

American Psychiatric Association
The Principles of Medical Ethics

*With Annotations Especially
Applicable to Psychiatry*

2009 Edition Revised

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The Principles of Medical Ethics

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American Psychiatric Association
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THE PRINCIPLES OF MEDICAL ETHICS

With Annotations Especially
Applicable to Psychiatry
2009 Edition *Revised*

In 1973, the American Psychiatric Association (APA) published the first edition of *The Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry*. Subsequently, revisions were published as the APA Board of Trustees and the APA Assembly approved additional annotations. In July of 1980, the American Medical Association (AMA) approved a new version of the *Principles of Medical Ethics* (the first revision since 1957), and the APA Ethics Committee¹ incorporated many of its annotations into the new *Principles*, which resulted in the 1981 edition and subsequent revisions. This version includes changes to the *Principles* approved by the AMA in 2001.

Foreword

ALL PHYSICIANS should practice in accordance with the medical code of ethics set forth in the *Principles of Medical Ethics* of the American Medical Association. An up-to-date expression and elaboration of these statements is found in the Opinions and Reports of the Council on Ethical and Judicial Affairs of the American Medical Association.² Psychiatrists are strongly advised to be familiar with these documents.³

However, these general guidelines have sometimes been difficult to interpret for psychiatry, so further annotations to the basic principles are offered in this document. While psychiatrists have the same goals as all physicians, there are special ethical problems in psychiatric practice that differ in coloring and degree from ethical problems in other branches of medical practice, even

¹The committee included Herbert Klemmer, M.D., Chairperson, Miltiades Zaphiropoulos, M.D., Ewald Busse, M.D., John R. Saunders, M.D., and Robert McDevitt, M.D. J. Brand Brickman, M.D., William P. Camp, M.D., and Robert A. Moore, M.D., served as consultants to the APA Ethics Committee.

²*Current Opinions with Annotations of the Council on Ethical and Judicial Affairs*, Chicago, American Medical Association, 2002–2003.

³Chapter 7, Section 1 of the Bylaws of the American Psychiatric Association (May 2003 edition) states, “All members of the Association shall be bound by the ethical code of the medical profession, specifically defined in the *Principles of Medical Ethics* of the American Medical Association and in the Association’s *Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry*.” In interpreting the Bylaws, it is the opinion of the APA Board of Trustees that inactive status in no way removes a physician member from responsibility to abide by the *Principles of Medical Ethics*.

though the basic principles are the same. The annotations are not designed as absolutes and will be revised from time to time so as to be applicable to current practices and problems.

Following are the *AMA Principles of Medical Ethics*, printed in their entirety, and then each principle printed separately along with an annotation especially applicable to psychiatry.

Principles of Medical Ethics American Medical Association

Preamble

The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility to patients first and foremost, as well as to society, to other health professionals, and to self. The following *Principles* adopted by the American Medical Association are not laws, but standards of conduct which define the essentials of honorable behavior for the physician.

Section 1

A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights.

Section 2

A physician shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities.

Section 3

A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.

Section 4

A physician shall respect the rights of patients, colleagues, and other health professionals, and shall safeguard patient confidences and privacy within the constraints of the law.

Section 5

A physician shall continue to study, apply, and advance scientific knowledge, maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.

Section 6

A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical care.

Section 7

A physician shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.

Section 8

A physician shall, while caring for a patient, regard responsibility to the patient as paramount.

Section 9

A physician shall support access to medical care for all people.

Principles With Annotations

Following are each of the *AMA Principles of Medical Ethics* printed separately along with annotations especially applicable to psychiatry.

Preamble

The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility to patients first and foremost, as well as to society, to other health professionals, and to self. The following Principles adopted by the American Medical Association are not laws, but standards of conduct which define the essentials of honorable behavior for the physician.⁴

Section 1

A physician shall be dedicated to providing competent medical care with compassion and respect for human dignity and rights.

1. A psychiatrist shall not gratify his or her own needs by exploiting the patient. The psychiatrist shall be ever vigilant about the impact that his or her conduct has upon the boundaries of the doctor–patient relationship, and thus upon the well-being of the patient. These requirements become particularly important because of the essentially private, highly personal, and sometimes intensely emotional nature of the relationship established with the psychiatrist.

2. A psychiatrist should not be a party to any type of policy that excludes, segregates, or demeans the dignity of any patient because of ethnic origin, race, sex, creed, age, socioeconomic status, or sexual orientation.

⁴Statements in italics are taken directly from the American Medical Association's *Principles of Medical Ethics*.

3. In accord with the requirements of law and accepted medical practice, it is ethical for a physician to submit his or her work to peer review and to the ultimate authority of the medical staff executive body and the hospital administration and its governing body. In case of dispute, the ethical psychiatrist has the following steps available:
 - a. Seek appeal from the medical staff decision to a joint conference committee, including members of the medical staff executive committee and the executive committee of the governing board. At this appeal, the ethical psychiatrist could request that outside opinions be considered.
 - b. Appeal to the governing body itself.
 - c. Appeal to state agencies regulating licensure of hospitals if, in the particular state, they concern themselves with matters of professional competency and quality of care.
 - d. Attempt to educate colleagues through development of research projects and data and presentations at professional meetings and in professional journals.
 - e. Seek redress in local courts, perhaps through an enjoining injunction against the governing body.
 - f. Public education as carried out by an ethical psychiatrist would not utilize appeals based solely upon emotion, but would be presented in a professional way and without any potential exploitation of patients through testimonials.
4. A psychiatrist should not be a participant in a legally authorized execution.

Section 2

A physician shall uphold the standards of professionalism, be honest in all professional interactions and strive to report physicians deficient in character or competence, or engaging in fraud or deception to appropriate entities.

1. The requirement that the physician conduct himself/herself with propriety in his or her profession and in all the actions of his or her life is especially important in the case of the psychiatrist because the patient tends to model his or her behavior after that of his or her psychiatrist by identification. Further, the necessary intensity of the treatment relationship may tend to activate sexual and other needs and fantasies on the part of both patient and psychiatrist, while weakening the objectivity necessary for control. Additionally, the inherent inequality in the doctor-patient relationship may lead to exploitation of the patient. Sexual activity with a current or former patient is unethical.

2. The psychiatrist should diligently guard against exploiting information furnished by the patient and should not use the unique position of power afforded him/her by the psychotherapeutic situation to influence the patient in any way not directly relevant to the treatment goals.
3. A psychiatrist who regularly practices outside his or her area of professional competence should be considered unethical. Determination of professional competence should be made by peer review boards or other appropriate bodies.
4. Special consideration should be given to those psychiatrists who, because of mental illness, jeopardize the welfare of their patients and their own reputations and practices. It is ethical, even encouraged, for another psychiatrist to intercede in such situations.
5. Psychiatric services, like all medical services, are dispensed in the context of a contractual arrangement between the patient and the physician. The provisions of the contractual arrangement, which are binding on the physician as well as on the patient, should be explicitly established.
6. It is ethical for the psychiatrist to make a charge for a missed appointment when this falls within the terms of the specific contractual agreement with the patient. Charging for a missed appointment or for one not canceled 24 hours in advance need not, in itself, be considered unethical if a patient is fully advised that the physician will make such a charge. The practice, however, should be resorted to infrequently and always with the utmost consideration for the patient and his or her circumstances.
7. An arrangement in which a psychiatrist provides supervision or administration to other physicians or nonmedical persons for a percentage of their fees or gross income is not acceptable; this would constitute fee splitting. In a team of practitioners, or a multidisciplinary team, it is ethical for the psychiatrist to receive income for administration, research, education, or consultation. This should be based on a mutually agreed-upon and set fee or salary, open to renegotiation when a change in the time demand occurs. (See also Section 5, Annotations 2, 3, and 4.)

Section 3

A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.

1. It would seem self-evident that a psychiatrist who is a law-breaker might be ethically unsuited to practice his or her profession. When such illegal activities bear directly upon his or her practice, this would obviously be the case. However, in other instances, illegal activities such as those concerning the right to protest social injustices might not bear on either the image of the psychiatrist or the ability of the specific psychiatrist to treat his or her patient ethically and well. While no committee or board could offer prior assurance that any illegal activity would not be considered unethical, it is conceivable that an individual could violate a law without being guilty

of professionally unethical behavior. Physicians lose no right of citizenship on entry into the profession of medicine.

2. Where not specifically prohibited by local laws governing medical practice, the practice of acupuncture by a psychiatrist is not unethical per se. The psychiatrist should have professional competence in the use of acupuncture. Or, if he or she is supervising the use of acupuncture by nonmedical individuals, he or she should provide proper medical supervision. (See also Section 5, Annotations 3 and 4.)

Section 4

A physician shall respect the rights of patients, colleagues, and other health professionals, and shall safeguard patient confidences and privacy within the constraints of the law.

1. Psychiatric records, including even the identification of a person as a patient, must be protected with extreme care. Confidentiality is essential to psychiatric treatment. This is based in part on the special nature of psychiatric therapy as well as on the traditional ethical relationship between physician and patient. Growing concern regarding the civil rights of patients and the possible adverse effects of computerization, duplication equipment, and data banks makes the dissemination of confidential information an increasing hazard. Because of the sensitive and private nature of the information with which the psychiatrist deals, he or she must be circumspect in the information that he or she chooses to disclose to others about a patient. The welfare of the patient must be a continuing consideration.

2. A psychiatrist may release confidential information only with the authorization of the patient or under proper legal compulsion. The continuing duty of the psychiatrist to protect the patient includes fully apprising him/her of the connotations of waiving the privilege of privacy. This may become an issue when the patient is being investigated by a government agency, is applying for a position, or is involved in legal action. The same principles apply to the release of information concerning treatment to medical departments of government agencies, business organizations, labor unions, and insurance companies. Information gained in confidence about patients seen in student health services should not be released without the students' explicit permission.

3. Clinical and other materials used in teaching and writing must be adequately disguised in order to preserve the anonymity of the individuals involved.

4. The ethical responsibility of maintaining confidentiality holds equally for the consultations in which the patient may not have been present and in which the consultee was not a physician. In such instances, the physician consultant should alert the consultee to his or her duty of confidentiality.

5. Ethically, the psychiatrist may disclose only that information which is relevant to a given situation. He or she should avoid offering speculation as fact. Sensitive information such as an individual's sexual orientation or fantasy material is usually unnecessary.

6. Psychiatrists are often asked to examine individuals for security purposes, to determine suitability for various jobs, and to determine legal competence. The psychiatrist must fully describe the nature and purpose and lack of confidentiality of the examination to the examinee at the beginning of the examination.
7. Careful judgment must be exercised by the psychiatrist in order to include, when appropriate, the parents or guardian in the treatment of a minor. At the same time, the psychiatrist must assure the minor proper confidentiality.
8. When, in the clinical judgment of the treating psychiatrist, the risk of danger is deemed to be significant, the psychiatrist may reveal confidential information disclosed by the patient.”
9. When the psychiatrist is ordered by the court to reveal the confidences entrusted to him/her by patients, he or she may comply or he/ she may ethically hold the right to dissent within the framework of the law. When the psychiatrist is in doubt, the right of the patient to confidentiality and, by extension, to unimpaired treatment should be given priority. The psychiatrist should reserve the right to raise the question of adequate need for disclosure. In the event that the necessity for legal disclosure is demonstrated by the court, the psychiatrist may request the right to disclosure of only that information which is relevant to the legal question at hand.
10. With regard for the person’s dignity and privacy and with truly informed consent, it is ethical to present a patient to a scientific gathering if the confidentiality of the presentation is understood and accepted by the audience.
11. It is ethical to present a patient or former patient to a public gathering or to the news media only if the patient is fully informed of enduring loss of confidentiality, is competent, and consents in writing without coercion.
12. When involved in funded research, the ethical psychiatrist will advise human subjects of the funding source, retain his or her freedom to reveal data and results, and follow all appropriate and current guidelines relative to human subject protection.
13. Ethical considerations in medical practice preclude the psychiatric evaluation of any person charged with criminal acts prior to access to, or availability of, legal counsel. The only exception is the rendering of care to the person for the sole purpose of medical treatment.
14. Sexual involvement between a faculty member or supervisor and a trainee or student, in those situations in which an abuse of power can occur, often takes advantage of inequalities in the working relationship and may be unethical because:
 - a. Any treatment of a patient being supervised may be deleteriously affected.
 - b. It may damage the trust relationship between teacher and student.
 - c. Teachers are important professional role models for their trainees and affect their trainees’ future professional behavior.

Section 5

A physician shall continue to study, apply, and advance scientific knowledge, maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.

1. Psychiatrists are responsible for their own continuing education and should be mindful of the fact that theirs must be a lifetime of learning.
2. In the practice of his or her specialty, the psychiatrist consults, associates, collaborates, or integrates his or her work with that of many professionals, including psychologists, psychometricians, social workers, alcoholism counselors, marriage counselors, public health nurses, and the like. Furthermore, the nature of modern psychiatric practice extends his or her contacts to such people as teachers, juvenile and adult probation officers, attorneys, welfare workers, agency volunteers, and neighborhood aides. In referring patients for treatment, counseling, or rehabilitation to any of these practitioners, the psychiatrist should ensure that the allied professional or paraprofessional with whom he or she is dealing is a recognized member of his or her own discipline and is competent to carry out the therapeutic task required. The psychiatrist should have the same attitude toward members of the medical profession to whom he or she refers patients. Whenever he or she has reason to doubt the training, skill, or ethical qualifications of the allied professional, the psychiatrist should not refer cases to him/her.
3. When the psychiatrist assumes a collaborative or supervisory role with another mental health worker, he or she must expend sufficient time to assure that proper care is given. It is contrary to the interests of the patient and to patient care if the psychiatrist allows himself/herself to be used as a figurehead.
4. In relationships between psychiatrists and practicing licensed psychologists, the physician should not delegate to the psychologist or, in fact, to any nonmedical person any matter requiring the exercise of professional medical judgment.
5. The psychiatrist should agree to the request of a patient for consultation or to such a request from the family of an incompetent or minor patient. The psychiatrist may suggest possible consultants, but the patient or family should be given free choice of the consultant. If the psychiatrist disapproves of the professional qualifications of the consultant or if there is a difference of opinion that the primary therapist cannot resolve, he or she may, after suitable notice, withdraw from the case. If this disagreement occurs within an institution or agency framework, the differences should be resolved by the mediation or arbitration of higher professional authority within the institution or agency.

Section 6

A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical care.

