**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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Is the dual/multiple relationship unavoidable \_\_\_\_\_\_\_ or avoidable \_\_\_\_\_\_\_\_\_.
2. Who presented the dual/multiple relationship? Client\_\_\_\_\_\_\_\_ Employee\_\_\_\_\_
3. What are the potential risks? (attach narrative if needed)

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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