



## Center For Family Services

### Employee/Consumer Dual/Multiple Relationship Disclosure and Plan Form

Date: \_\_\_\_\_ Program: \_\_\_\_\_

Consumer: \_\_\_\_\_

Dual/Multiple Relationship – Employee: \_\_\_\_\_

.....  
The potential dual relationship:

1. How is the dual/multiple relationship defined?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Is the dual/multiple relationship unavoidable \_\_\_\_\_ or avoidable \_\_\_\_\_.

3. Who presented the dual/multiple relationship? Client \_\_\_\_\_ Employee \_\_\_\_\_

4. What are the potential risks? (attach narrative if needed)

\_\_\_\_\_  
\_\_\_\_\_

.....  
Supervisor's Assessment:

- \_\_\_\_ 1. Secure informed consent from consumer  
\_\_\_\_ 2. Transfer/Reassign consumer to a different staff person/provider  
\_\_\_\_ 3. Monitor the dual/multiple relationship/case supervision  
\_\_\_\_ 4. Document and self-monitor the relationship  
\_\_\_\_ 5. Obtain parental consent from guardian/parent(s)  
\_\_\_\_ 6. Note to EHR the dual/multiple relationship status

\_\_\_\_\_  
Employee/Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date