1. Physicians generally agree that the doctor-patient relationship is such a vital factor in effective treatment of the patient that preservation of optimal conditions for development of a sound working relationship between a doctor and his or her patient should take precedence over all other considerations. Professional courtesy may lead to poor psychiatric care for physicians and their families because of embarrassment over the lack of a complete give-and-take contract.
2. An ethical psychiatrist may refuse to provide psychiatric treatment to a person who, in the psychiatrist's opinion, cannot be diagnosed as having a mental illness amenable to psychiatric treatment.

Section 7

A physician shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.

1. Psychiatrists should foster the cooperation of those legitimately concerned with the medical, psychological, social, and legal aspects of mental health and illness. Psychiatrists are encouraged to serve society by advising and consulting with the executive, legislative, and judiciary branches of the government. A psychiatrist should clarify whether he/ she speaks as an individual or as a representative of an organization. Furthermore, psychiatrists should avoid cloaking their public statements with the authority of the profession (e.g., "Psychiatrists know that...").
2. Psychiatrists may interpret and share with the public their expertise in the various psychosocial issues that may affect mental health and illness. Psychiatrists should always be mindful of their separate roles as dedicated citizens and as experts in psychological medicine.
3. On occasion psychiatrists are asked for an opinion about an individual who is in the light of public attention or who has disclosed information about himself/herself through public media. In such circumstances, a psychiatrist may share with the public his or her expertise about psychiatric issues in general. However, it is unethical for a psychiatrist to offer a professional opinion unless he or she has conducted an examination and has been granted proper authorization for such a statement.
4. The psychiatrist may permit his or her certification to be used for the involuntary treatment of any person only following his or her personal examination of that person. To do so, he or she must find that the person, because of mental illness, cannot form a judgment as to what is in his/ her own best interests and that, without such treatment, substantial impairment is likely to occur to the person or others.
5. Psychiatrists shall not participate in torture.

Section 8

A physician shall, while caring for a patient, regard responsibility to the patient as paramount.

New section recently adopted by the AMA.

Section 9

A physician shall support access to medical care for all people.

New section recently adopted by the AMA.

Procedures for Handling Complaints of Unethical Conduct

The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility not only to patients but also to society, to other health professionals, and to self. The *Principles*, adopted by the American Medical Association, are not laws but standards of conduct that define the essentials of honorable behavior for the physician.

Complaints charging members of the American Psychiatric Association (APA) with unethical behavior or practices shall be investigated, processed, and resolved in accordance with procedures approved by the APA Assembly and the APA Board of Trustees.

If a complaint of unethical conduct against a member is sustained, the member shall receive a sanction ranging from reprimand to expulsion. Any decision to expel a member must be approved by a two-thirds (2/3) affirmative vote of all members of the APA Board of Trustees present and voting.⁵

PART I: INITIAL PROCEDURES

1. a. Unless the complaint may be decided solely on the basis of extrinsic evidence, all formal complaints charging a member of the APA with unethical behavior shall be made in writing, signed by the complainant, and addressed to the district branch of the charged member (“respondent”) or, if addressed to the APA, shall be referred by the APA to the respondent’s district branch for investigation⁶ and decision in accordance with these Procedures.⁷ Cases that may be decided solely on the basis of extrinsic evidenced may be initiated by the forwarding of documentation supporting the complaint to the district branch or APA Ethics Chair without a formal, signed charging letter.
- b. If the respondent is a member-at-large of the APA, the complaint shall be referred to an ad hoc investigating committee, as provided for in Paragraph 2 below.
- c. To be considered pursuant to these Procedures, a complaint alleging unethical conduct must be received within ten (10) years of the alleged conduct⁸.

⁵ Chapter 7, Sections 1, 2, and 3, Bylaws, American Psychiatric Association, May 2005 edition.

⁶ As used in these Procedures, the term investigation is meant to include both an information-gathering or investigatory phase of a case and a hearing phase. This term does not apply to the process by which a district branch initially determines whether or not a complaint warrants investigation.

⁷ The Procedures set out minimum requirements. Each district branch should comply with any additional or more stringent requirements of state law.

⁸ In the case of a minor patient, the ten (10) years will not begin until the patient reaches majority.

- d. Unless (i) the case will be decided solely on the basis of extrinsic evidence obtained entirely from sources other than the respondent, and/or (ii) the complaint is referred to a licensing board or similar authority for initial or final processing, without receiving information from the patient,⁹ at the time it notifies respondent of a complaint received, the district branch ethics committee shall obtain and provide the respondent with valid written authorization(s) from the patient(s) involved to provide (i) relevant medical records and other information about the patient, and, if applicable, (ii) psychotherapy notes, to the district branch for the purposes of its investigation.¹⁰

2. If, after receiving a written complaint, the district branch determines that there are compelling reasons why it would not be the appropriate body to consider the complaint, the district branch shall write to the Chair of the APA Ethics Committee, requesting that it be excused, providing a detailed explanation of the reasons for its request. If the Chair of the APA Ethics Committee determines that the district branch should not be excused, the district branch shall proceed with the complaint. If the Chair of the APA Ethics Committee agrees that the district branch should be excused from considering the complaint, the Chair shall then appoint three (3) Fellows of the APA to serve as an ad hoc investigating committee to conduct the investigation and to render a decision.¹¹ When possible, these Fellows shall reside in the same Area as the respondent and in no event shall any such Fellow be a member of the APA Ethics Committee or the APA Board of Trustees.

3. If the district branch finds it cannot determine that the complaint warrants investigation under the ethical standards established by *The Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry*, the district branch shall so notify the complainant, requesting additional information when appropriate. If the district branch determines that the charges do not warrant investigation, it shall notify the complainant, stating the basis for the conclusion and informing the complainant that he/she may request a review of this decision no later than sixty (60) days from the Chair of the APA Ethics Committee. If the Chair of the APA Ethics Committee determines that the complaint warrants investigation, he/she will appoint an ad hoc investigating committee as provided for in Paragraph 2 above. When an ad hoc investigating committee is appointed, the district branch shall be so notified by the Chair of the APA Ethics Committee.

⁹ Prior to forwarding a complaint to the licensing board, any other authority or individual, the district branch should obtain the patient's consent to potentially involving the complainant in a procedure s/he did not wish to invoke.

¹⁰ If not provided by the patient/complainant, the district branch shall provide the patient/complainant with an authorization form or forms that comply with federal law (HIPAA) and applicable state law. If investigation reveals that medical information or records and/or psychotherapy notes of a patient who is not the complainant are relevant, the district branch must obtain the authorization of such patient before obtaining such records from a member. Whenever psychotherapy notes are relevant to the case, separate authorizations for medical records and psychotherapy notes will be provided. In extrinsic evidence cases, if the respondent wishes to provide medical information or records and/or psychotherapy notes in connection with the sanction phase of the case, appropriate authorizations shall be obtained.

¹¹ Unless otherwise indicated, whenever these Procedures refer to activities of a district branch, the same requirements shall apply to the ad hoc investigating committee when it performs an investigation.

4. If the district branch determines that a complaint warrants investigation under the ethical standards established by *The Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry*, the district branch shall advise the APA Secretary as well as the complainant and the respondent that it will be conducting the investigation. The district branch shall also send a copy of the complaint to the respondent, along with copies of *The Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry* and these Procedures. If the district branch decides to consider the complaint in accordance with the procedures in Part II (Enforcement Option), the respondent shall further be informed that he/she has the right to be represented by counsel; that he/she has the right to a hearing; and that if there is a hearing, at the hearing, he/she will have the rights set out in Paragraph 9 below. The respondent will also be informed of his/her right to appeal an adverse decision to the APA Ethics Committee or, where appropriate, to the APA Ethics Appeals Board in accordance with the provisions of Paragraphs 19–23 below.

5. The district branch investigation shall be comprehensive and fair and conducted as provided herein. The district branch may decide:

- a. to conduct a formal enforcement proceeding, including where appropriate a hearing, pursuant to the Enforcement Option procedures set out in Part II, Paragraphs 6-25 below, or
- b. with the agreement of the respondent, to attempt to consider and resolve the complaint in accordance with the Educational Option procedures set out in Part III, Paragraphs 26-33 below.

In deciding which approach to use, the district branch shall consider factors including the nature and seriousness of the alleged misconduct, prior findings or allegations of unethical conduct, and guidelines developed by the APA Ethics Committee. Any attempt to resolve the matter through the Educational Option shall be without prejudice to the right of the district branch to determine at a later time that resolution pursuant to this option is not possible and to proceed to consider and resolve the complaint pursuant to the Enforcement Option procedures of Part II.

PART II: ENFORCEMENT OPTION

6. If the district branch pursues investigation and resolution of a complaint in accordance with the provisions in this Part, a hearing conducted in accordance with the provisions of Paragraph 9 below shall be held unless the respondent has voluntarily waived his/her right to a hearing, or the district branch, prior to the hearing, has determined that there has been no ethics violations. The respondent's waiver of a hearing shall not prevent the district branch from meeting with, and hearing the evidence of, the complainant and other witnesses and reaching a decision in the case.

7. The respondent will be notified of the hearing by certified mail or overnight delivery (signature required) at least thirty (30) days in advance of the hearing. The notice will include the following:

- a. The date, time, and place of the hearing;
 - b. A list of witnesses expected to testify;
 - c. Notification of the respondent's right to representation by legal counsel or another individual of his/her choice;
 - d. Notification of the respondent's right to appeal any adverse decision to the APA Ethics Committee; and
 - e. The names of the members of the ethics committee or panel which will conduct the hearing.
8. The initial, information-gathering stages of the investigation, which may include preliminary interviews of the complainant and the respondent, may be conducted by any single member of or a subcommittee of the ethics committee. In all cases in which there may be a decision adverse to the respondent, unless the respondent has waived his/her right to a hearing, there must be a hearing before the district branch ethics committee or a specially constituted panel of at least three (3) members, at least one (1) of whom must be a member of the district branch ethics committee.
9. The hearing shall provide fairness and respect for both the respondent and the complainant. The following procedures shall apply:
- a. The respondent may be represented by counsel or other person. The counsel or other person may answer questions addressed to him/her, advise his/her client, introduce evidence, examine and cross-examine witnesses, and make opening and closing statements. Counsel's participation is subject to the continuing direction and control of the Chair. The Chair shall exercise its discretion so as to prevent the intimidation or harassment of the complainant and/or other witnesses and with regard to the peer review nature of the proceedings. Questions addressed by members of the committee or panel to the respondent shall be answered by the respondent.
 - b. Except when the district branch concludes that it is prepared to proceed solely on the basis of extrinsic evidence,¹² the complainant must be present at the hearing unless excused by the committee or panel Chair. The complainant will be excused only when he/she has so requested and, in the judgment of the Chair, participation would be harmful to him/her.

¹² For these purposes, "extrinsic evidence" shall mean documents whose validity and accuracy appear to be clear on their face and which do not rely on the assertions or opinions of the complainant and/or his/her witnesses. Examples of such evidence include admissions by the respondent, formal judicial or administrative reports, sworn deposition or trial testimony that was subject to cross-examination, photographs, medical or hospital records, hotel or credit card receipts, and so forth. When the district branch decides to rely solely on such extrinsic evidence, it should take appropriate steps to ensure that members of the hearing panel do not take into account any information from the complainant or other witnesses and base their decision solely on the available extrinsic evidence. Additional information on extrinsic evidence is available from the APA.

- c. Except when the district branch concludes that it is prepared to proceed solely on the basis of extrinsic evidence or the complainant is excused pursuant to Paragraph 9(b) above, the complainant shall testify regarding his/her charges.
- d. The respondent or his/her attorney may challenge material presented by the complainant or the complainant's witnesses: (i) by appropriate direct challenge through cross-examination; or (ii) if the complainant asked to be excused from such direct challenge and the Chair determined that such direct challenge will be harmful to the complainant, by written questions submitted by the respondent and posed to the complainant by the Chair, with answers to be provided orally or in writing as the Chair in his/her discretion determines is appropriate.
- e. The respondent may choose not to be present at the hearing and to present his/her defense through other witnesses and counsel.
- f. The respondent may testify on his/her own behalf, call and examine supporting witnesses, and introduce relevant evidence in support of his/her case. Evidence may not be excluded solely on the grounds that it would be inadmissible in a court of law.
- g. Members of the hearing panel may ask pertinent questions during the hearing.
- h. A stenographic or tape record shall be made of the proceedings, and a copy shall subsequently be made available to the respondent at a reasonable charge.
- i. The respondent may make an oral statement and/or submit a written statement at the close of the hearing.

10. All ethics committee or panel recommendations shall be in writing and shall include a statement of the basis for the recommendation. If the investigation has been conducted by a panel, the panel shall make a recommendation only as to whether there has been an ethics violation, and the district branch ethics committee shall review this recommendation and add its recommendation as to sanction, if any.

11. Upon completion of the investigation and any internal review procedures required by the district branch's governing documents, the district branch shall render a decision—

- a. that the respondent did not act unethically;
- b. that the case should be concluded without a finding; or
- c. that the respondent acted unethically, and what sanction is appropriate.

If the investigation has been conducted by an ad hoc investigating committee, the ad hoc investigating committee shall make the decision. The district branch decision shall be in writing and shall include a statement of the basis of the decision. In all cases, the district branch shall seek to reach a decision as expeditiously as possible. This should usually be within nine (9) months from the time that the complaint was received. All district branch

decisions must be reviewed by the APA Ethics Committee in accordance with Paragraph 15 below.

12. The three (3) sanctions in order of severity are as follows:

- a. reprimand;
- b. suspension (for a period not to exceed five [5] years);¹³
- c. expulsion.

13. If the district branch renders a decision that the case should be concluded without a finding, it may issue a letter of concern to the member, which can include suggestions for education. The letter of concern will be signed by the president of the district branch after a draft has been reviewed by the APA Ethics Committee. The APA Ethics Committee must agree that the complaint resulted in an investigation that was comprehensive and fair, and in accordance with the procedures in Paragraphs 6–9 above. In addition to the three (3) sanctions noted in Paragraph 12, the district branch may also, but is not required to, impose certain conditions, such as educational or supervisory requirements, on a suspended member.¹⁴ When such conditions are imposed, the following procedures shall apply:

- a. If the district branch imposes conditions, it shall monitor compliance.
- b. If the ad hoc investigating committee imposes conditions, the Chair of the APA Ethics Committee shall establish a means for monitoring compliance.
- c. If a member fails to satisfy the conditions, the district branch or the APA monitoring body established by the Chair of the APA Ethics Committee may decide to expel the member.
- d. If it is determined that a member should be expelled for noncompliance with conditions, the member may appeal pursuant to the provisions set forth in Paragraphs 19–23 below.
- e. If a member expelled for noncompliance with conditions does not appeal, the APA Board of Trustees shall review the expulsion in accordance with the provisions of Paragraph 18 below.

