professional relationship, boundaries become blurred (Warren, Hamilton, & Roden-Foreman, 2013), and it is difficult for the provider to be objective when rendering care.

**BOUNDARY CROSSING AND BOUNDARY VIOLATION**

Boundary crossing is generally believed to be harmless if it is intended to improve the patient-provider relationship, but it is unusual. A small gift, harmless self-disclosures, and friending a patient on Facebook are examples of boundary crossing. In contrast, boundary violations are exploitive and destructive because the professional places his or her interests ahead of the athlete’s/patient’s. Examples of boundary violations by the provider include hugging the patient, affectionate talk, asking the patient to do a favor (e.g., pick up dry cleaning), or regular disclosure of provider’s problem that burdens the patient (Gutheil & Gabbard, 2003).

**LEGAL AND ETHICAL CONSIDERATIONS**

Sexual misconduct and abuse are exploitive and violate the provider-patient relationship. They are both illegal and unethical. Relative to legal consequences, statutes vary from state to state, yet criminal sexual misconduct with a current patient is oftentimes impossible to defend. Criminal charges typically initiate licensing proceedings. License suspension or cancelation means that one will not be able to continue to practice in one’s professional field. Furthermore, civil damages could be awarded for emotional harm (Baca, 2011).

Sexual misconduct violates the bioethical principles of nonmaleficence (i.e., do no harm). Relative to the NATA Code of Ethics (2018), ethical complaints may be brought to the ethics committee for the following code violations:

1.2. Member’s duty to the patient is the first concern, and therefore members are obligated to place the welfare and long-term well-being of their patient above other groups and their own self-interest, to provide competent care in all decisions, and advocate for the best medical interest and safety of their patient at all times as delineated by professional statements and best practices.

![Figure 4-4. Continuum of provider’s involvement in patient-centered care.](image-url)