

# Children’s Hospital and Health System Administrative Policy and Procedure

This policy applies to the following entity(s):

Children’s Hospital and Health System

## **SUBJECT: Professional Boundaries with Patients/Families/Clients**

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### POLICY

Children’s is committed to creating a supportive environment for staff that fosters open discussion and ongoing support related to the challenges of professional boundaries. It is the responsibility of Children’s staff to maintain a professional relationship with Families and uphold professional boundaries.

Staff members have a responsibility to pursue consultation with their leaders when they recognize the potential for or development of non-professional relationships with families.

The purpose of this policy is to promote a culture that supports well-defined boundaries for staff who work with patients/clients and families. We act in service of children and families in all we do. The intent is NOT to limit expressions of caring; rather, to ensure awareness of professional boundaries in order to protect and educate staff.

The relationship between the professional staff and the patient/client and his or her family is based on trust, respect, compassion and expertise. Inherent in this relationship is an unequal balance of power. It is the responsibility of Children’s staff to establish clear professional

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boundaries and not foster reliance by families on any one staff member. Children's staff shall work to strengthen/empower resources/networks available to Families.

The intent of this policy is:

- To create awareness of the personal and organizational risks especially for employees with a license
- To describe warning signs that indicate potential or actual crossing of professional relationship boundaries
- To provide guidance on managing situations that could lead to crossing personal and professional boundaries

This policy applies to professional relationships established between a patient/family/client due to the patient/family/client's use of services provided through Children's Hospital of Wisconsin. In cases of pre-existing relationships (for example, your neighbor is admitted to the hospital), visitor guidelines must be followed (refer to Administrative P&P: Visitors and Special Guests).

The potential for blurring the appropriate limits on professional relationships exists due to:

- The intimate nature of providing family-centered health care and services to pediatric patients/clients/families
- The involvement of direct caregivers in intimate and sometimes highly stressful life events
- The mutual dependence of colleagues working in close concert to care for patients/clients/families (ANA Code of Ethics, 2001)

Most licensed professional groups are guided by rules of conduct and/or codes of ethics. Boundaries with patients/staff/clients are addressed in such codes of conduct. For example: Per the Wisconsin State Board of Nursing Rules of Conduct (Chapter N 7.03), registered nurses, by virtue of their licensure, may be denied renewal or disciplinary action for violating professional boundaries (refer to Addendum A, section 4, letters a-h). The Wisconsin statutes and administrative code relating to the practice of marriage and family therapy, professional counseling and social work also addresses professional boundaries (refer to Addendum B).

## **SCOPE**

The term "staff" or "staff member" refers to employees, trainees (students), contractors, and volunteers. Depending upon the entity, Children's staff may work with patients (e.g., Children's Hospital of Wisconsin, Children's Primary Care) or clients (e.g., Children's Community Services).

Medical staff expectations are outlined in the Medical Staff Bylaws.

The term "Family" or "Families" includes the patient or client and the patient's/client's immediate family including: parents, guardian, stepparents, aunts, uncles, grandparents and siblings, whether by birth or by marriage and foster families.

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## PROCEDURE

As we act in service of children and Families, appropriate professional advocacy for Family needs is expected.

The following are warning signs that indicate potential or actual boundary crossings. Examples of these warning signs include, but are not limited to:

- 1) Feeling discomfort or uncertainty related to a relationship that staff has developed with a Family.
- 2) Peers or a supervisor express concerns about the relationship staff has with a Family.
- 3) Frequently planning other patient/client care or needs around a specific patient's/client's needs, or trading assignments to care for the patient/client.
  - o In some areas, efforts are made to assign consistent caregivers through defined processes/procedures. When a caregiver seeks out and/or trades with others to care for a particular patient to the extent that it is disruptive, this could be a sign of a potential or actual boundary crossing.
- 4) Staff believing they are immune from having boundary issues with Families.
- 5) Staff believing that only they understand and can meet a particular patient's/client's needs.
- 6) Keeping secrets involving the Family from other Children's personnel that could affect the patient's/client's care.
- 7) Selective reporting of a Family's behavior (negative or positive behavior).
- 8) Communicating in a guarded and defensive manner when questioned regarding interactions or relationships with a Family.
- 9) Continued contact or communication with a Family after discharge/discontinuance of services (for example: baby-sitting).
  - a. For purposes of fundraising for the Foundation and/or sharing the Family's story in internal or external communication, representatives from Children's will use established processes in communicating with a Family after discharge/discontinuance of services.
  - b. CHW nurses employed through a home health care agency or through private duty nursing employment do not work as a representative of Children's when providing home care.
- 10) Acting and/or feeling possessive about the patient/client.
- 11) Giving special attention or treatment to a Family that differs from that given to other Families.