¹³ A suspended member will be required to pay dues and will be eligible for APA benefits, except that such a member will lose his/her rights to hold office, vote, nominate candidates, propose referenda or amendments to the Bylaws, and serve on any APA committee or component, including the APA Board of Trustees and the APA Assembly. If the suspended member is a Fellow or Life Fellow, the Fellowship will be suspended for the same period of time. Each district branch shall decide which, if any, district branch privileges and benefits shall be denied during the period of suspension.

¹⁴ Personal treatment may be recommended, but not required, and any such recommendation shall be carried out in accordance with the ethical requirements governing confidentiality as set forth in *The Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry*. In appropriate cases, the district branch may in addition refer the psychiatrist in question to a component responsible for considering impaired or physically ill physicians.

14. After the district branch completes its investigation and arrives at its decision, the decision and any pertinent information concerning the procedures followed or relating to the action taken shall be forwarded to the APA Ethics Committee for review in accordance with the provisions of Paragraphs 15-17 below. If the Chair of the APA Ethics Committee determines that these review functions are best carried out instead by a subcommittee, he/she shall designate such a subcommittee (or subcommittees) that shall include at least three (3) voting members of the APA Ethics Committee and that shall be authorized to undertake these review functions on behalf of the full APA Ethics Committee.

15. In all cases, including those where the district branch finds that an ethics violation has not occurred or that the case should be concluded without a finding, the APA Ethics Committee shall review the information submitted by the district branch to assure that the complaint received an investigation that was comprehensive and fair and in accordance with the procedures in Paragraphs 6-9 above. If the APA Ethics Committee concludes that these requirements were not satisfied, it shall so advise the district branch, and the district branch shall remedy the deficiencies and shall make further reports to the APA Ethics Committee until such time as the APA Ethics Committee is satisfied that these requirements have been met. If, in the view of the APA Ethics Committee, the district branch is either unwilling or unable to complete the investigation in a satisfactory manner, the Chair of the APA Ethics Committee may appoint an ad hoc investigating committee to conduct the investigation and render a decision.

16. In cases where the district branch has found that an ethics violation has occurred, the APA Ethics Committee or subcommittee, after ascertaining that the investigation was comprehensive and fair and in accordance with these procedures, shall consider the appropriateness of the sanction imposed. If the APA Ethics Committee or subcommittee concludes that the sanction is appropriate, it shall so notify the district branch. If the APA Ethics Committee or subcommittee concludes that the sanction should be reconsidered by the district branch, it shall provide a statement of reasons explaining the basis for its opinion, and the district branch shall reconsider the sanction. After reconsideration, the decision of the district branch shall stand, even if the district branch decides to adhere to the original sanction, except that the sanction may be modified as provided for in Paragraphs 18, 22 or 24 below.

17. After the APA Ethics Committee or subcommittee completes the review process, the district branch shall notify the respondent of the decision and sanction, if any, by certified mail or overnight mail (signature required). The respondent shall be provided copies of the district branch ethics committee and/or panel recommendation(s) and the district branch decision. If the decision is that no ethics violation has occurred, the case shall be terminated, and the district branch shall also notify the complainant of this decision. If the decision is that an ethics violation has occurred, the respondent shall be advised that he/she has thirty (30) days to file a written letter of appeal with the Chair of the APA Ethics Committee. In such circumstances, the complainant shall not be advised of any action until after the appeal has been completed or until the APA notifies the district branch that no appeal has been taken or that the procedures provided for in Paragraph 18 below have been completed.

18. If, after review by the APA Ethics Committee or upon a finding of noncompliance with conditions as provided for in Paragraph 13(c) above, the decision is to expel a respondent, and the respondent fails to appeal the decision, the APA Board of Trustees at its next meeting shall

review the expulsion on the basis of a presentation by the Chair of the APA Ethics Committee and the documentary record in the case. A decision to affirm an expulsion must be by a vote of two-thirds (2/3) of those Trustees present and voting. A decision to impose a lesser sanction shall be by a majority vote. If necessary, the APA Board of Trustees may request further information from the district branch before voting on the decision to expel.

19. a. All appeals in cases in which the complaint was received by the district branch after January 1, 2003 shall be considered and decided by a panel of three (3) members of the APA Ethics Committee who have not been involved in a review of the case pursuant to Paragraphs 14-17. The Chair of the APA Ethics Committee may appoint a replacement if there are not three members of the Committee who have not been involved in the case who are able to serve.
 - b. In cases in which the complaint was received by the district branch prior to January 1, 2003, the APA Ethics Committee shall decide whether it is appropriate under the circumstances for the appeal to be heard by a panel of the Ethics Committee or by the APA Ethics Appeal Board pursuant to procedures in effect prior to January 1, 2003. In making this decision, the APA Ethics Committee shall consider the availability of an Ethics Committee panel which has not reviewed the case, whether the respondent was notified of his/her right to appeal to the Ethics Appeals Board and whether a respondent informed of an appeal to the Appeals Board will agree to an appeal to a panel of the Ethics Committee.
20. All appeals shall be based on one (1) or more of the following grounds:
 - a. that there have been significant procedural irregularities or deficiencies in the case;
 - b. that *The Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry* has been improperly applied;
 - c. that the findings of or sanction imposed by the district branch are not supported by substantial evidence;
 - d. that substantial new evidence has called into question the findings and conclusions of the district branch.
21. a. The respondent's request for an appeal must be received within 30 days of the date the respondent is notified of the district branch decision. Upon receipt of the respondent's request for an appeal, the APA Ethics Committee or Ethics Appeals Board shall request a copy of the district branch file, which shall be made available to the respondent upon request and compliance with any conditions set by the Committee or Appeals Board.
 - b. In appeals heard by an Ethics Committee appeals panel, the panel will review, and decide the appeal solely on the basis of, the district branch's documentary record of its investigation and decision and any written appeal statements filed by the respondent and the district branch. The respondent's statement will be provided to the district branch, which may file a written response. Any district branch response will be forwarded to the respondent, who will have the opportunity to respond in writing prior

to the Ethics Committee's consideration of the appeal. Filing deadlines and other procedures governing the appeal shall be established by the APA Ethics Committee.

- c. In appeals heard by the Ethics Appeals Board,¹⁵ the respondent shall be entitled to file a written statement with the Appeals Board and may appear before the Board alone or accompanied by counsel. The Appeals Board shall request a representative of the district branch, accompanied by counsel if the district branch so requests, to participate in the appeal by speaker phone. In addition, the Appeals Board may request any information from the district branch and may also request the complainant, accompanied by counsel if he/she so requests, to attend the appeal. The APA counsel and other necessary APA staff may also attend if the Appeals Board so requests. Time limits and other procedures governing the appeal shall be established by the Appeals Board.

22. After reviewing all documents and hearing any oral presentation, the APA Ethics Committee appeals panel or the APA Ethics Appeals Board may take any of the following actions:

- a. affirm the decision, including the sanction imposed by the district branch;
- b. affirm the decision, but alter the sanction imposed by the district branch;
- c. reverse the decision of the district branch and terminate the case;
- d. remand the case to the district branch with specific instructions as to what further information or action is necessary.¹⁶ After the district branch or panel has completed remand proceedings, the case shall be handled in accordance with procedures in Paragraphs 14 through 22.

23. After the APA Ethics Committee appeals panel or Ethics Appeals Board reaches a decision as set forth in Paragraph 22, if the decision is anything other than to expel a member, the Chair of the APA Ethics Committee shall notify the district branch and the respondent simultaneously of the decision and that it is final.

24. If the decision is to expel a member, the APA Board of Trustees at its next meeting shall review the action solely on the basis of the presentation of the APA Secretary (or his/her designee) or the APA Ethics Committee Chair (or designee) and the documentary record in the case. The APA Board of Trustees may affirm the sanction, impose a lesser sanction, or remand

¹⁵ The Ethics Appeals Board shall be chaired by the APA Secretary and shall include two past Presidents of the APA, a past Speaker of the APA Assembly, the Chair of the APA Ethics Committee and a current chair of a district branch ethics committee. The Secretary and Chair of the APA Ethics Committee shall serve during their respective terms of office. All other members of the Ethics Appeals Board shall be appointed by the President for a three-year term. All members of the Ethics Appeals Board, including the chair, shall be entitled to one vote on all matters. If any of the above cannot serve, the President is authorized to appoint a replacement.

¹⁶ Remands will be employed only in rare cases, such as when new information has been presented on appeal or when there is an indication that important information is available and has not been considered.

to the APA Ethics Committee appeals panel or the Ethics Appeals Board for further action or consideration. A decision to affirm an expulsion must be by a vote of two-thirds (2/3) of those Trustees present and voting. All other actions shall be by majority vote. Members of the APA Board of Trustees who participated as members of the APA Ethics Committee appeals panel or the Ethics Appeals Board shall not vote when the APA Board of Trustees considers the case. Once the APA Board of Trustees has acted or, in a case of a remand, has approved the action taken on remand, the APA Secretary shall notify the district branch of the decision and that it is final.

25. Once a final decision is reached, the district branch shall notify the complainant and the respondent by certified mail or by overnight mail (signature required).

PART III: EDUCATIONAL OPTION

26. If the district branch decides to attempt to resolve the complaint pursuant to the Educational Option procedures in this Part III (Paragraphs 26-33), it shall proceed only after (a) the respondent has been informed (i) that the district branch wishes to proceed in this manner but that he/she is entitled to proceed under Part II enforcement procedures, and (ii) that the district branch reserves the right to begin the investigation again and use formal enforcement procedures in Part II if in its sole discretion it determines that the respondent has not satisfactorily cooperated, (b) the respondent agrees to proceed under Part III rather than Part II, and (c) the complainant has been notified that the district branch has decided to proceed in this manner and has been provided a copy of the Procedures.

27. The district branch's consideration of an ethics complaint under this Part shall provide both the complainant and the respondent the opportunity to address the district branch. The district branch shall determine the procedures to be used, including whether to meet separately or together with the complainant and the respondent, whether to permit the respondent to be accompanied by a person of his or her own choosing, the size and composition of the group(s) meeting with the parties, and other matters involving the form and details of the district branch's consideration of the complaint. However, in determining the procedure it will use, the district branch shall seek to provide a format that will facilitate the respondent's understanding of the ethical issues raised by the complaint, including the reasons for or sources of the complainant's concern, and to permit the district branch to assess the respondent's understanding of these matters.

28. In proceedings under this Part, the district branch shall make no determination as to whether the respondent has violated the *Principles* or otherwise committed an ethics violation.

29. After its consideration of the complaint pursuant to Paragraph 27, the district branch may identify a specific educational program including courses, reading and consultation for the respondent to complete within a specified period. The respondent and the APA Ethics Committee will be notified of the required steps, the time frame in which they must be completed, and that failure to complete them as required will be grounds for being dropped from membership in the APA and the district branch for failure to satisfy educational requirements

(see Bylaws, Section 2.5 or for further proceedings pursuant to Part II of these Procedures. The district branch will monitor the respondent's compliance with any such educational requirements.

30. The district branch shall retain records of complaints considered pursuant to this Part and of any education thereafter required of a respondent. The district branch may consider such information in connection with a decision as to how to handle any later complaints involving the respondent.

31. If the district branch at any time determines that the respondent has not cooperated with the district branch's consideration of the complaint, has not otherwise participated in a manner that permits an adequate educational experience or has not satisfied any educational requirements it has imposed, the district branch may so notify the respondent and inform him/her (a) that the complaint will be returned to the district branch ethics committee for its consideration and resolution pursuant to the procedures set out in Part II, above, or (b) that the respondent's name will be presented to the Board of Trustees at its next meeting and the member dropped from membership unless the Board acts to exempt the respondent from the educational requirements. The decision as to whether to proceed under Part II or to recommend that the respondent be dropped from membership in the APA and the district branch will be in the district branch's discretion.

32. If the district branch decides to return the complaint for consideration and resolution pursuant to Part II of the Procedures, any subsequent investigation and hearing under Part II shall be conducted by district branch members who did not conduct the proceedings pursuant to the Educational Option in Part III.

33. If the district branch decides and notifies the respondent that his/her name will be presented to the Board of Trustees for purposes of being dropped from membership, the district branch shall also notify the APA Ethics Committee, which will notify the Office of Membership and the Board of Trustees.

PART IV: CONFIDENTIALITY

34. Except as described in Paragraph 35 below, disclosure by APA members of the name of the respondent, the fact that a complaint has been lodged, the substance of the complaint, or the identity of any witnesses shall be limited to persons who need this information to assure the orderly and effective administration of these procedures and/or APA membership action.

35. To assure proper protection of the public, there are times when disclosure of the identity of a respondent and other information may be essential. Such disclosure is authorized in the following instances:¹⁷

- a. The name of any member who is expelled from the APA for an ethics violation, along with an explanation of the nature of the violation, shall be reported in *Psychiatric News*

¹⁷ State and/or federal law may impose additional reporting requirements with which district branches or the APA must comply.

and in the district branch newsletter or other usual means of communication with its membership. The name of any member who is expelled from the APA for an ethics violation, along with an explanation of the nature of the violation, shall also be reported to the medical licensing authority in all states in which the member is licensed. In addition, the name of any member who is also a member of a foreign psychiatric society or association and who is expelled shall be reported to the international society or association to which the member belongs.¹⁸ This Paragraph does not apply to those members who are dropped from membership for failure to satisfy educational requirements, pursuant to Paragraph 33, above.

- b. The name of any member who is suspended from the APA for an ethics violation, along with an explanation of the nature of the violation, shall be reported in *Psychiatric News* and in the district branch newsletter or other usual means of communication with its membership. The name of any member who is suspended from the APA for an ethics violation, along with an explanation of the nature of the violation, shall also be reported to the medical licensing authority in all states in which the member is licensed.¹⁹
- c. The name of any member who resigns from the APA after an ethics complaint against him/her is received and before it is resolved shall be reported in *Psychiatric News* and in the district branch newsletter or other usual means of communication with its membership.
- d. The APA Board of Trustees or, after approval by the APA Ethics Committee, any district branch's governing council may report an ethics charge or a decision finding that a member has engaged in unethical conduct to any medical licensing authority, medical society, hospital, clinic, or other institutions or persons where such disclosure is deemed appropriate to protect the public.²⁰

Addendum 1

Guidelines for Ethical Practice in Organized Settings

¹⁸ Reporting shall include a press release to the media in the area in which the expelled member lives. If requested by a state licensing board to which the expulsion is reported, the APA and/or district branch may release relevant information from their files.

¹⁹ If requested by a state licensing board to whom the suspension is reported, the APA and/or district branch may release relevant information from their files.

²⁰ Chapter 7, Sections 1, 2, and 3, Bylaws, American Psychiatric Association, May 2005 edition.

