

# Collateral Visits

written by Richard Leslie | December 3, 2025

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It is important to remember that not everyone a mental health practitioner sees in session will or should be categorized as a patient or client. Sometimes the therapist may think it appropriate to see a member of the family, or a spouse or friend, in order to gain further information or insight into the client's issues. This would generally be done with the knowledge and permission of the patient, sometimes as a result of the patient's suggestion, and sometimes with the patient present. In such situations, it is important to be clear with both the patient and the person being seen collaterally (third party) as to the nature of the relationship between the practitioner and the third party. More specifically, it is important to let the third party know that you are the therapist for the patient and that the third party is not a patient (that is, no treatment will occur - only the gathering of information and insight in order to treat the patient).

Additionally, it may become necessary to think about such issues as confidentiality and privilege. For example, are the communications between the practitioner and the third party (collateral visit) in any respect confidential? Does the third party know whether the therapist will share some or all of the information and communications with the client, as determined by the practitioner's clinical judgment? If the patient's records were subpoenaed, would the psychotherapist-patient privilege be inapplicable to those portions of the treatment records solely pertaining to the collateral visit because the third party was not a patient? If the patient requests a copy of the treatment records, may the therapist refuse to reveal that portion of the records solely related to the third party collateral visit?

These are just some of the questions that can arise when a third party is seen in a collateral visit. In determining the answers to the questions posed above, and to other related questions, it will be necessary to refer to state laws pertaining to confidentiality, privilege, and patient access to records, and perhaps to the ethical standards (code of ethics) of the practitioner's profession. If the practitioner is clear about who is the patient and who is not a patient, and clear about the purpose of the collateral visit, answers to these questions can be more easily achieved. The practitioner's records should be well-documented when there is a collateral visit so that clarity of role and relationship is apparent.