Since warning signs of boundary crossings can indicate a potential for impaired objectivity, the presence of any of the above signs should be discussed with one's leader.

If a co-worker is exhibiting the above signs of potential or actual boundary crossings, it is important to inform the immediate leader so that support may be initiated for the at-risk employee.

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### How to protect yourself and Children's:

- Do not share personal information such as a personal cell phone number, email address, social media accounts or physical address with a Family.
  - The hospital provides malpractice insurance coverage to its employees when they are performing assigned duties as described within their job description. This coverage does not extend to activities that are outside your job description, such as when advice is given to families outside of the work environment. For instance, if a parent calls you at home and you give advice, there is no insurance coverage.
- Refrain from contacting or spending off-duty time with a current Family, including lunch breaks.
  - There are cases when Children's staff may encounter patients/clients/Families in day-to-day life, such as at church or the grocery store. It is strongly advised that conversations do not include discussions of care or treatment or affiliation.
- Request a break from consistent caregiving when needed.
- Avoid sharing personal, political or religious beliefs with any Family.
- If a Family requests personal information or wishes to "friend" staff on a social networking site, staff are strongly advised to politely decline their request.
  - CaringBridge: staff members are encouraged to use discretion in following a patient/family on CaringBridge. CaringBridge pages should not be accessed during work time. Staff members should not provide medical advice or guidance via CaringBridge.
- Do not enter into personal business relationships with any Family (e.g., hiring a parent to do work at one's home).
  - Children's hiring practices are followed when hiring former patients/clients/Family members as Children's employees.
- Children's strongly discourages staff from searching the internet or social media sites for information on patients, clients or their family members with whom staff have come into contact through Children's.
- Staff with a concern that a Children's patient, client, or family member is either posting inappropriately about them on social media or presenting a security concern should immediately bring the concern to their leader, Corporate Compliance or Security. Staff should not attempt to investigate.

### **Provision of Direct Care**

There may be circumstances where a personal relationship exists prior to the hospitalization or provision of services (a "prior personal relationship"), as would be true, for example, if:

- The patient/client or parent/guardian is a relative by birth, marriage or adoption
- The patient/client is someone with whom a staff member has an established personal relationship such as a friend or foster child
- The patient/client or parent/guardian is a current patient/client with whom the staff member provides professional services outside of Children's, e.g., home therapy or nursing care, child care

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- The parent/guardian or other immediate Family member (parents – both natural and step, in-laws, aunts or uncles, grandparents and siblings – natural or by marriage) is someone with whom the care provider has an established personal relationship such as friend or a romantic/sexual relationship

Whenever possible, the care provider will not be permitted to provide direct care or service under these circumstances as these relationships impact the care provider's objectivity and role identity with the Family, unless staffing needs/limitations require an exception to be made.

### **Provision of Gifts**

In the interests of equality of care (and in the absence of a prior personal relationship), staff will refrain from showing preferential treatment to certain patients/clients and Families including personal gift-giving, purchasing clothing and providing special food from home or outside of the hospital. Cards may be used for expression of caring and concern.

If staff identifies a Family's personal need, resources available include:

- Social work consult to facilitate identification of appropriate community resources.
- Gifts provided through official Children's services such as the Child Life program where donated items may be available to support an identified need.

Monetary gifts such as cash, checks, gift cards or gift certificates cannot be accepted from Families. If appropriate, Families should be provided direction regarding how to provide monetary gifts to Children's Hospital of Wisconsin Foundation instead. Personalized gifts of specific nonmonetary items (such as items made by the Family specifically for a staff member) can be accepted. General items (such as food) can be accepted and should be shared with co-workers.