At its meeting of September 13–14, 1997, the APA Ethics Committee voted to make the “Guidelines for Ethical Practice in Organized Settings,” as approved by the Board and the Assembly, an addendum to *The Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry*, to be preceded by introductory historical comments and cross-referenced to the appropriate annotations, as follows:

This addendum to *The Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry* was approved by the Board of Trustees in March 1997 and by the Assembly in May 1997. This addendum contains specific guidelines regarding ethical psychiatric practice in organized settings and is intended to clarify existing ethical standards contained in Sections 1–9.

Addendum

Psychiatrists have a long and valued tradition of being essential participants in organizations that deliver health care. Such organizations can enhance medical effectiveness and protect the standards and values of the psychiatric profession by fostering competent, compassionate medical care in a setting in which informed consent and confidentiality are rigorously preserved, conditions essential for the successful treatment of mental illness. However, some organizations may place the psychiatrist in a position where the clinical needs of the patient, the demands of the community and larger society, and even the professional role of the psychiatrist are in conflict with the interests of the organization.

The psychiatrist must consider the consequences of such role conflicts with respect to patients in his/her care, and strive to resolve these conflicts in a manner that is likely to be of greatest benefit to the patient. Whether during treatment or a review process, a psychiatrist shall respect the autonomy, privacy, and dignity of the patient and his/her family.

These guidelines are intended to clarify existing standards. They are intended to promote the interests of the patient and should not be construed to interfere with the ability of a psychiatrist to practice in an organized setting. The *Principles* and *Annotations* noted in this communication conform to the statement in the preamble to the *Principles of Medical Ethics*. These are not laws but standards of conduct, which define the essentials of honorable behavior for the physician.

1. Appropriateness of Treatment and Treatment Options

a. A psychiatrist shall not withhold information that the patient needs or reasonably could use to make informed treatment decisions, including options for treatment not provided by the psychiatrist. [Section 1, Annotation 1 (APA); Section 2, Annotation 4 (APA)]

b. A psychiatrist's treatment plan shall be based upon clinical, scientific, or generally accepted standards of treatment. This applies to the treating and the reviewing psychiatrist. [Section 1, Annotation 1 (APA); Section 2 (APA); Section 4 (APA)]

c. A psychiatrist shall strive to provide beneficial treatment that shall not be limited to minimum criteria of medical necessity. [Section 1, Annotation 1 (APA)]

2. Financial Arrangements

When a psychiatrist is aware of financial incentives or penalties that limit the provision of appropriate treatment for that patient, the psychiatrist shall inform the patient and/or designated guardian. [Section 1, Annotation 1 (APA); Section 2 (APA)]

3. Review Process

A psychiatrist shall not conduct reviews or participate in reviews in a manner likely to demean the dignity of the patient by asking for highly personal material not necessary for the conduct of the review. A reviewing psychiatrist shall strive as hard for a patient he or she reviews as for one he or she treats to prevent the disclosure of sensitive patient material to anyone other than for clear, clinical necessity. [Section 1, Annotations 1 and 2 (APA); Section 4, Annotations 1, 2, 4, and 5 (APA)]

Questions & Answers About Procedures for Handling Complaints of Unethical Conduct

The APA Ethics Committee receives frequent requests for opinions on the Procedures for Handling Complaints of Unethical Conduct (following the Annotations in this edition of the *Principles*; referred to in this Addendum as the Procedures). The questions and answers that follow have been received and developed since 1973.

1. Question: Ethics proceedings sometimes involve serious unethical conduct. Under what circumstances should information about ethics cases be disclosed to the membership, government authorities, or other interested organizations and persons?

Answer: APA ethics cases are conducted in secrecy. As a general matter, the complainant's charges, the identity of the respondent, and other information are made available only to persons participating directly in the proceedings. Even within the APA and the district branches, information should not be passed on to other components. (October 1976; November 1977)

However, there are times when disclosure of information about an ethics case is necessary to assure proper protection of the public. For example, many states now require reporting to government agencies concerning members who have been found to have engaged in unethical conduct. The timing of such required reports, the amount and specificity of information to be disclosed, and other matters will vary from state to state. District branches should consult applicable state statutes to assure that these requirements are adhered to. The National Practitioner Data Bank requires that the APA report suspensions and expulsions. (March 1985; November 1989)

The Procedures outline in detail the public reporting that is now authorized, including releasing the names of members who are expelled or suspended, reporting to medical licensing authorities, reporting members who resign after an ethics complaint is received, and so forth. It is important to carefully review Paragraph 35 of the Procedures to ensure that you understand what is required. (July 1993)

Apart from these specific guidelines, public safety considerations may justify reporting before completion of formal proceedings. If a complainant, deemed highly credible, alleges unethical conduct on the part of a member that would pose a serious danger to the safety of patients, the district branch could report the allegations to an appropriate state agency, following consultation with legal counsel. (October 1977; March 1985)

2. Question: Does an Inactive Member have the responsibility to abide by the *Principles of Medical Ethics*?

Answer: These Principles apply to all categories of members living in the United States and in Canada. International Members and Fellows should abide by the ethics of the countries in which they live. (May 2003)

3. Question: For the sake of educating members and showing diligence to the public, should the results of ethics hearings be made public? Such results could be printed in the district branch newsletter or in *Psychiatric News*.

Answer: Undoubtedly, such publication would accomplish the above goals; but, it might also discourage complainants and district branch ethics committees from proceeding. However, if the penalty is expulsion or suspension, the name is to be published with the offense specified. If a member resigns during an ethics investigation, the name will be published. (See Question and Answer 1 above.) (March 1974; March 1985)

For educational purposes, we also encourage district branch ethics committees to extract the lessons from ethics hearings to illustrate the tensions between ethics principles and member behavior and their resolution. The purpose is to alert members to possible vulnerability to allegations of unethical conduct. (September 1979)

In addition, the APA may publish disguised ethics cases in *Psychiatric News* in order to educate members and the public as to what matters are being reported and how they are being handled. (APA Board of Trustees, December 1981)

4. Question: Aren't APA members who participate in ethics hearings or who bring complaints taking a risk of being sued?

Answer: Local laws vary, and one should check with local attorneys. In general, if procedures are followed properly and all involved act without malice, there should be no serious risk. In many states, specific immunity has been granted by laws. In fact, the public expects professional organizations to police themselves, and courts have held that professional peers are best qualified to judge the actions of each other. The most a respondent could sue for would be a rehearing, not damages, unless the member can prove malice on the part of those who judged him or her. It should be understood that anyone can file a suit at any time. To date, there has never been a successful suit against the APA and/or its district branches. (April 1976; March 1985)

5. Question: What does a complainant have to gain except potential embarrassment and harassment?

Answer: Patient complainants may be seeking vindication or revenge. Occasionally they see an ethics procedure as a route to financial reward. There have been complainants who demonstrate a sincere desire to obtain help for the respondent. Colleague complainants are usually seeking to protect the reputation of the profession. As a general statement, the only gain a complainant can expect is the realization that he or she has brought to our profession's attention a possible break

in our ethical standards. From then on, it is up to us. Local laws vary, but in most jurisdictions complainants who bring ethics charges without malice receive legal protection. (June 1976; March 1985)

6. Question: In an ethics hearing, should the complainant and respondent be heard together?

Answer: The Procedures require that the complainant and the respondent be heard together under most circumstances. Exceptions include cases in which the member has waived his/her right to a hearing, cases in which the committee or panel chair has determined that requiring the complainant and the respondent to appear together would be harmful to the complainant, and cases in which the respondent decides not to appear but to present his/her case through legal counsel and other witnesses. (November 1989)

If the district branch determines that an ethics complaint will be handled under the Educational Option (see Paragraph 27 of the Procedures), both the complainant and the respondent shall have the opportunity to address the district branch. The district branch shall determine the procedures to be used, including whether to meet separately or together with the complainant and the respondent. (May 2003)

7. Question: Can various specialty groups within psychiatry develop their own code of ethics?

Answer: Because we are members of the medical profession first, we are responsible to the *Principles of Medical Ethics*, formulated by the American Medical Association. The APA added “With Annotations Especially Applicable to Psychiatry.” These annotations were additive, and in no case did they subtract from or change any elements of the *Principles of Medical Ethics*. Nothing precludes another psychiatric society from developing a code that addresses the special needs of that group as long as it is additive to *The Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry* and does not subtract or change any elements of the above. To allow anything else would be to create much confusion for our membership and the public and would lead to legal challenges. (July 1976)

8. Question: To whom at the district branch should formal complaints be directed?

Answer: That is to be determined by each district branch. We recommend complaints be directed to the president of the district branch. We prefer the president to be the initial recipient because of his/her elected status and because there is frequent turnover in the office. Occasionally a chair of an ethics committee remains in that position for several years, and it would be unwise for him or her to be not only the initial recipient of complaints but also the recipient of charges of member harassment or complaint suppression. (October 1976)

9. Question: Should a district branch provide an appeal mechanism?

Answer: There are ample appeal mechanisms available under the Procedures. Nothing prevents a district branch from setting up an appeal to its local membership as long as the district branch

follows its own procedures as well as those of the APA. We do not recommend it. (January 1977; March 1977)

10. Question: Can a former member dropped for ethical reasons be readmitted to membership?

Answer: Yes, if he or she demonstrates a return to ethical conduct. We should strongly encourage and reward efforts toward rehabilitation. (March 1977)

11. Question: If a member is undergoing legal investigation for an alleged crime or is involved in a malpractice suit and a formal complaint has been received by the district branch, should its ethics committee proceed?

Answer: If the ethics committee decides to proceed, the member may object because he or she might fear that information produced at the ethics hearing could be subpoenaed for the trial, although the district branch would be advised to use all legal means to resist the subpoena. For this reason, or others, the district branch might determine it was more prudent to defer the investigation for the time being. However, it is incumbent upon the ethics committee to monitor the investigation and trial so that an ethics hearing can be conducted as soon after their completion as possible. (April 1977; August 1977; November 1977; January 1978; September 1979)

12. Question: If a district branch covers a large area, can one of its chapters act on an ethics complaint?

Answer: The Procedures would allow the executive council of the district branch to appoint a special hearing body composed of chapter members that would investigate the complaint and make recommendations to the council as long as at least one member of the hearing panel is a member of the district branch ethics committee. However, only the council can make an official decision on the merits of the complaint. (April 1977; October 1989)

13. Question: What are the expectations of a complainant in an ethics hearing?

Answer: The complainant should be heard, and the complaint be taken seriously even though it may eventually be found to be without merit. While the complainant can be accompanied by an attorney to the hearing and can ask the attorney for advice, the attorney should not be allowed to argue the client's complaint or cross-examine the respondent or his/her witnesses. The complainant can gain nothing from the procedure of a tangible nature. He or she can gain only appreciation for assisting us in maintaining the integrity of our profession. (June 1977)

14. Question: What are the "rights" of a member against whom a formal complaint has been filed?

Answer: A member complained against has the right to be informed of the complaint, to be notified in advance of any hearing or investigation, to have legal counsel, to bring witnesses in his/her defense, to be allowed to present his/her defense in detail, to expect the hearing panel and

the decision-making body to make a decision that is fair and without malice, and to be notified of the decision and the avenue of appeal. The respondent and/or the respondent's attorney have a right, in most cases, to confront his/her accusers and to cross-examine those accusers and other witnesses against him or her. There is a significant issue here—the member's right of confrontation versus the concern as to the harm this might do to a complainant—so each hearing chairperson will decide the form the cross-examination will take, whether by direct questioning or by written inquiry. (June 1977; October 1989)

If the district branch decides to attempt to resolve the complaint using the Educational Option, the respondent must be informed that the district branch wishes to proceed in this manner, that the respondent is entitled to proceed instead under the Enforcement Option, among other requirements. (See Procedures, Paragraphs 26-33) (May 2003)

15. Question: If a component committee, council, or task force of the APA comes across evidence of unethical behavior of a member, should the component make a formal ethics complaint as a matter of routine?

Answer: Yes, with one exception. If the component was gathering confidential information for another purpose and had advised the member of this confidentiality, the component should not make a formal complaint unless the unethical behavior is of such magnitude as to constitute a severe and immediate risk to the public or other members. (September 1977)

16. Question: Do APA Fellows and Members and International Members and Fellows (who live in other countries) have to follow the ethics principles of the APA?

Answer: Yes. The Bylaws make no exception in the requirement to abide by the *Principles of Medical Ethics*. However, the APA is not able to enforce the provisions of its Annotations to the *Principles of Medical Ethics* beyond the geographic boundaries of its district branches (in the United States and Canada). International Fellows and Members, and other Fellows and Members living in other countries are expected to follow the ethics codes of the country where they live or practice. (October 1977; July 1999, APA Board of Trustees)

17. Question: Does a patient-complainant have to give permission to a respondent to reveal information about the treatment relationship?

Answer: No. To bring a complaint is to consent to an investigation. In such a circumstance, the psychiatrist may ethically reveal only that information relevant to the hearing of the complaint. (November 1977) Although the complainant (patient) may not have to give an informed consent to the respondent to discuss the respondent-complainant's relationship, the complainant does have to sign an informed consent that may be provided to the respondent (if the respondent is the holder of the medical records) to release records for review by the ethics committee. (September 2003)

18. Question: If the public press reports the conviction of a member psychiatrist of a crime or the loss of a malpractice suit that raises a very serious question about moral competency to practice, what is the responsibility of the district branch?

Answer: If no other member of the district branch nor anyone else makes a formal complaint, it would be appropriate for an officer of the district branch to do so. (January 1978; January 1979)

19. Question: Can the district branch send to the APA a code number rather than the name of the respondent? If the member has been found innocent, can the district branch expunge its records of the complaint?

Answer: The APA believes that the use of code numbers and initials presents serious administrative problems. This information is kept in a secure place at APA headquarters, so fear of loss of confidentiality is unwarranted. A file is created after the original material is destroyed so that we can maintain a history of ethics issues involving our profession. The district branch can expunge its record if it chooses, but might also wish to maintain such history. (April 1978; June 1978)

20. Question: When a member transfers from our district branch to another, can information about a finding of unethical conduct be sent to the second district branch?

Answer: With the written permission of the transferring member, the transferring district branch can send information about an ethical charge and the results of the investigation to the new district branch executive council as confidential correspondence. Unless the member is suspended or expelled, he or she remains an APA member and does not lose the right to transfer. However, the receiving district branch has a right to challenge the transfer. (May 1978)

21. Question: Our district branch ethics committee is investigating an ethics complaint against one of our members. The member is moving to another district branch. Do we drop the investigation or pass the information on to the new district branch?

