

Sample Dual Relationship Policy

Purpose:

To establish procedures that outline safeguards to staff who have a dual relationship due to a pre-existing personal, family, or therapeutic relationship.

Scope:

The procedure applies to all programs of the MHC.

Procedures:

1. A staff member shall not report to a supervisor with whom he or she has a dual relationship. Every attempt shall be made to assure a staff member does not currently receive services from a co-worker with whom they have a working relationship.
2. To avoid an oversight relationship, a staff member receiving services from the Center shall not provide services to consumer/clients who are also receiving services from the same individual provider.
3. When possible, a staff member who receives services from the Center shall access services from a department separate from their primary work assignment.
4. Staff or case conferences regarding the treatment of a Center employee shall occur only with the direct individual service provider(s) and the designated treatment supervisor(s). Staff who have a dual relationship with any consumer for any reason shall be excluded from any meeting or discussion about the consumer's treatment.
5. No staff member shall provide direct services to or supervise any person with whom they are related, share a residence with, have a current intimate relationship, or have a prior intimate relationship.
6. The medical record of any employee receiving services within the Center or who has a dual relationship will have restricted access to assure increased confidentiality.
7. Any staff member who has knowledge of a potential or ongoing dual relationship shall inform their supervisor immediately.
8. Staff may decline the option of providing clinical services to those who have a dual relationship with the Center.

References:

1. International Association of Psychosocial Rehabilitation Services Consumer Policy Guidelines adopted, 1998.
2. Approved by SRS Health Care Policy - Mental Health, 2001
3. Approved by The Kansas Consumer Advisory Council for Adult Mental Health, 2001.