Rula

Agreement for Third-Party/ Guest Participation in Services

Thank you for accepting the invitation to join the client as a guest in their therapy session or sessions. The purpose of this form is to document understanding and agreement of guidelines and expectations for a third party participant (“guest”) of the client.

Who is a guest?

A guest is usually a spouse, partner, family member, or friend who participates in therapy at the request of the client as part of the client’s treatment. As a guest, you are not considered to be the client and are not receiving treatment.

The Role of a Guest

The role of a guest in therapy can vary. Guests may attend one session or several sessions with the client. At the first session and as appropriate throughout the client’s treatment, the guest’s role will be discussed. A guest is there to provide information to the therapist and support the client in achieving their treatment goals.

Risks and Benefits

There are risks and benefits to having a guest in session. Guests may learn techniques they can use to help the client. Clients may benefit from having guests attend by way of improvement in the relationship and communication. There is no guarantee that the guest or the client will benefit from attending and participating.

Guests and Medical Records

No medical records are created or maintained for guests. Information or notes about you may be entered into the client’s medical record. The client has a right to access their medical record or release their record to others, per their authorization. Guests do not have access to client’s medical records unless the client signs an authorization to give them access.

Do guests ever become clients?

Guests may discuss their own problems in the client’s session, especially problems that interact with issues of the client, but the focus of the therapy will be the client The therapist may recommend independent counseling for a guest. Most often, but not always, a therapist will refer the guest to another therapist for treatment. One exception to this guideline is when a family therapy approach can be effectively and ethically used to treat all members of a family or each partner of a couple.

Confidentiality

The confidentiality of the information in the client's chart is protected by state and federal laws; however there are limits to confidentiality. For example, therapists may be required to notify appropriate authorities if child or elder abuse is disclosed. If a therapist believes a guest is a danger to themselves or others, they are required to take action to protect the guest or the subject of harm which may include sharing information about the guest to the appropriate parties.

This form gives the client's permission for the guest to participate in therapy/counseling sessions with the therapist with the general purpose of assisting the client in providing information and helping the client achieve treatment goals. One form would be used for each guest aged 12 and older.

By acknowledging below, the client and the guest of the client understand/acknowledge the following:

1. The guest will only attend sessions upon the client's request and with the therapist's agreement.
2. The client can terminate the guest's participation at any time.
3. The guest is not a client of Rula or its group affiliates. No medical record is created or maintained on the guest.
4. The guest's participation is limited to providing information and supporting the client in achieving their treatment goals. The client remains the focus of treatment.
5. All information discussed during a counseling session is to be kept confidential. Rula, its group affiliates, and the therapist are not liable for any violations of confidentiality by the guest.
6. Guests do not have access to the client's medical record, unless the client chooses to sign an authorization form allowing the guest access to their records.
7. This agreement is not the same as an "Authorization to Release Information." If the client wishes for the therapist to be able to communicate with the guest without the client being present (via email, phone call, etc), the client must fill out an "Authorization to Release Information" form available from records@rula.com
8. The guest is not responsible for paying for professional services unless the guest is financially responsible for the client (e.g., if the guest is the parent of a minor child).

By acknowledging below, I affirm that I understand and agree to these statements, and that the guest is solely responsible to make every reasonable effort to maintain the client's confidentiality. Neither Rula, the group affiliates, or the client's therapist will be in any way held responsible if the guest breaks the client's confidentiality.

CLIENT NAME

PARENT/LEGAL GUARDIAN NAME (IF APPLICABLE)

GUEST NAME

THERAPIST NAME

DATE