Answer: This question presents problems. The member might use moving and transferring as a way of avoiding the investigation and possible censure by peers. To pass the information on to the new district branch for continued investigation would create a very difficult problem for the new district branch, the complainant, and witnesses. Further, at this time, the information the first district branch received is to be considered confidential. (April 1978) Therefore, the APA Board of Trustees has made the following addition to the *Operations Manual*:
A transfer from one district branch to another will be delayed until resolution of any charge of unethical conduct. (May 1978)

22. Question: Should a member who is mentally ill and, as a result, has behaved unethically be suspended or expelled?

Answer: We would recommend the member be placed on Inactive Status and encouraged to seek treatment under the "impaired physician" act adopted in many states. Because he or she may also have had his or her medical license suspended or revoked, return to active membership would require that the local licensing body had returned his or her medical license. The district branch would want to assure itself that the member had recovered and was again capable of

ethical practice. The ultimate goal of such proceedings is rehabilitation of our colleague. The APA Board of Trustees has made the following addition to the *Operations Manual*:

When a member has had a license suspended or revoked because of physical or mental illness or substance abuse, he or she will not be dropped from membership in the APA, but may be placed on Inactive Status until recovery. This will be handled administratively in the APA Central Office, with the concurrence of the district branch and the Chair of the APA Membership Committee. (May 1978; July 1999)

23. Question: What should the composition of a district branch ethics committee be?

Answer: That is up to the district branch to decide. The committee should consist of members whose judgment is respected, obviously, but there are no specific requirements. Some district branches use their executive council, but it is more common to establish a standing committee. The APA Ethics Committee membership is defined in the *Operations Manual* as follows: six members, appointed for 3 years, with one to be a Past President of the APA. (August 1978; May 2003)

24. Question: If a complainant refuses to participate in a formal hearing, should the complaint be dropped?

Answer: Not necessarily. While not willing to participate in a formal hearing, the complainant might present written information sufficient to proceed or point the way to other evidence that would be relevant. The role of the complainant is not that of a prosecutor but that of a person bringing a potential problem to our attention (see Questions 5, 6, 13, and 14). (February 1979)

25. Question: When a member is suspended from membership in the district branch and in the APA, what privileges does he or she lose?

Answer: A suspended member will lose privileges cited in the Bylaws. He or she will lose the right to vote, to nominate candidates for office, to propose referenda and amendments to the Bylaws, and to serve on components, including the APA Board of Trustees and the APA Assembly. He or she may not hold elected office and may not initiate referenda to change actions of the Board of Trustees.. If the suspended member is a Fellow or Life Fellow, the Fellowship will be suspended for the same period of time. The suspended member will be expected to pay dues and assessments and will remain eligible for the other benefits of membership. Suspension may also result in the loss of other district branch privileges. (September 1981; March 1985; July 1993; May 2003)

26. Question (Part A): On occasion, a member charged with unethical behavior may settle out of court with the complainant in a parallel civil suit. Part of the settlement requires the complainant not to pursue the ethical charge. Should the APA establish a rule that participation by a member in such agreements is unethical in itself?

Answer: This “back door exit” from ethical complaints concerns us and, if used to stifle a bona fide complaint, is unethical.

26. Question (Part B): Even though the complainant drops the charge, can the process be continued?

Answer: If the alleged behavior is known to others, such as district branch officers, and from sources other than that provided by the original complainant, another complaint may be brought by whoever has that information. Obviously, the original complainant would not be available to provide information or to appear at a hearing. (March 1988)

27. Question (Part A): For an ethics charge, is there a time limit between the alleged behavior and complaint beyond which the complaint cannot be accepted?

Answer: In 2002, the APA Board of Trustees and the APA Assembly adopted a “statute of limitations” for an ethics complaint. The following appears in the Procedures: To be considered, a complaint alleging unethical conduct must be received within ten (10) years of the alleged conduct. In the case of a minor patient, the ten (10) years will not begin until the patient reaches age of majority.) (November 2002)

27. Question (Part B): If the district branch determines that the alleged complaint occurred prior to the ten (10) year statute of limitations, can a complainant ask that the APA review this decision?

Answer: Yes. However, the review is only to determine that the statute of limitations was applied appropriately. Such a review will be done by the APA Secretary. (November 2002)

28. Question: What is the effect of a respondent’s refusal to participate in the investigation or hearing? Is that, in itself, unethical?

Answer: The investigation and hearing can proceed with the evidence at hand and reach its conclusion in the absence of the respondent’s participation, although the right of appeal is not lost. A charge of unethical conduct upon this action itself would not be sufficient to constitute a sustainable complaint. (October 1977)

29. Question: We have learned from the Board of Medical Examiners that a member has been found guilty of sexual misconduct with a patient. The Board revoked his license, stayed the revocation, suspended his license for 6 months, and gave him 7 years of probation. Can the district branch suspend him without going through all the repetitive procedures?

Answer: APA policy does not allow automatic suspension at the time of license suspension, but requires an investigation. Thus, while a fair procedure must be followed, it is likely this will not have to be exhaustive under the circumstances. (January 1988)

30. Question: A serious ethical allegation about a member was received shortly after he resigned from our district branch and the APA, presumably because he was aware of the impending complaint. Should we publish that he resigned while under investigation?

Answer: The name of any member who resigns from the APA after an ethics complaint against him or her is received shall be reported in *Psychiatric News* and in the district branch newsletter or other usual means of communication with its membership. (July 1993)

31. Question: Do you go forward with a complaint alleging unethical behavior by a psychiatrist before he or she was an APA member? (September 2003)

Answer: No.

32. Question: Our district branch is quite large and has a heavy volume of complaints. Thus, we have divided the ethics committee into several hearing panels, all of whose members belong to the ethics committee. Paragraph 10 of the Procedures gives to a panel only the responsibility to determine if there has been a violation, and the recommendation of the ethics committee is required for the penalty. This would overburden us. Can you clarify?

Answer: This requirement for a panel to recommend only the finding of unethical conduct but not the penalty was meant for panels not entirely comprised of ethics committee members. If all of the panel members are on the ethics committee, they may recommend the sanction, too. (April 1990)

33. Question: Although we found a member not to have behaved unethically, we feel he is impaired. Can the district branch ethics committee refer him to an impaired physician committee?

Answer: While the rules protecting confidentiality in the processing of ethical complaints do not address this, we believe a discreet referral to an impaired physician committee is permissible. (June 1990)

34. Question: Should our district branch executive council discuss matters from the ethics committee in executive session? Should minutes be kept and, if so, how complete?

Answer: Discussion should be in executive session and complete minutes should be kept, including the reasoning leading to the decision and the vote to reach a decision. (January 1991)

35. Question: Are there circumstances in which a reprimand can be published?

Answer: No. Publication is limited to suspension or expulsion (see Paragraph 35 of the Procedures). If you feel publication is indicated, you may wish to review your sanction. (February 1991)

36. Question: What material should be retained in the district branch file at the conclusion of a case?

Answer: The district branch file is the formal record of its investigation, hearing, and/or resolution of a complaint. The file will be produced if the member appeals the decision as well as if there is litigation. As such it should include the following:

- a. the final district branch decision and report of the case;
- b. any other final reports of the ethics committee, the district branch council, investigators, etc.;
- c. all correspondence to and from the respondent (and legal counsel), the complainant (and his/ her legal counsel), other witnesses and/or potential witnesses, and from the APA;
- d. all other documents and other evidence submitted by the parties or obtained by the ethics committee; and
- e. audio tapes, minutes, or other formal records of interviews or district branch committee or council meetings.

37. Question (Part A): There has been a great deal of discussion recently about using “extrinsic evidence” in processing ethics complaints. Could you clarify what this is?

Answer: Extrinsic evidence is really just information, often written, but also perhaps photographs. It is carefully defined in the Procedures (see Footnote 10); all aspects of this definition are crucial. First, the information must be “extrinsic” to the ethics proceeding; that is, it comes from some source or exists due to some purpose entirely unrelated to the ethics proceeding. Examples include an independent court or administrative (board) hearing, a medical record or a report from a state licensing board. Written reports made in the course of an ethics investigation are part of the proceeding, and thus, are not extrinsic to it.

Second, validity and accuracy must be clear; the information cannot be merely someone’s assertions. A determination by a court or a licensing board would generally be considered valid and accurate. Sworn testimony subject to cross-examination, receipts, photographs, or medical records also generally meet this requirement. A newspaper article, however, alleging that a member has done certain things, would be “extrinsic,” but is not presumptively valid and accurate, so it could not be used as extrinsic evidence (although it might actually stimulate some inquiry by the district branch). (March 2000)

37. Question (Part B): A district branch has a complaint and information that meets the requirements to be considered “extrinsic evidence.” How might this be helpful to the work of the district branch ethics committee?

Answer: Extrinsic evidence can be used in two ways. It may be just one more piece of information to be considered with others in the course of a full hearing (photographs, receipts, and medical records are often used in this way); or more importantly, it may be sufficient to eliminate the need for the district branch to conduct a full hearing on whether an ethics violation has occurred. If the document meets all criteria to be extrinsic evidence and, *standing alone*, it is sufficient to make a determination on whether there has been a violation and the nature of the violation, then a full hearing is not required.

When a district branch decides to rely on extrinsic evidence alone, care must be taken that this is the only information considered in determining whether there has been a violation and which

of the *Principles* has been violated. This most commonly occurs when the district branch has detailed information from a court or licensing board. Notice to the respondent and other procedural requirements still apply: the respondent is notified that rather than a hearing, the district branch will consider certain identified extrinsic evidence. The respondent must still be given an opportunity to be heard regarding any sanction but would not be allowed to speak or present any evidence as to whether or not there was a violation of ethics. If the district branch feels that information in addition to the extrinsic evidence is needed in determining the occurrence of a violation, then the district branch should convene a full hearing under all of the requirements listed in the Procedures. (March 2000)

38 (Part A). Question: How does the district branch determine that it will proceed using the Educational Option?

Answer: The district branch should consider several factors, namely the nature and seriousness of the alleged misconduct, and whether or not there have been previous findings of misconduct. Certainly the Educational Option may be considered for less seriousness instances of ethical misconduct, where the respondent is clearly receptive to education, and where there is a likelihood that education would lead to rehabilitation. If this option is chosen, it must be with the agreement of the respondent. In addition, this does not preclude the district branch from determining at a later date to resolve the complaint using the Enforcement Procedures. (September 2003)

38 (Part B). Question: When would a district branch choose the Enforcement Option?

Answer: The Enforcement Option should be used when there is egregious behavior, when there has been harm to the patient or to the profession; or when the respondent's behavior manifests a pattern of misconduct. (September 2003)

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California Association of Marriage and Family Therapists

California Association of Marriage and Family Therapists

Code of Ethics



CAMFT Code of Ethics

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Part I—The Standards

INTRODUCTION

The Board of Directors of CAMFT hereby publishes pursuant to the Association Bylaws, a Revised *CAMFT Code of Ethics*. Members of CAMFT are expected to be familiar with and abide by these standards and by applicable California laws and regulations governing the conduct of licensed marriage, and family therapists, supervisors, educators, interns, applicants, students, and trainees. The effective date of these revised standards is June 11, 2011.

The practice of marriage, and family therapy and psychotherapyⁱ is both an art and a science. It is varied in its approach, technique, modality, and method of service delivery. These ethical standards are to be read, understood, and utilized as a guide for ethical behavior. The general principles contained in this code of conduct are also used as a basis for the adjudication of ethical issues and/or complaints (both within and outside of CAMFT) that may arise. Ethical behavior must satisfy not only the judgment of the individual marriage and family therapist, but also the judgment of his/her peers, based upon a set of recognized norms.

We recognize that the development of standards is an ongoing process, and that every conceivable situation that may occur cannot be expressly covered by any set of standards. The absence of a specific prohibition against a particular kind of conduct does not mean that such conduct is either ethical or unethical. While the specific wording of these standards is important, the spirit and intent of the principles should be taken into consideration by those utilizing or interpreting this code. The titles to the various sections of these standards are not considered a part of the actual standard. Violations of these standards may be brought to the attention of the CAMFT Ethics Committee, in writing, at CAMFT's administrative office, 7901 Raytheon Road, San Diego, CA 92111-1606, or at such other address as may be necessary because of a change in location of the administrative office.

1 Responsibility to Patientsⁱⁱ

Marriage and family therapistsⁱⁱⁱ advance the welfare of families and individuals, respect the rights of those persons seeking their assistance, and make reasonable efforts to ensure that their services are used appropriately.

- 1.1 **NON-DISCRIMINATION:** Marriage and family therapists do not condone or engage in discrimination, or refuse professional service to anyone on the basis of race, gender, gender identity, gender expression, religion, national origin, age, sexual orientation, disability, socioeconomic, or marital status. Marriage and family therapists make reasonable efforts to accommodate patients who have physical disabilities.
- 1.1.1 **HISTORICAL AND SOCIAL PREJUDICE:** Marriage and family therapists are aware of and do not perpetuate historical and social prejudices when diagnosing and treating patients because such conduct may lead to misdiagnosing and pathologizing patients.
- 1.2 **DUAL RELATIONSHIPS-DEFINITION:** Marriage and family therapists are aware of their influential position with respect to patients, and they avoid exploiting the trust and dependency of such persons. Marriage and family therapists therefore avoid dual relationships^{iv} with patients that are reasonably likely to impair professional judgment or lead to exploitation. A dual relationship occurs when a therapist and his/her patient engage in a separate and distinct relationship either simultaneously with the therapeutic relationship, or during a reasonable period of time following the termination of the therapeutic relationship. Not all dual relationships are unethical, and some dual relationships

cannot be avoided. When a concurrent or subsequent dual relationship occurs, marriage and family therapists take appropriate professional precautions to ensure that judgment is not impaired and that no exploitation occurs.