### **Services to Families**

Services should only be provided to families through official Children's resources. For example, it is not appropriate for Children's staff to:

- Transport Families (in the absence of a prior personal relationship) in private vehicles, if not included in the staff-member's job description
- Provide money to patients/clients and families
- Provide laundry services outside of Children's
- Bring in family members/pets to visit
- Provide child care outside of scope of practice or work hours
- Include a Family in a staff member's family events

### **Celebrations**

Recognizing that there is benefit for Families to celebrate significant life events, e.g., birthdays and holidays, Children's supports these celebrations. Families are encouraged to identify how they would like these celebrations to occur. If it is within the hospital, Child life/Expressive Therapy staff members and/or volunteers can be contacted to provide the patient with a

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donated toy intended to support developmental milestones. Outside of the hospital, staff should contact their leader for guidance on scope of involvement in celebrations.

In the interest of equity, staff will not purchase decorations, food or gifts in support of these celebrations (in the absence of a prior personal relationship).

### **Attendance at Life Events**

Attendance at special events such as graduations, birthdays and weddings are outside of a professional relationship with a Family. Attendance at Family events by a Children's staff creates a risk that someone may inquire about the relationship of the staff member to the Family. This may result in disclosure that the child has been a Children's patient or client and Protected Health Information may be inadvertently shared. Because of this, Children's cautions staff about attending such events or inviting Families to their own such events. While attendance does not itself establish the existence of an inappropriate personal relationship in violation of this policy, it can lead to a potential blurring of boundary limits.

For some Children's Community Services roles (i.e. social workers, case managers, family support, therapists, leaders, visitation workers) there may be exceptions that should be cleared with the leader before acceptance.

As funerals and related ceremonies may involve the closure of a professional relationship, attendance should be considered in light of the therapeutic relationship to the Family. In general, staff attendance is permissible. Staff is not obligated to attend.

### **Foster Care/Adoption**

If a care provider is considering becoming a foster or adoptive parent for a child being cared for at Children's, the care provider should notify his or her leader so that a discussion can occur regarding the care provider's continued ability to provide direct care for the patient. Once the care provider becomes the foster/adoptive parent, the care provider can no longer provide direct care to the child in the hospital setting.

### **Romantic/Sexual Relationships**

A romantic/sexual relationship between an employee who is the direct care/service provider and an employee's current patient/client is prohibited, even if the patient/client is an adult. Relationships with other family members are strongly discouraged as this can lead to potential boundary crossings. If a staff member is in a relationship with a family member, that staff member must notify his or her manager and can no longer be assigned to care for that patient/client.

### **Upholding Professional Boundaries**

Staff members have a responsibility to pursue consultation with their leaders when they have questions regarding their relationship with a patient/client/family and recognize that boundary issues could potentially develop.

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Leaders are responsible for the monitoring of this policy in their areas and throughout the organization.

Staff members who cross a professional boundary may be subject to corrective action up to and including termination of employment, depending upon the severity.

## **REFERENCES**

American Nurses Association. (2001). *Code of ethics for nurses with interpretive statements*. Washington, DC: nursesbooks.org.

Cook Children's Health Care System – Professional Relationships with Patients and Families (Boundaries)

Dayton Children's Hospital - Professional Boundaries – Patient / caregiver Relationship

National Association of Social Workers (2008) Code of Ethics

National Council of State Boards of Nursing. (2014). *A Nurse's Guide to Professional Boundaries*. Chicago, IL

Seattle Children's - Maintaining a Professional Relationship with Patients/Families

The Wisconsin Administrative Code (July 2014) – Board of Nursing; Chapter N 7 – Rules of Conduct

Wegner (C), et al. (1996) Framework for Relationship Boundaries – White Paper

### **Related CHW Hospital Policies and Procedures (P&Ps):**

Administrative P&P: Conflict of Interest

Administrative P&P: Corporate Compliance

Administrative P&P: Privacy - Uses and Disclosures of Protected Health Information With and Without an Authorization

Administrative P&P: Visitors and Special Guests

Human Resource P&P: Code of Conduct

Human Resource P&P: Social Media

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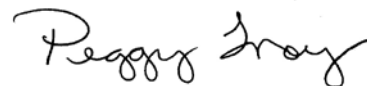
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2018- Reviewed by:  
CHW Legal Department  
CHW Human Resources Department  
Social Work Department  
Patient Care Operations and Clinical Leadership  
Joint Clinical Practice Council

