

**Chris Raines, Psychologist Resident**  
**Psychological Services of Pendleton, LLC**

**DISCLOSURE TO COLLATERALS (NON-PATIENTS)**

You have been invited to attend sessions with \_\_\_\_\_  
(Patient) in order to provide additional information regarding Patient's therapy with me. It is important that we all understand some very important ground rules for your attending these sessions:

- 1) You will not be billed for your time attending these sessions. Although you are here to assist in therapy for Patient, you are not considered a patient of mine and you will not be responsible for payment of my services, unless we agree otherwise. Although you may experience some benefit from these sessions, this is not intended to be therapy for you.
- 2) You are not my patient. Since you are not seeking treatment for yourself and are not considered a patient of mine. Any information that you choose to disclose to me is not privileged and may be disclosed to Patient or documented in Patient's chart. Once the information is contained in the chart, it may be subject to further disclosure via court order, subpoena, or authorization of Patient. You will not have the right to inspect or receive copies of that information or to prevent its disclosure.
- 3) Since you will not be my patient, I may be considered a mandated reporter if I have reasonable cause to believe that abuse has occurred. I may also disclose any information you provide if I feel that you or others are at risk of harm, or that I believe that you may commit a crime in the further involving serious injury.
- 4) If at any time you feel the need for individual therapy, you may ask me for a referral.

I have read this disclosure statement and agree with its terms.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Print name** \_\_\_\_\_