- 1.2.1 UNETHICAL DUAL RELATIONSHIPS: Other acts that would result in unethical dual relationships include, but are not limited to, borrowing money from a patient, hiring a patient, engaging in a business venture with a patient, or engaging in a close personal relationship with a patient. Such acts with a patient’s spouse, partner or family member may also be considered unethical dual relationships.
- 1.2.2 SEXUAL CONTACT: Sexual intercourse, sexual contact or sexual intimacy with a patient, or a patient’s spouse or partner, or a patient’s immediate family member, during the therapeutic relationship, or during the two years following the termination of the therapeutic relationship, is unethical. Should a marriage and family therapist engage in sexual intimacy with a former patient or a patient’s spouse or partner, or a patient’s immediate family member, following the two years after termination or last professional contact, the therapist shall consider the potential harm to or exploitation of the former patient or to the patient’s family.
- 1.2.3 PRIOR SEXUAL RELATIONSHIP: A marriage and family therapist does not enter into a therapeutic relationship with a person with whom he/she has had a sexual relationship or with a partner or the immediate family member of a person with whom he/she has had a sexual relationship.
- 1.3 TREATMENT DISRUPTION: Marriage and family therapists are aware of their professional and clinical responsibilities to provide consistent care to patients and maintain practices and procedures that assure uninterrupted care. Such practices and procedures may include, but are not limited to, providing contact information and specified procedures in case of emergency or therapist absence, conducting appropriate terminations, and providing for a professional will.
- 1.3.1 TERMINATION: Marriage and family therapists use sound clinical judgment when terminating therapeutic relationships and do so in an appropriate manner. Reasons for termination may include, but are not limited to, the patient is not benefiting from treatment; continuing treatment is not clinically appropriate; the therapist is unable to provide treatment due to the therapist’s incapacity or extended absence, or in order to avoid an ethical conflict or problem.
- 1.3.2 ABANDONMENT: Marriage and family therapists do not abandon or neglect patients in treatment. If a therapist is unable or unwilling to continue to provide professional services, the therapist will assist the patient in making clinically appropriate arrangements for continuation of treatment.
- 1.3.3 FINANCIAL GAIN: Marriage and family therapists do not maintain therapeutic relationships solely for financial gain.
- 1.3.4 NON-PAYMENT OF FEES: Marriage and family therapists do not terminate patient relationships for non-payment of fees except when the termination is handled in a clinically appropriate manner.
- 1.4 PATIENT AUTONOMY: Marriage and family therapists respect the right of patients to make decisions and help them to understand the consequences of their decisions. When clinically appropriate, marriage and family therapists advise their patients that decisions on the status of their personal relationships, including dissolution, are the responsibilities of the patient(s).
- 1.4.1 PATIENT CHOICES: Marriage and family therapists respect patient choices and work jointly with patients to develop and review treatment plans that are consistent with patients’ goals and that offer a reasonable likelihood of patient benefit.

- 1.4.2** ELECTRONIC THERAPY: When patients are not physically present (e.g., therapy by telephone or Internet) during the provision of therapy, marriage and family therapists take extra precautions to meet their responsibilities to patients. Prior to utilizing electronic therapy, marriage and family therapists consider the appropriateness and suitability of this therapeutic modality to the patient's needs. When therapy occurs by electronic means, marriage and family therapists inform patients of the potential risks, consequences, and benefits, including but not limited to, issues of confidentiality, clinical limitations, transmission difficulties, and ability to respond to emergencies. Marriage and family therapists ensure that such therapy complies with the informed consent requirements of the California Telemedicine Act.
- 1.5** THERAPIST DISCLOSURES: Marriage and family therapists provide adequate information to patients in clear and understandable language so that patients can make meaningful decisions about their therapy. Marriage and family therapists respect the right of patients to choose whether to enter into or remain in a therapeutic relationship.
- 1.5.1** DISCLOSURE: Where a marriage and family therapist's personal values, attitudes, and/or beliefs are a determinative factor in diagnosing or limiting treatment provided to a client, the marriage and family therapist shall disclose such information to the patient.
- 1.5.2** RISKS AND BENEFITS: Marriage and family therapists inform patients of the potential risks and benefits of therapy when utilizing novel or experimental techniques or when there is a risk of harm that could result from the utilization of any technique.
- 1.5.3** EMERGENCIES/CONTACT BETWEEN SESSIONS: Marriage and family therapists inform patients of the extent of their availability for emergencies and for other contacts between sessions. When a marriage and family therapist is not located in the same geographic area as the patient, he/she shall provide the patient with appropriate resources in the patient's locale for contact in case of emergency.
- 1.5.4** CONSENT FOR RECORDING/OBSERVATION: Marriage and family therapists obtain written informed consent from patients before videotaping, audio recording, or permitting third party observation.
- 1.5.5** LIMITS OF CONFIDENTIALITY: Marriage and family therapists are encouraged to inform patients as to certain exceptions to confidentiality such as child abuse reporting, elder and dependent adult abuse reporting, and patients dangerous to themselves or others.
- 1.5.6** THERAPIST BACKGROUND: Marriage and family therapists are encouraged to inform patients at an appropriate time and within the context of the psychotherapeutic relationship of their experience, education, specialties, and theoretical and professional orientation, and any other information deemed appropriate by the therapist.
- 1.6** EXPLOITATION: Marriage and family therapists do not use their professional relationships with patients to further their own interests and do not exert undue influence on patients.
- 1.7** PATIENT BENEFIT: Marriage and family therapists continually monitor their effectiveness and take steps to improve when necessary. Marriage and family therapists continue therapeutic relationships only so long as it is reasonably clear that patients are benefiting from the relationship.
- 1.8** EMPLOYMENT AND CONTRACTUAL TERMINATIONS: When terminating employment or contractual relationships, marriage and family therapists primarily consider the best interests of the patient when resolving issues of continued responsibility for patient care.
- 1.9** FAMILY UNIT/CONFLICTS: When treating a family unit(s), marriage and family therapists carefully

consider the potential conflict that may arise between the family unit(s) and each individual. Marriage and family therapists clarify, at the commencement of treatment, which person or persons are clients and the nature of the relationship(s) the therapist will have with each person involved in the treatment.

- 1.10 WITHHOLDING RECORDS/NON-PAYMENT: Marriage and family therapists do not withhold patient records or information solely because the therapist has not been paid for prior professional services.
- 1.11 CONSULTATION: When appropriate, marriage and family therapists consult, collaborate with, and refer to physicians, other health care professionals, and community resources in order to improve and protect the health and welfare of the patient.
- 1.12 ADVOCATE WITH THIRD PARTY PAYERS: When appropriate, marriage and family therapists advocate for mental health care they believe will benefit their patients. In appropriate circumstances, they challenge denials of care, or denials of payment for care, by managed care organizations, insurers, or other payers.
- 1.13 TREATMENT ALTERNATIVES: Marriage and family therapists discuss appropriate treatment alternatives with patients. Marriage and family therapists do not limit their discussions of treatment alternatives to what is covered by third-party payers.
- 1.14 POTENTIAL CONFLICTS: Marriage and family therapists carefully consider potential conflicts when providing concurrent or sequential individual, couple, family, and group treatment, and will take reasonable care to avoid or minimize such conflicts.
- 1.15 DOCUMENTING TREATMENT DECISIONS: Marriage and family therapists are encouraged to carefully document in their records when significant decisions are made, e.g., determining reasonable suspicion of child, elder or dependent adult abuse, determining when a patient is a danger to self or others, when making major changes to a treatment plan, or when changing the unit being treated.
- 1.16 NON-THERAPIST ROLES: When marriage and family therapists engage in professional roles other than treatment or supervision (including, but not limited to, managed care utilization review, consultation, coaching, adoption service, or behavior analysis), they act solely within that role and clarify, when necessary to avoid confusion with consumers and employers, how that role is distinguished from the practice of marriage and family therapy.
- 1.17 THIRD PARTY PAYER DISCLOSURES: Marriage and family therapists advise patients of the information that will likely be disclosed when submitting claims to managed care companies, insurers, or other third party payers, such as dates of treatment, diagnosis, prognosis, progress, and treatment plan.

2 Confidentiality

Marriage and family therapists have unique confidentiality responsibilities because the “patient” in a therapeutic relationship may be more than one person. The overriding principle is that marriage and family therapists respect the confidences of their patient(s).

- 2.1 DISCLOSURES OF CONFIDENTIAL INFORMATION: Marriage and family therapists do not disclose patient confidences, including the names or identities of their patients, to anyone except a) as mandated by law b) as permitted by law c) when the marriage and family therapist is a defendant in a civil, criminal, or disciplinary action arising from the therapy (in which case patient confidences may only be disclosed in

the course of that action), or d) if there is an authorization previously obtained in writing, and then such information may only be revealed in accordance with the terms of the authorization.

- 2.2** SIGNED AUTHORIZATIONS—RELEASE OF INFORMATION: When there is a request for information related to any aspect of psychotherapy or treatment, each member of the unit receiving such therapeutic treatment must sign an authorization before a marriage and family therapist will disclose information received from any member of the treatment unit.
- 2.3** ELECTRONIC MEDIA: Marriage and family therapists are aware of the possible adverse effects of technological changes with respect to the dissemination of patient information, and take care when disclosing such information. Marriage and family therapists are also aware of the limitations regarding confidential transmission by Internet or electronic media and take care when transmitting or receiving such information via these mediums.
- 2.4** MAINTENANCE OF PATIENT RECORDS—CONFIDENTIALITY: Marriage and family therapists store, transfer, transmit, and/or dispose of patient records in ways that protect confidentiality.
- 2.5** EMPLOYEES—CONFIDENTIALITY: Marriage and family therapists take appropriate steps to ensure, insofar as possible, that the confidentiality of patients is maintained by their employees, supervisees, assistants, and volunteers.
- 2.6** USE OF CLINICAL MATERIALS—CONFIDENTIALITY: Marriage and family therapists use clinical materials in teaching, writing, and public presentations only if a written authorization has been previously obtained in accordance with 2.1 d), or when appropriate steps have been taken to protect patient identity.
- 2.7** GROUPS—CONFIDENTIALITY: Marriage and family therapists, when working with a group, educate the group regarding the importance of maintaining confidentiality, and are encouraged to obtain written agreement from group participants to respect the confidentiality of other members of the group.

3 Professional Competence and Integrity

Marriage and family therapists maintain high standards of professional competence and integrity.

- 3.1** CONVICTION OF CRIME: Marriage and family therapists are in violation of this Code and subject to termination of membership, or other appropriate action, if they: a) are convicted of a crime substantially related to their professional qualifications or functions; b) are expelled from or disciplined by other professional organizations; c) have licenses or certificates that are lapsed, suspended, or revoked or are otherwise disciplined by regulatory bodies; d) if they continue to practice when they are no longer competent to practice because they are impaired due to physical or mental causes or the abuse of alcohol or other substances; or e) fail to cooperate with the Association or the Ethics Committee at any point from the inception of an ethical complaint through the completion of all proceedings regarding that complaint.
- 3.2** FINANCIAL INCENTIVES: Marriage and family therapists avoid contractual arrangements that provide financial incentives to withhold or limit medically/psychologically necessary care.
- 3.3** PATIENT RECORDS: Marriage and family therapists create and maintain patient records, whether written, taped, computerized, or stored in any other medium, consistent with sound clinical practice.
- 3.4** PROFESSIONAL ASSISTANCE: Marriage and family therapists seek appropriate professional assistance for their personal problems or conflicts that impair work performance or clinical judgment.

- 3.5 STAYING CURRENT: Marriage and family therapists remain abreast of developments in their field through educational activities or clinical experiences. Marriage and family therapists, when acting as teachers, supervisors, and researchers, stay abreast of changes in the field, maintain relevant standards of scholarship, and present accurate information.
- 3.6 CULTURAL SENSITIVITY: Marriage and family therapists actively strive to identify and understand the diverse cultural backgrounds of their clients by gaining knowledge, personal awareness, and developing sensitivity and skills pertinent to working with a diverse client population.
- 3.7 THERAPIST VALUES: Marriage and family therapists make continuous efforts to be aware of how their cultural/racial/ethnic identities, values, and beliefs affect the process of therapy. Marriage and family therapists do not exert undue influence on the choice of treatment or outcomes based on such identities, values and beliefs.
- 3.8 HARASSMENT OR EXPLOITATION: Marriage and family therapists do not engage in sexual or other harassment or exploitation of patients, students, supervisees, employees, or colleagues.
- 3.9 SCOPE OF COMPETENCE: Marriage and family therapists take care to provide proper diagnoses of mental and emotional disorders or conditions and do not assess, test, diagnose, treat, or advise on problems beyond the level of their competence as determined by their education, training, and experience. While developing new areas of practice, marriage and family therapists take steps to ensure the competence of their work through education, training, consultation, and/or supervision.
- 3.10 PATIENT SEEING TWO THERAPISTS: Marriage and family therapists do not generally provide professional services to a person receiving treatment or therapy from another psychotherapist, except by agreement with such other psychotherapist or after the termination of the patient's relationship with the other psychotherapist.
- 3.11 ELECTRONIC SERVICES: Marriage and family therapists provide services by Internet or other electronic media to patients located only in jurisdictions where the therapist may lawfully provide such services.
- 3.12 RESEARCH FINDINGS: Marriage and family therapists take reasonable steps to prevent the distortion or misuse of their clinical and research findings.
- 3.13 PUBLIC STATEMENTS: Marriage and family therapists, because of their ability to influence and alter the lives of others, exercise care when making public their professional recommendations and opinions through testimony or other public statements.
- 3.14 LIMITS OF PROFESSIONAL OPINIONS: Marriage and family therapists do not express professional opinions about an individual's mental or emotional condition unless they have treated or conducted an examination of the individual, or unless they reveal the limits of the information upon which their professional opinions are based, with appropriate cautions as to the effects of such limited information upon their opinions.

4 Supervisor, Student, and Supervisee Responsibilities

Marriage and family therapists do not exploit the trust and dependency of students and supervisees.

- 4.1 DUAL RELATIONSHIPS: Marriage and family therapists are aware of their influential position with respect to students and supervisees, and they avoid exploiting the trust and dependency of such

persons. Marriage and family therapists therefore avoid dual relationships that are reasonably likely to impair professional judgment or lead to exploitation. Provision of therapy to students or supervisees is unethical. Provision of marriage and family therapy supervision to clients is unethical. Sexual intercourse, sexual contact or sexual intimacy and/or harassment of any kind with students or supervisees is unethical. Other acts which could result in unethical dual relationships include, but are not limited to, borrowing money from a supervisee, engaging in a business venture with a supervisee, or engaging in a close personal relationship with a supervisee. Such acts with a supervisee's spouse, partner or family member may also be considered unethical dual relationships.