2015 - Reviewed by:  
Ambulatory Leadership  
Children's Community Services team members  
CHW Corporate Compliance  
CHW Legal Department  
Ethics Advisory Committee  
Family Advisory Committee  
Joint Clinical Practice Council  
Joint Patient Care Committee  
Nursing Professional Development Council  
Patient Care Operations and Clinical Leadership  
Population Health & Payment Innovation team members

Approved by:



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Peggy Troy, President & CEO  
Children's Hospital and Health System  
November 2, 2018



**Chapter N 7  
RULES OF CONDUCT**

**N 7.01** Authority and intent.  
**N 7.02** Definitions.

**N 7.03** Grounds for denying renewal or disciplinary action.

**Note:** Chapters N 7 and 11 as they existed on September 30, 1985 were repealed and a new Chapter N 7 was created effective October 1, 1985.

**N 7.01 Authority and intent. (1)** The rules in this chapter are adopted pursuant to authority of ss. 15.08 and 227.11, Stats., and interpret s. 441.07, Stats.

**(2)** The intent of the board of nursing in adopting this chapter is to specify grounds for limiting, suspending, revoking, or denying renewal of a license or certificate or for reprimanding a licensee or certificate holder.

**Note:** The bracketed language was unintentionally omitted in the agency's order promulgating this rule. CR 13-097.

**History:** Cr. Register, September, 1985, No. 357, eff. 10-1-85; am. (2), Register, May, 1990, No. 413, eff. 6-1-90; correction in (1) under s. 13.93 (2m) (b) 7., Stats., Register, May, 1990, No. 413; CR 13-097; am. (2) Register July 2014 No. 703, eff. 8-1-14.

**N 7.02 Definitions.** As used in this chapter:

**(1)** "Board" means board of nursing.

**(1m)** "Certificate" means a certificate of an advanced practice nurse prescriber.

**(2)** "Drug" has the meaning contained in s. 450.06, Stats.

**(3)** "License" means a license of a registered nurse, licensed practical nurse or nurse-midwife.

**(4)** "Licensee" means a person licensed as a registered nurse, licensed practical nurse under s. 441.10, Stats., or nurse-midwife.

**(5)** "Patient" means any person receiving nursing care for which the nurse is compensated.

**Note:** The board office is located at 1400 East Washington Avenue, Madison, Wisconsin. The board's mailing address is P.O. Box 8935, Madison, Wisconsin 53708-8935.

**History:** Cr. Register, September, 1985, No. 357, eff. 10-1-85; CR 13-097; cr. (1m) Register July 2014 No. 703, eff. 8-1-14.

**N 7.03 Grounds for denying renewal or disciplinary action.** The grounds for denying renewal or taking disciplinary action on a license or certificate are any of the following:

**(1)** Noncompliance with federal, jurisdictional, or reporting requirements including any of the following:

(a) Engaging in conduct that violates the security of the licensure examination or the integrity of the examination results.

(b) Having a license to practice nursing or a nurse licensure compact privilege to practice denied, revoked, suspended, limited, or having the credential holder otherwise disciplined in another state, territory, or country. A certified copy of the record of the board is conclusive evidence of the final action.

(c) After a request of the board, failing to cooperate in a timely manner, with the board's investigation of a complaint filed against a license holder. There is a rebuttable presumption that a credential holder who takes longer than 30 days to respond to a request of the board has failed to cooperate in a timely manner.

(d) Practicing without an active license.

(e) Practicing beyond the scope of practice permitted by law.

(f) Failing to inform the board of the advanced practice nurse prescriber's change in certification status with a national certifying body as a nurse anesthetist, nurse-midwife, nurse practitioner, or clinical nurse specialist.

(g) Violating any term, provision, or condition of any order of the board.

(h) Failing to notify the board of a felony or misdemeanor in writing within 48 hours after the entry of the judgment of conviction, including the date, place, and nature of the conviction or finding. Notice shall include a copy of the judgment of conviction and a copy of the complaint or other information which describes the nature of the crime in order that the board may determine whether the circumstances of the crime of which the credential holder was convicted are substantially related to the practice of nursing.

(i) Failing to report to the board or institutional supervisory personnel any violation of the rules of this chapter by a licensee. This provision does not require a nurse to report treatment information which would fall within the nurse-patient privilege set forth in s. 905.04 (1) (b), Stats.

