

## NEGOTIATING CONFLICTS OF INTEREST WITH FAMILY MEMBERS & STAFF IN TREATMENT

### Sample Employment Application Statement

I understand that this organization does not employ current or former clients of AllHealth Network or those who have family members in treatment with AllHealth Network to avoid any confidentiality concerns or conflicts of interest.

### Sample policy content areas in Family Members & Known Persons in Treatment Policy

*Definitions*—known client, staff

*Rationale*—explain why the organization does not allow staff and/or their family members to start treatment (i.e., prevent a conflict of interest, maintain therapeutic/professional boundaries, uphold privacy & confidentiality of all clients)

*Staff guidelines*—duty of fidelity, no preferential treatment or care, prohibit access to record outside of mandatory job functions, prohibit use of organizational resources or time for the care of the family member or self, grievance/complaint process

*Procedures*—acknowledgment of relationship, sign conflict of interest agreement, client reassignment (if necessary), HIPAA enforcement

### Sample Policy Attestation

I acknowledge that I have read and understood this policy. I understand that it is my responsibility to adhere to this policy. I agree to conduct my activities in accordance with this policy and understand that failure to follow these standards may result in disciplinary action, up to and including termination of my duties with AllHealth Network.

### Examples of items that could be included in Conflict of Interest form

By signing this form, I understand that violations of this agreement may result in disciplinary action, up to and including termination.

Staff Member Name (Printed): \_\_\_\_\_ Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Name(s): \_\_\_\_\_

Staff Member Relationship to Client(s): \_\_\_\_\_

#### Corporate Compliance Officer Use Only

COI Agreement Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Record #(s): \_\_\_\_\_

Medical Record Audit Request Date: \_\_\_\_\_ Audit Completed Date: \_\_\_\_\_

Findings: \_\_\_\_\_

Medical Record Chart Access Locked?

Yes Date: \_\_\_\_\_  No Reason: \_\_\_\_\_



Cynthia Grant, PhD, LCSW, CHC  
Chief Clinical Officer  
Corporate Compliance Officer  
[cgrant@AllHealthNetwork.org](mailto:cgrant@AllHealthNetwork.org)