- 4.2 COMPETENCE OF SUPERVISEES: Marriage and family therapists do not permit students, employees, or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience, competence, or unlicensed status.
- 4.3 MAINTAINING SKILLS OF SUPERVISORS: Marriage and family therapists who act as supervisors are responsible for maintaining the quality of their supervision skills and obtaining consultation or supervision for their work as supervisors whenever appropriate.
- 4.4 KNOWLEDGE OF SUPERVISORS: Supervisors and educators are knowledgeable about supervision, relevant laws and regulations, and the practice of marriage and family therapy. Supervisors and educators are knowledgeable about and abide by the laws and regulations governing the conduct of supervisors and supervisees.
- 4.5 CHANGES IN LAWS AND ETHICS: Supervisors and supervisees are aware of and stay abreast of changes in professional and ethical standards and legal requirements, and supervisors ensure that their supervisees are aware of professional and ethical standards and legal responsibilities.
- 4.6 CULTURAL DIVERSITY: Supervisors and educators are aware of and address the role that culture and diversity issues play in the supervisory relationship, including, but not limited to, evaluating, terminating, disciplining, or making decisions regarding supervisees or students.
- 4.7 POLICIES AND PROCEDURES: Supervisors and educators create policies and procedures that are clear and that are disclosed to supervisees and students at the commencement of supervision or education.
- 4.8 PERFORMANCE APPRAISALS: Supervisors and educators provide supervisees with periodic performance appraisals and evaluative feedback throughout the supervisory relationship and identify and address the limitations of supervisees and students that might impede their performance.
- 4.9 BUSINESS PRACTICES: Supervisors follow lawful business practices and employer policies when employing and/or supervising interns, trainees, applicants, and associates.
- 4.10 PERFORMANCE ASSISTANCE: Supervisors and educators guide supervisees and students in securing assistance when needed for the supervisee to maintain or improve performance, such as personal psychotherapy, additional education, training, or consultation.
- 4.11 DISMISSAL: Supervisors shall document their decisions to dismiss supervisees.
- 4.12 REVIEW OF TRAINEE AGREEMENTS: Supervisors are aware of and review any trainee agreements with qualified educational institutions.
- 4.13 PATIENTS ARE PATIENTS OF EMPLOYER: Supervisees understand that the patients seen by them are the patients of their employers.

- 4.14 KNOWLEDGE OF LAWS AND REGULATIONS: Supervisees have a responsibility to be knowledgeable about relevant laws and regulations pertaining to the license and practice of marriage and family therapy.
- 4.15 MAINTAIN REGISTRATIONS: Supervisees maintain registrations when required by law and/or regulation and function within this limited role as permitted by the licensing law and/or regulations.

5 Responsibility to Colleagues

Marriage and family therapists treat and communicate with and about colleagues in a respectful manner and with, courtesy, fairness, and good faith, and cooperate with colleagues in order to promote the welfare and best interests of patients.

- 5.1 RESPECT CONFIDENCE OF COLLEAGUES: Marriage and family therapists respect the confidences of colleagues that are shared in the course of their professional relationships.
- 5.2 IMPAIRED COLLEAGUES: Marriage and family therapists are encouraged to assist colleagues who are impaired due to substance abuse, emotional problems, or mental illness.
- 5.3 FRIVOLOUS COMPLAINTS: Marriage and family therapists do not file or encourage the filing of ethics or other complaints that they know, or reasonably should know, are frivolous.
- 5.4 SOLICITING OTHER THERAPISTS' PATIENTS: Marriage and family therapists do not agree to see or solicit the clients of other therapists or encourage clients to leave other therapists, except as addressed in Section 3.10.

6 Responsibility to Research Participants

Researchers respect the dignity and protect the welfare of participants in research and are aware of federal and state laws and regulations and professional standards governing the conduct of research.

- 6.1 SAFEGUARDS: Researchers are responsible for making careful examinations of ethical acceptability in planning studies. To the extent that services to research participants may be compromised by participation in research, researchers seek the ethical advice of qualified professionals not directly involved in the research and observe safeguards to protect the rights of research participants.
- 6.2 DIMINISHED CONSENT WHEN RECEIVING SERVICES: Researchers requesting participants' involvement in research inform them of all aspects of the research that might reasonably be expected to influence willingness to participate. Researchers are especially sensitive to the possibility of diminished consent when participants are also receiving clinical services, have impairments which limit understanding and/or communication, or when participants are children.
- 6.3 DUAL RELATIONSHIPS WITH RESEARCH PARTICIPANTS: Researchers respect participants' freedom to decline participation in or to withdraw from a research study at any time. This obligation requires special thought and consideration when researchers or other members of the research team are in positions of authority or influence over participants. Marriage and family therapists, therefore, make every effort to avoid dual relationships with research participants that could impair professional judgment or increase the risk of exploitation.
- 6.4 CONFIDENTIALITY: Information obtained about a research participant during the course of a research

project is confidential unless there is an authorization previously obtained in writing. When the possibility exists that others, including family members, may obtain access to such information, this possibility, together with the plan for protecting confidentiality, is explained.

7 Responsibility to the Profession

Marriage and family therapists respect the rights and responsibilities of professional colleagues and participate in activities that advance the goals of the profession.

- 7.1 ACCOUNTABLE TO STANDARDS OF PROFESSION: Marriage and family therapists remain accountable to the standards of the profession when acting as members or employees of organizations.
- 7.2 PUBLICATION CREDIT: Marriage and family therapists assign publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication.
- 7.3 AUTHORS—CITING OTHERS: Marriage and family therapists who are the authors of books or other materials that are published or distributed appropriately cite persons to whom credit for original ideas is due.
- 7.4 AUTHORS—ADVERTISING BY OTHERS: Marriage and family therapists who are the authors of books or other materials published or distributed by an organization take reasonable steps to ensure that the organization promotes and advertises the materials accurately.
- 7.5 PRO BONO SERVICES: Marriage and family therapists are encouraged to participate in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return.
- 7.6 DEVELOPING PUBLIC POLICY: Marriage and family therapists are concerned with developing laws and regulations pertaining to marriage and family therapists that serve the public interest, and with altering such laws and regulations that are not in the public interest.
- 7.7 FAILURE TO COOPERATE WITH COMMITTEE: Marriage and family therapists cooperate with the Ethics Committee and truthfully represent facts to the Ethics Committee. Failure to cooperate with the Ethics Committee is itself a violation of these standards.

8 Responsibility to the Legal System

Marriage and family therapists recognize their role in the legal system and their duty to remain objective and truthful.

- 8.1 TESTIMONY: Marriage and family therapists who give testimony in legal proceedings testify truthfully and avoid making misleading statements.
- 8.2 EXPERT WITNESSES: Marriage and family therapists who act as expert witnesses base their opinions and conclusions on appropriate data, and are careful to acknowledge the limits of their data or conclusions in order to avoid providing misleading testimony or reports.
- 8.3 CONFLICTING ROLES: Whenever possible, marriage and family therapists avoid performing conflicting

roles in legal proceedings and disclose any potential conflicts. At the outset of the service to be provided and as changes occur, marriage and family therapists clarify role expectations and the extent of confidentiality to prospective clients, to the courts, or to others as appropriate.

- 8.4 DUAL ROLES: Marriage and family therapists avoid providing both treatment and evaluations for the same clients or treatment units in legal proceedings such as child custody, visitation, dependency, or guardianship proceedings, unless otherwise required by law or initially appointed pursuant to court order.
- 8.5 IMPARTIALITY: Marriage and family therapists, regardless of their role in a legal proceeding, remain impartial and do not compromise their professional judgment or integrity.
- 8.6 MINORS AND PRIVILEGE: Marriage and family therapists confirm the holder of the psychotherapist patient privilege on behalf of minor clients prior to releasing information or testifying.
- 8.7 OPINIONS ABOUT PERSONS NOT EVALUATED: Marriage and family therapists shall only express professional opinions about clients they have treated or examined. Marriage and family therapists, when expressing professional opinions, specify the limits of the information upon which their professional opinions are based. Such professional opinions include, but are not limited to, mental or emotional conditions or parenting abilities.
- 8.8 CUSTODY EVALUATORS: Marriage and family therapists who are custody evaluators (private or court-based) or special masters provide such services only if they meet the requirements established by pertinent laws, regulations, and rules of court.
- 8.9 CONSEQUENCES OF CHANGES IN THERAPIST ROLES: Marriage and family therapists inform the patient or the treatment unit of any potential consequences of therapist-client role changes. Such role changes include, but are not limited to, child's therapist, family's therapist, couple's therapist, individual's therapist, mediator, evaluator, and special master.
- 8.10 FAMILIARITY WITH JUDICIAL AND ADMINISTRATIVE RULES: Marriage and family therapists, when assuming forensic roles, are or become familiar with the judicial and administrative rules governing their roles.

9 Financial Arrangements

Marriage and family therapists make financial arrangements with patients and supervisees that are understandable, and conform to accepted professional practices and legal requirements.

- 9.1 PAYMENT FOR REFERRALS: Marriage and family therapists do not offer or accept payment for referrals, whether in the form of money or otherwise.
- 9.2 FINANCIAL EXPLOITATION: Marriage and family therapists do not financially exploit their patients.
- 9.3 DISCLOSURE OF FEES: Marriage and family therapists disclose, in advance, their fees and the basis upon which they are computed, including, but not limited to, charges for canceled or missed appointments and any interest to be charged on unpaid balances, at the beginning of treatment and give reasonable notice of any changes in fees or other charges.
- 9.4 COLLECTING ON UNPAID BALANCES: Marriage and family therapists give reasonable notice to

patients with unpaid balances of their intent to sue or to refer for collection. Whenever legal action is taken, therapists will avoid disclosure of clinical information. Whenever unpaid balances are referred to collection agencies, therapists will exercise care in selecting collection agencies and will avoid disclosure of clinical information.

- 9.5 BARTER: Marriage and family therapists ordinarily refrain from accepting goods, services, or other non-monetary remuneration from patients in return for professional services. Such arrangements often create conflicts and may lead to exploitation or distortion of the professional relationship.
- 9.6 THIRD-PARTY PAYERS: Marriage and family therapists represent facts regarding services rendered and payment for services fully and truthfully to third-party payers and others.

10 Advertising

Marriage and family therapists who advertise do so appropriately. Their advertising enables consumers to choose professional services based upon accurate information.

- 10.1 ACCURACY REGARDING QUALIFICATIONS: Marriage and family therapists accurately represent their competence, education, training, and experience relevant to their professional practice to patients and others.
- 10.2 ASSURING ACCURACY: Marriage and family therapists take reasonable steps to assure that advertisements and publications, whether in directories, announcement cards, newspapers, radio, television, Internet or any other media, are formulated to accurately convey information to the public.
- 10.3 FICTITIOUS/OTHER NAMES: Marriage and family therapists do not use a name that could mislead the public concerning the identity, responsibility, source, and status of those practicing under that name, and do not hold themselves out as being partners or associates of a firm if they are not.
- 10.4 FALSE, MISLEADING, OR DECEPTIVE: Marriage and family therapists do not use any professional identification, including but not limited to: a business card, office sign, letterhead, telephone, or association directory listing, Internet, or any other media, if it includes a statement or claim that is false, fraudulent, misleading, or deceptive. A statement is false, fraudulent, misleading, or deceptive if it a) contains a material misrepresentation of fact; b) fails to state any material fact necessary to make the statement, in light of all circumstances, not misleading; or c) is intended to or is likely to create an unjustified expectation.
- 10.5 CORRECTIONS: Marriage and family therapists correct, wherever possible, false, misleading, or inaccurate information and representations made by others concerning the therapist's qualifications, services, or products.
- 10.6 SOLICITATION OF TESTIMONIALS: Marriage and family therapists do not solicit testimonials from patients.
- 10.7 EMPLOYEE—ACCURACY: Marriage and family therapists make certain that the qualifications of persons in their employ are represented in a manner that is not false, misleading, or deceptive.
- 10.8 SPECIALIZATIONS: Marriage and family therapists may represent themselves as either specializing or having expertise within a limited area of marriage and family therapy, but only if they have the education, training, and experience that meets recognized professional standards to practice in that specialty area.

- 10.9** ADVERTISING OF CAMFT MEMBERSHIP: CAMFT clinical, associate, and prelicensed members may identify such membership in CAMFT in public information or advertising materials, but they must clearly and accurately represent whether they are clinical, associate, or prelicensed members.
- 10.10** USE OF “CAMFT”: Marriage and family therapists may not use the initials CAMFT following their name in the manner of an academic degree.
- 10.11** USE OF CAMFT LOGO: Marriage and family therapists may use the CAMFT logo only after receiving permission in writing from the Association. Permission will be granted by the Association to CAMFT members in good standing in accordance with Association policy on the use of CAMFT logo. The Association (which is the sole owner of its name, logo, and the abbreviated initials CAMFT) may grant permission to CAMFT committees and chartered chapters in good standing, operating as such, to use the CAMFT logo. Such permission will be granted in accordance with Association policy on use of the CAMFT logo.
- 10.12** CAMFT MEMBERSHIP: Marriage and family therapists, when publicizing their membership in CAMFT, do not do so in a manner that implies organizational endorsement of their activities.

Violations of these standards may be brought to the attention of the CAMFT Ethics Committee, in writing, mailed to CAMFT’s administrative office at 7901 Raytheon Road, San Diego, CA 92111-1606, or at such other address as may be necessary because of a change in location of the administrative office.

References

- i. The terms psychotherapy, therapy and counseling are used interchangeably throughout the *CAMFT Code of Ethics*.
- ii. The word “patient,” as used herein, is synonymous with such words as “client,” “consumer,” or “counselee.”
- iii. The term “marriage and family therapist,” as used herein, is synonymous with the term “licensed marriage, family and child counselor,” and is intended to cover registered interns and trainees performing marriage and family therapy services under supervision.
- iv. The term “dual relationships” as used herein, is synonymous with the term “multiple relationships.”
- v. The term “supervisee” includes interns, trainees, and applicants for the license.

All known dates of ethical standards revisions: 6/11, 1/11, 9/09, 7/08, 5/02, 4/97, 4/92, 10/87, 9/78, and 3/66.

CAMFT Code of Ethics PART I (THE STANDARDS) AND PART II (THE PROCEDURES) is a publication of the California Association of Marriage and Family Therapists, headquartered in San Diego, California.

Part II—The Procedures

PREAMBLE

When accepting membership in the Association, each member agrees to abide by the *CAMFT Code of Ethics*. It is the ethical responsibility of each member to safeguard the standards of ethical practice and to see that violations of the *CAMFT Code of Ethics* are addressed. Members of the Association cooperate with duly constituted bodies of the California Association of Marriage and Family Therapists, and in particular, with the Ethics Committee, by responding to inquiries promptly, truthfully, and completely.

1 Scope of Authority of the Ethics Committee

- A. The Bylaws of the Association (Article IV, Section A) provide for three categories of membership in CAMFT:
 1. clinical member
 2. prelicensed member
 3. associate member
- B. The Association has authority only over these members. This authority is derived from Article IV Section C of the Bylaws.

Except as otherwise provided in these Bylaws, membership in any category shall be upon a majority vote of the Board of Directors. The Board of Directors may refer an application for membership to the Ethics Committee when it has reasonable cause to believe that the applicant may have violated the *CAMFT Code of Ethics*. The Ethics Committee, after investigating the referral, shall make its recommendation to the Board of Directors. All members shall pay dues in accordance with the dues schedule of the Association and shall abide by the Bylaws and the *CAMFT Code of Ethics* of the Association.

