

Policy Regarding Multiple Therapy Attendees and Release of Information

For therapy to be covered by insurance, therapy needs to be focused on the treatment of a specific person, who is identified as the client. While it is not unusual for multiple persons to participate in therapy the goal of treatment is to resolve the symptoms, alleviate the distress of the client. Specifically, you and your therapist may agree that the best means for achieving your goals is to focus on family and relational issues. Family or co-joint therapy are well established and accepted treatment approaches that are often used to help individuals. However, even if multiple persons participate in treatment, therapy is focused on alleviating the symptoms/addressing the concerns of the person who is identified as the client. Therefore, the treatment record will be opened in the name of the individual who is the client. If multiple persons are experiencing specific concerns it is possible to open therapy records for them as well.

It is important for all attendees/participants to be aware that clinically relevant issues and concerns raised by all participants will be documented in the therapy record. Moreover, it is important that all participants recognize that the therapist may address issues and concerns that each participant presents in sessions, as these issues and concerns may impact the treatment of the identified client. As noted above, if additional attendees are experiencing significant concerns, the therapist may recommend that they also be identified as clients (have a treatment record opened in their name and receive therapy to address their issues and concerns).

It is the Centers for Family Change's policy that when multiple persons attend therapy that the treatment record cannot and will not be released without the consent of all the parties who have participated in therapy (with the exception of children under the age of 11). However, if at the end of treatment, all parties agree and request that the client be allowed to release the record on his/her own, and all attendees sign a consent form to this end, the Centers for Family Change will honor this request.

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We, _____

consent to participate in therapy services provided to _____
by the Centers for Family Change and will be attending some or all of the therapy sessions.
We understand that the services are being provided for and a therapy chart/record is
opened under the name of _____, who consents to our
attendance in his/her sessions. We understand that issues involving all attendees may be
discussed, as they may bear upon the therapy process. Moreover, we understand that these
issues may be documented in the therapy record/chart.

We agree to honor the Center for Family Change's Multiple Attendee policy, which
specifies that the therapy record of the client can only be released with the consent of all
parties (over the age 11) who attended the client's sessions.

Signature of Client _____ Date: _____

Signature of Attendees _____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

Signature of Witness _____ Date: _____