**(2)** Violating or aiding and abetting a violation of any law substantially related to the practice of nursing or being convicted of any crime substantially related to the practice of nursing. A certified copy of a judgment of conviction is prima facie evidence of a violation.

**(3)** Confidentiality, patient privacy, consent, or disclosure violations, including any of the following:

(a) Failing to safeguard the patient's dignity, or the right to privacy.

(b) Knowingly, recklessly, or negligently divulging a privileged communication or other confidential patient health care information except as required or permitted by state or federal law.

(c) Making statements or disclosures that create a risk of compromising a patient's privacy, confidentiality, or dignity, including statements or disclosures via electronic or social media.

**(4)** Misconduct or abuse, including any of the following:

(a) Soliciting, borrowing, misappropriating, obtaining, or attempting to obtain money or property from a patient or a patient's family.

(b) Obtaining or attempting to obtain any compensation by fraud, misrepresentation, deceit, duress, or undue influence in the course of nursing practice.

(c) Abusing a patient by a single or repeated act of force, violence, harassment, deprivation, neglect, or mental pressure which reasonably could cause physical pain, injury, mental anguish, or fear.

(d) Engaging in repeated or significant disruptive behavior or interaction with health care personnel, patients, family members, or others that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered.

(e) 1. Violating principles of professional boundaries, including any of the following:

a. Failing to establish, maintain, or communicate professional boundaries with the patient.

b. Engaging in relationships with patients that could impair the nurse's professional judgment.

c. Exploiting in any manner the professional relationship with a patient for the nurse's emotional, financial, sexual, or personal advantage or benefit.

d. Engaging in dual relationships if the nurse's ability to provide appropriate care would be compromised due to the nature of the additional relationship with the patient.

The Wisconsin Administrative Code on this web site is updated on the 1st day of each month, current as of that date. See also [Are the Codes on this Website Official?](#)

