# Dual Relationship Agreement for Researchers and Patient Family Partners

Please use this agreement form to frame a discussion with the Patient Family Partner(s) on your Research Challenge or KT Challenge team, when those patients have a dual relationship with some or all team members, meaning the Patient Partner is also a patient receiving care from clinicians who are members of the research team. This agreement helps to ensure the project proceeds with safety and success for all parties.

I, **Name of the Research Team Leader**, will be working with **Name of the Patient Family Partner** as team member and advisor to the **Research Challenge OR Knowledge Translation Team** on a project entitled **Project Title**.

We both agree to the following guidelines:

1. We acknowledge that we have a dual relationship as patient-healthcare provider, and as members of the same research team.
2. We agree to navigate this relationship with clear communication and mutual respect.
3. Either of us can end the research collaboration relationship at any time without repercussions.
4. We will communicate separately about our care relationship and our research relationship.
5. If either of us have questions or concerns about the dual relationship, we are aware that we can contact Amanda Chisholm (lead for the Research Challenge and KT Challenge programs) at [amanda.chisholm@vch.ca](mailto:amanda.chisholm@vch.ca) or 604-875-4111 extension 21696 for assistance in navigating this working relationship.

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| **Patient Family Partner Name** | **Signature** | **Date** |
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| **Team Leader Name** | **Signature** | **Date** |