require **written authorization from all involved parties** prior to releasing such records, unless disclosure is compelled by a court order or otherwise required by law. The therapist will limit disclosures to the **minimum necessary** consistent with legal and ethical requirements.

## **Use and Disclosure of Information Within Treatment**

Information shared by collateral support persons may be used by the therapist at their clinical discretion to support the individual client's treatment. The therapist is not obligated to share all information provided by a collateral support person with others present during a session.

## **Limits of Participation**

Participation of a collateral support person is voluntary and subject to clinical appropriateness. The therapist may limit or discontinue collateral participation at any time if it is determined to be clinically contraindicated or disruptive to treatment.

## **Fees and Cancellation Policy**

Sessions involving collateral support persons are billed as **individual psychotherapy**. Session length is approximately 53-60 minutes. If a scheduled session is canceled with less than 48 hours' notice or missed, the full session fee will be charged, in accordance with practice policy.

*(The signature page follows)*

**Client Consent**

I acknowledge that I understand the nature and limits of collateral support participation in individual psychotherapy and consent to treatment under these terms.

Client Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Collateral Support Person Acknowledgment**

I acknowledge that my participation is for the purpose of supporting the individual client's treatment. I understand that I am not a patient of the practice and that my participation does not establish a therapist-patient relationship.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_