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- e. Engaging in any dual relationship in mental health nursing.
  - f. Engaging in self-disclosure to a patient which creates a risk or adversely impacts the patient's care and well-being.
  - g. Using any confidence of a patient to the patient's disadvantage or for the advantage of the nurse.
  - h. Accepting gifts which are more than minimal value or any cash from a patient or patient's family.
2. This paragraph does not include providing health care services to a person with whom the nurse has a preexisting, established personal relationship where there is no evidence of or potential for exploiting the patient and contact that is necessary for a health care purpose that meets the standards of the profession.
- (f) 1. Engaging in sexual misconduct, including any of the following:
    - a. Sexually explicit conduct, sexual contact, exposure, gratification, other sexual behavior with or in the presence of a patient.
    - b. Conduct that may reasonably be interpreted by a patient as sexual or any verbal behavior that is sexually harassing to a patient.
    - c. Posing, photographing or recording the body or any body part of a current or former patient, other than for health care purposes.
    - d. Transmitting information about a patient via electronic media that can be reasonably interpreted as sexual or sexually demeaning by the current or former patient.
    - e. Engaging or attempting to engage in sexual or seductive conduct with a former patient if doing so creates a risk that the relationship could cause harm to or exploitation of the former patient.
  - 2. For the purpose of this paragraph, due to the unique vulnerability of mental health patients, including patients with substance use disorders, nurses are prohibited from engaging in or attempting to engage in sexual or seductive conduct with such former patients, a former patient's immediate family or person responsible for the patient's welfare, for a period of at least 2 years after the termination of nursing services.
- (5) Fraud, deception or misrepresentation, including any of the following:**
- (a) Falsifying or inappropriately altering reports, patient documentation, agency records, or other health documents.
  - (b) Intentionally making incorrect entries in a patient's medical record or other related documents.
  - (c) Engaging in abusive or fraudulent billing practices, including violations of federal Medicare and Medicaid laws or state laws.
  - (d) Submitting false claims.
  - (e) Fraud, deceit, or material omission in obtaining a license or certification or in the renewal of the license or certification.
  - (f) Impersonating another licensee or allowing another person to use the licensee's credential for any purpose.
  - (g) Submitting false information in the course of an investigation.
  - (h) Misrepresentation of credentials.
  - (i) Misleading, false, or deceptive advertising or marketing.
- (6) Unsafe practice or substandard care, including any of the following:**
- (a) Failing to perform nursing with reasonable skill and safety.
  - (b) Lack of knowledge, skill, or ability to discharge professional obligations within the scope of nursing practice.
  - (c) Departing from or failing to conform to the minimal standards of acceptable nursing practice that may create unnecessary risk or danger to a patient's life, health, or safety. Actual injury to a patient need not be established.
  - (d) Failing to report to or leaving a nursing assignment without properly notifying appropriate supervisory personnel and ensuring the safety and welfare of the patient or client.
  - (e) Practicing nursing while under the influence of alcohol, illicit drugs, or while impaired by the use of legitimately prescribed pharmacological agents or medications.
  - (f) Unable to practice safely by reason of alcohol or other substance use.
  - (g) Unable to practice safely by reason of psychological impairment or mental disorder.
  - (h) Unable to practice safely by reason of physical illness or impairment.
  - (i) Failure to consult or delay in consultation for clinical care beyond scope of practice
  - (j) Failure to treat.
  - (k) Inadequate or improper infection control practices.
  - (L) Failure to provide medically necessary items or services.
  - (m) Discriminating on the basis of age, marital status, gender, sexual preference, race, religion, diagnosis, socioeconomic status, or disability while providing nursing services.
  - (n) Executing an order which the licensee knew or should have known would harm or present the likelihood of harm to a patient.
  - (o) Failing to execute a medical order unless the order is inappropriate and the licensee reports the inappropriate order to a nursing supervisor or other appropriate person.
  - (p) Failing to observe the conditions, signs and symptoms of a patient, record them, or report significant changes to the appropriate person.
- (7) Improper supervision or allowing unlicensed practice, including any of the following:**
- (a) Delegating a nursing function or a prescribed health function when the delegation could reasonably be expected to result in unsafe or ineffective patient care.
  - (b) Knowingly aiding, assisting, advising, or allowing a person to engage in the unlawful practice of nursing.
  - (c) Inappropriate or inadequate supervision or delegation.
  - (d) Failing to supervise assigned student experiences
- (8) Improper prescribing, dispensing, or administering medication or drug related offenses, including any of the following:**
- (a) Prescribing of any drug other than in the course of legitimate practice or as otherwise prohibited by law.
  - (b) Dispensing of any drug other than in the course of legitimate practice or as otherwise prohibited by law.
  - (c) Administering any drug other than in the course of legitimate practice or as otherwise prohibited by law.
  - (d) Error in prescribing, dispensing, or administering medication.
  - (e) Obtaining, possessing or attempting to obtain or possess a drug without lawful authority.
- History:** Cr. Register, September, 1985, No. 357, eff. 10-1-85; am. (1) (intro.), (d) to (g), (2) and (3), Register, May, 1990, No. 413, eff. 6-1-90; CR 13-097; r. and rec. Register July 2014 No. 703, eff. 8-1-14; corrections in (intro.), (1) (intro.), (3) (intro.), (4) (intro.), (e) (intro.), (f) (intro.), (5) (intro.), (6) (intro.), (7) (intro.), and (8) (intro.) made under s. 35.17, Stats., and renumbering in (4) (e) and (f) made under s. 13.92 (4) (b) 1., Stats., Register July 2014 No. 703.

## **Addendum B**

### **WISCONSIN STATUTES AND ADMINISTRATIVE CODE RELATING TO THE PRACTICE OF MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, & SOCIAL WORK**

#### **Chapter MPSW 20**

#### **CONDUCT**

#### **MPSW 20.02** Unprofessional conduct

**MPSW 20.02 Unprofessional conduct.** Unprofessional conduct related to the practice under a credential issued

under ch. 457, Stats., includes, but is not limited to, engaging in, attempting to engage in, or aiding or abetting the following conduct: **(11)** Engaging in sexual contact, sexual conduct, or any other behavior with a client which could reasonably be construed as seductive. For purposes of this rule, a person shall continue to be a client for 2 years after the termination of professional services. **(13)** Failing to avoid dual relationships or relationships that may impair the credentialed person's objectivity or create a conflict of interest. Dual relationships prohibited to credentialed persons include the credentialed person treating the credentialed person's employers, employees, supervisors, supervisees, close friends or relatives, and any other person with whom the credentialed person shares any important continuing relationship.