



Guidelines Regarding Dual/Multiple Relationships with Patients

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Managed Health Network (MHN) recognizes that the relationship between practitioner and patient is central to the treatment process and is an important component to the patient's healing. The practitioner's influence in this relationship, however, also has the potential of becoming exploitative and/or harmful. To prevent harm to patients caused by relationships that interfere with treatment, MHN expects practitioners to conform to the following standards:

- 1. Dual or multiple relationships:** In psychotherapy, a dual or multiple relationship exists when the practitioner relates to a patient in another context (e.g., financial, business, social, or other activities) that also involves a personal relationship. Such dual or multiple relationships can occur either simultaneously with treatment or during a reasonable period of time following termination. Practitioners will not engage in such relationships with patients if there is a risk of exploitation or harm to the patient. Practitioners will also avoid dual relationships by not accepting as patients people they supervise and by not supervising individuals whom they have formerly had as patients. MHN recognizes that not all dual relationships are harmful and that some cannot be avoided. In cases of unavoidable dual relationships, MHN expects practitioners to take appropriate precautions to ensure that there is no conflict of interest, exploitation, or factors that would impair professional judgment. It is the practitioner's responsibility to set clear, appropriate, and culturally sensitive boundaries to protect patients' well-being.
- 2. Sexual relationships:** A sexual relationship (including sexual intercourse, contact, or intimacy) with a patient, patient's relative, or an individual with whom the patient is interpersonally close, is prohibited during the course of treatment and for a period of at least two years following cessation of professional services. Practitioners will also not accept as patients individuals with whom they have formerly engaged in sexual intimacies. MHN further discourages practitioners from engaging in sexual relationships with persons over whom they have supervisory, evaluative, or other authority. The latter relationships are prohibited if they pose a risk to patient care or are prohibited by regulations related to a practitioner's license.
- 3. Conflicting roles:** When practitioners provide services to two or more individuals who have a relationship with each other (e.g., couples, family members), there is a risk of conflicting roles. In such cases, the practitioner makes every effort to avoid role conflict by clarifying his/her role to all parties involved and taking appropriate action to minimize any conflict of interest. This issue is of particular concern in legal proceedings (e.g., divorce, custody disputes). Although a prior



professional relationship does not preclude a practitioner from testifying as a fact witness or as to services provided, the practitioner must take into account ways in which the prior relationship might affect professional objectivity. Prior to offering testimony, the practitioner must disclose the potential conflict to all relevant parties.

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