



deeper together.

# DUAL RELATIONSHIPS AGREEMENT

*(To Be Used When a Dual / Multiple Relationship Exists or May Reasonably Develop)*

**Client Name:** \_\_\_\_\_

**Therapist:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## 1. Purpose of This Agreement

This document outlines how we will manage an existing or potential **dual (multiple) relationship**. A dual relationship occurs when, in addition to our therapeutic relationship, we also have or may have another connection (e.g., church, community, school, workplace, social networks, professional networks, family systems, or online spaces).

The purpose of this agreement is to:

- Protect the integrity of the therapeutic relationship
- Safeguard confidentiality
- Clarify boundaries and expectations
- Reduce risk of harm or role confusion
- Support your autonomy and wellbeing

## 2. Description of the Dual Relationship

In addition to therapy, we also relate in the following context(s):

- Church / Faith Community
- Workplace
- School / Educational Setting
- Professional Network
- Social / Community Setting
- Family System / Extended Relationships
- Online / Social Media
- Other: \_\_\_\_\_

### **3. Potential Risks**

Dual relationships can create:

- Role confusion
- Power imbalances
- Unintentional influence or pressure
- Confidentiality challenges
- Difficulty maintaining therapeutic boundaries
- Emotional complexity (for either party)

We acknowledge these risks and agree to address them transparently.

### **4. Boundaries and Expectations**

To protect the therapeutic space:

- Therapy sessions remain the primary and protected space for personal disclosure and therapeutic work.
- We will not discuss therapy material in public, church, social, or community settings.
- If we encounter one another in public, I (the therapist) will not initiate contact to protect your confidentiality. You are free to greet me if you wish.
- Communication outside sessions will remain professional and limited to scheduling or administrative matters unless otherwise agreed.
- Social media connections (friend requests, tagging, messaging, etc.) will not be accepted during therapy.

### **5. Confidentiality**

Confidentiality remains intact within the limits outlined in the Informed Consent agreement.

I will not disclose your status as a client in shared community spaces.

If the dual context creates unavoidable confidentiality complexities (e.g., shared leadership spaces, small groups, shared supervision), we will address these proactively.

## 6. Power and Influence

Because therapists hold professional power, care will be taken to:

- Ensure you do not feel obligated to participate in shared community spaces
- Ensure your participation (or non-participation) in shared spaces does not affect therapy
- Ensure therapy is not influenced by external relational dynamics

You retain the right to:

- Raise concerns at any time
- Request referral to another therapist
- Revisit this agreement

## 7. Ongoing Review

This agreement is not static. We will review it:

- As needed
- Every \_\_\_\_\_ sessions
- If the nature of our shared context changes

## 8. Referral Option

If at any point the dual relationship compromises therapeutic safety, objectivity, or effectiveness, we may discuss referral to another therapist.

## 9. Acknowledgement

We acknowledge that:

- The therapeutic relationship is the primary professional relationship.
- Any additional relational overlap will be managed with care and transparency.
- Open communication is encouraged if discomfort or confusion arises.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_