

## Therapeutic Relationship Agreement

These are our expectations concerning the professional relationship between you and the staff at [fill in company name here] so that your work with the staff takes place in a consensual and safe therapeutic space.

The staff at [fill in company name here], will not participate in or be witness to:

- Sexual behaviors such as:
  - Masturbation
  - Assisted ejaculation
  - Outercourse (e.g., kissing, erotic touch, sensual massage, using sex toys)
  - Intercourse
- Sensual and erotic sexual talk, behaviors, or gestures directed toward the staff at [fill in company name here]
- Invitations of any kind to interact beyond or outside of the professional relationship
- Touching other than consensual touching for genuine pelvic health therapy
- Sexually explicit visual, audio, or written material of any kind
- Disrespectful, aggressive, and hateful language (e.g., sexism, homophobia, gender-based aggression)

Somatic-based sexuality practitioners that focus on touch or provide sexual surrogacy, sexological bodywork, or sexual healing can be an important healing modality for some individuals. Our practice **does not** provide sexological bodywork, surrogate partner therapy, sexual healing, or sex work but can offer recommendations. For more information about sexual surrogacy visit the [International Professional Surrogates Association](#). For more information about sexological bodywork visit the [Association of Certified Sexological Bodyworkers](#).

In this therapeutic and professional relationship, there may be times patients experience “sexualized transference.” Sexualized transference occurs when a patient develops romantic or sexual feelings, thoughts, fantasies, and/or attraction toward their provider. Sexualized transference may develop within a therapeutic relationship for many different reasons.

It is important to acknowledge any instances of sexualized transference and engage in a discussion about possible impacts on treatment. If this transference continues or hinders treatment, the provider will determine whether it is wise to continue the therapeutic and professional relationship. The providers and staff at [fill in company name here], hold strictly to very clear boundaries to protect both themselves and their patients. Individuals who find they are struggling to uphold this agreement may benefit from working with a mental health therapist.

Should any of the behaviors mentioned above occur, the provider may end treatment and discharge the patient. If any of the behaviors become persistent or recurring, the provider will end treatment and discharge the patient. [fill in company name here], and its providers have no obligation to refer a patient who is discharged for violating this policy to another provider.

Print Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