The Executive Director shall make reports to licensing board(s) of membership denials, pursuant to Section 805 (c) of the Business and Professions Code.

- C. Article VII, Section B.3. of the Bylaws of the Association authorize the various functions of the Ethics Committee.

The Ethics Committee maintains and reviews the *CAMFT Code of Ethics*, interprets the *CAMFT Code of Ethics* to the membership and the public, conducts investigations of alleged ethics violations, makes recommendations to the Board of Directors regarding members alleged to have violated the *CAMFT Code of Ethics*, makes recommendations to the Board of Directors regarding acceptance or rejection of prospective members who may have violated the *CAMFT Code of Ethics*, and from time to time proposes revisions, deletions, and additions to the *CAMFT Code of Ethics* to the Board of Directors for its approval.

- D. The Bylaws of the Association, in Article IV, Section E3 provides for the expulsion or suspension of members.

Expulsion or suspension: any member who violates the *CAMFT Code of Ethics* may be expelled or suspended from membership in the Association following an investigation and report by the Ethics Committee and

a hearing before the Board of Directors. A two-thirds (2/3) majority vote of those Directors present at the hearing shall be necessary in order to expel or suspend a member. The member accused of the violation shall be given a reasonable opportunity to defend against the charge and shall be entitled to be represented at all stages of the proceedings. Any member to be expelled or suspended shall be entitled to at least fifteen (15) days prior notice of the expulsion or suspension and the reasons therefore, and shall be entitled to be heard, orally or in writing, not less than five (5) days before the effective date of expulsion or suspension by the Board of Directors. Notice may be given by any method reasonably calculated to provide actual notice. Any notice given by mail shall be given by first-class, registered, or certified mail sent to the last address of the member as shown on the Association's records. The *CAMFT Code of Ethics* shall spell out further details of the procedures for investigation and hearing of alleged violations not inconsistent with these Bylaw provisions.

2 Membership and Meetings of The Committee

- A. Article VII, Section B3 of the Bylaws defines the composition and terms of office of the Ethics Committee.

The Ethics Committee shall consist of not less than five (5) nor more than seven (7) members, all of whom shall be clinical members of the Association for at least two (2) years prior to appointment. The Committee shall not contain any directors as members. The term of office shall be two (2) years with a maximum of four terms.

- B. Article VII, Section E of the Bylaws, defines when the Ethics Committee may meet and the required notice for such meetings.

1. Meetings: Committees shall meet at such times as determined either by resolution of the Board of Directors, by resolution of the Committee with the approval of the President, or by a Committee Chair with the prior approval of the President. Meetings of Committees shall be held at the principal office of the Association or at any other place that is designated from time to time by the Board, the Committee, or the Committee Chair.
2. Notice: Meetings of the committees shall be held upon not less than ten (10) days written notice. Notice of a meeting need not be given to any committee member who signed a waiver of notice or a written consent to holding the meeting or an approval of the minutes thereof, whether before or after the meeting, or who attends the meeting without protesting, prior thereto or at its commencement, the lack of notice to such committee member.
3. Quorum: A majority of the committee members of each committee shall constitute a quorum of the committee for the transaction of business.
4. Minutes: Minutes shall be kept of each meeting of any committee and shall be filed with the corporate records. The Board of Directors may adopt rules for the governance of any committee consistent with the provisions of these Bylaws.

3 Initiation of Complaints

- A. The Ethics Committee shall recognize and accept written complaints received from members of the Association or non-members, or the Ethics Committee may proceed on its own initiative, as specified in Section III. F.
- B. All complaints must be in writing.

- C. Complaints must be signed by the complainant and accompanied by the complainant's address and other contact information.
- D. A member who knows of a violation of the *CAMFT Code of Ethics* is encouraged, if appropriate, to attempt to resolve the issue by bringing it to the attention of the particular therapist(s), bringing this fact to the attention of the Ethics Committee in the form of a complaint, and/or, to taking other appropriate action.
- E. Anonymous complaints shall not be recognized or accepted.
- F. Notwithstanding the provisions specified, the Ethics Committee may proceed on its own initiative when it has been presented with sufficient information, which, if proven, would constitute a violation of the *CAMFT Code of Ethics*. For example, the Committee could proceed on information received from another professional organization, a state licensing board, or a peer review committee.
- G. The Ethics Committee may, in its discretion, determine that a complaint should not be acted upon because the events complained about occurred too far in the past.
- H. The Ethics Committee shall proceed with an investigation if directed to do so by the CAMFT Board of Directors.

4 Initial Action by Executive Director

Upon receipt of a complaint, the Executive Director, or his/her designee (hereafter "Executive Director"), shall determine whether the person who is the subject of the complaint is a member or applicant for membership in the Association.

- A. If the person is not a member or an applicant for membership in the Association, the Executive Director shall so inform the complainant in writing and shall explain that the Association has no authority to proceed against the person.
- B. If the person is a member of the Association or an applicant for membership in the Association, the Executive Director shall forward a copy of the complaint to the Chair of the Ethics Committee. A letter shall be sent by the Executive Director to the complainant acknowledging receipt of the complaint and informing the complainant that the person complained against is a member. A copy of the *CAMFT Code of Ethics* shall be included with the letter.

5 Preliminary Determination by Chair of Ethics Committee with the Advice of Legal Counsel

- A. The Chair of the Ethics Committee, or his/her designee (hereafter Chair), with the advice of Legal Counsel for the Association, shall review the complaint and determine whether it states allegations which, if proven, would constitute one or more violations of the *CAMFT Code of Ethics*. In the event the Chair determines that the complaint shall be closed without further action, the complainant shall be notified of such decision and the reason for such decision. When the Chair determines the complaint should not be closed, the complaint shall be referred to the full Ethics Committee. To aid in making such determinations, the Chair, with the advice of Legal Counsel for the Association, may request, in writing, clarification from the complainant.

- B. When a complaint has been referred to the Ethics Committee, the Chair shall request the complainant's permission to disclose his/her name and/or to use any evidence provided by the complainant, for the purpose of the investigation. The Chair or his or her designee shall request that the complainant agree, in writing, to waive his/her rights of confidentiality and/or psychotherapist/patient privilege in order to permit the Ethics Committee to obtain information related to the investigation from the member and/or others.
- C. If the complainant refuses permission for the use of his/her name in the investigation or refuses permission for the disclosure of his/her name or any of the written or other matter or evidence provided by the complainant, or if the complainant refuses to sign a waiver of confidentiality and/or psychotherapist/patient privilege, then the Chair of the Ethics Committee, with the advice of Legal Counsel, may close the matter and notify the complainant in writing or refer the matter to the full Ethics Committee for its action.
- D. All correspondence to the complainant and to the member shall be marked "Confidential" or "Personal and Confidential."
- E. All actions of the Chair shall be reported to the full Ethics Committee at the next regularly scheduled meeting.

6 Investigation by Ethics Committee

- A. The Ethics Committee shall review complaints and supporting documentation/evidence to determine whether or not to investigate complaints. When the complaint warrants investigation, copies of the complaint and supporting documentation/evidence shall be sent to all members of the Ethics Committee. Investigations may be carried out by the Chair of the Committee in consultation with Legal Counsel, by the Chair's designee(s), or by the Committee. The Chair, in consultation with Legal Counsel, may act on behalf of the Committee between meetings of the Committee, to pursue investigations, and shall report such actions to the full Committee.
- B. The Chair of the Ethics Committee, in consultation with Legal Counsel, shall prepare and send a letter to the member, specifying those sections of the *CAMFT Code of Ethics* that may have been violated by the member. The letter shall inform the member of the ethical duty to cooperate with the Ethics Committee in its effort to investigate the circumstances that led to the allegations, and to provide on his/her behalf, a written statement in response to the allegations made in the complaint. The member shall be sent a copy of the *CAMFT Code of Ethics*.
- C. Investigations may be pursued by corresponding with the member and other persons involved in the dispute, or by interviewing such persons, personally or by telephone, or by any other lawful means.
- D. During the investigation stage of the proceedings, the member shall have the right to consult with his/her attorney and shall have the right to have his/her attorney present at any investigatory meeting with the member.

7 Action by the Ethics Committee

- A. After reviewing the complaint, the response of the member, and any other pertinent information, the Ethics Committee may close the case without a finding of a violation of the *CAMFT Code of Ethics*, hold the case in abeyance pending other action, continue the investigation, attempt to settle the case by mutual agreement, send a letter with cautions or recommendations, or recommend to the Board of Directors that the individual's membership be terminated, suspended, placed on probation, or that other action be taken. The Ethics Committee may appropriately impose more stringent requirements upon members previously found to have

violated the *CAMFT Code of Ethics*, or any other relevant professional or state code of professional conduct. If additional evidence of unethical conduct is brought to the attention of the Committee after a matter has been closed, the case may be reopened and acted upon under these procedures.

- B.** If the Ethics Committee decides to attempt to settle the case by mutual agreement:
1. The Committee may recommend to the member that he/she agree to the terms of a Settlement by Mutual Agreement. The terms and conditions of the Settlement by Mutual Agreement may include requiring the member to: cease and desist from specified actions, accept censure, be placed on probation and/or rehabilitation, be under supervision or monitored practice, complete education or therapy or both, agree to suspension or termination of membership in the Association, or any other terms and conditions that the Committee deems appropriate.
 2. The Settlement by Mutual Agreement shall be in writing and shall detail the specific sections of the *CAMFT Code of Ethics* that have been violated and the manner in which the agreement is to be implemented.
 3. The Committee shall supervise and oversee compliance with the Settlement by Mutual Agreement. The Committee has the final authority over the Settlement by Mutual Agreement and the meaning of the terms of the Settlement by Mutual Agreement. The Committee may alter such terms and conditions when requested by the member or as deemed necessary by the Committee with the written agreement of the member.
 4. The Agreement shall become effective and is binding as soon as it is signed by the member and the Chair of the Ethics Committee or at any other time designated in the Agreement. The Agreement shall be maintained in the Association's records.
 5. The Committee, in its sole discretion, may make a finding that the member has not complied with the terms or conditions of the Settlement by Mutual Agreement. In the event of the member's non-compliance with the Settlement by Mutual Agreement, the Committee may proceed in accordance with the provisions of the Settlement by Mutual Agreement that relate to non-compliance, or in accordance with Section D, or in any other manner not inconsistent with Section D.
 6. If no Settlement by Mutual Agreement occurs, because a settlement is offered but ultimately rejected by the member, the Ethics Committee may recommend that action be taken against the member by the Board of Directors as a result of one or more violations of the *CAMFT Code of Ethics*.
- C.** When the Ethics Committee recommends that action be taken by the Board of Directors, the Ethics Committee shall give the member written notice as specified below. Notice shall be given by personal delivery or certified mail sent to the last address of the member as shown on the Association's records. The written notice shall include, at a minimum, all of the following information: 1) the findings of the Ethics Committee, 2) the final proposed action of the Ethics Committee, 3) whether such action, if adopted by the Board of Directors, would require a report pursuant to Section 805 of the Business and Professions Code, 4) that the member has a right to request a hearing on the final proposed action, and 5) that the time limit within which a hearing must be requested is thirty days (30) from receipt of notification of the final proposed action.
- D.** If a hearing is not requested within forty (40) days from mailing of notification of the final proposed action, then the Committee's final proposed action shall be adopted, and the Ethics Committee Chair shall thereafter forward the final determination to the Executive Director for such further action as may be appropriate.
- E.** If a hearing is requested on a timely basis, the Ethics Committee shall give the member written notice. Notice shall be given by personal delivery or certified mail sent to the last address of the member as shown on the

Association's records. The written notice shall include, at a minimum, all of the following information: 1) the reasons for the final proposed action recommended, including the acts or omissions with which the member is charged, and 2) the place, time, and date of the hearing. The hearing shall be commenced within sixty (60) days after receipt of the request for a hearing.

8 Procedures for Hearings Before Board of Directors

- A. The hearing shall be conducted in accordance with the provisions of these Procedures. Should these Procedures be inconsistent with the Peer Review Fair Hearing Procedures commencing with Section 809 of the Business and Professions Code, the provisions of the Business and Professions Code shall prevail.
- B. The hearing shall be held before the Board of Directors.
- C. The Board of Directors may designate a hearing officer to preside at such hearing, who shall gain no direct financial benefit from the outcome, shall not act as a prosecuting officer or advocate, and shall not be entitled to vote.
- D. The member shall have the option of being represented by counsel, and if counsel is desired, notice shall be given by the member at the time the hearing is requested. The costs of such attorney shall be at the member's expense.
- E. All costs of attendance for the charged member at the hearing shall be borne by the charged member.
- F. The charged member shall have the right to a reasonable opportunity to voir dire the Board of Directors and any hearing officer, if selected, and the right to challenge the impartiality of any Board Member or hearing officer.
- G. The Ethics Committee, through its Chair or his/her designee, shall present the case against the member.
- H. Continuances shall be granted upon agreement of the parties on a showing of good cause by the hearing officer or if there is no hearing officer, the President or his/her designee (hereafter President).
- I. The charged member and the Ethics Committee shall have the right to inspect and copy documentary information relevant to the charges in each other's possession or under their control. Both parties shall provide access to this information at least thirty (30) days before the hearing.
- J. The parties shall exchange lists of witnesses expected to testify and copies of all documents expected to be introduced at the hearing at least thirty (30) days before the hearing.
- K. The charged member and the Ethics Committee have the following rights:
 - 1. To be provided with all of the information made available to the Board of Directors.
 - 2. To have a record made of the proceedings.
 - 3. To make opening and closing statements.
 - 4. To call, examine and cross-examine witnesses. Members of the Association have a duty to testify as to relevant information, if requested to do so by the Ethics Committee pursuant to Section 7.7 of the *CAMFT Code of Ethics*.

5. To present and rebut evidence determined by the President.
 6. To submit a written statement at the close of the hearing.
- L. All evidence, which is relevant and reliable, as determined by the President shall be admissible. The formal rules of evidence shall not apply.
 - M. The Ethics Committee shall have the burden of proving the charges by a preponderance of the evidence.
 - N. The decision of the Board shall be by majority vote of the Board of Directors present. Pursuant to the Bylaws, if the decision is to expel or suspend, a two-thirds majority vote of the Board of Directors present is required.
 - O. Upon completion of a hearing concerning a final proposed action, the member and the Ethics Committee shall receive a written decision of the Board of Directors within a reasonable time. Said decision shall include findings of fact and a conclusion articulating the connection between the evidence produced at the hearing and the decision reached. The written decision shall be delivered by personal delivery or certified mail sent to the last address of the member as shown on the Association's records.
 - P. If no violation of the *CAMFT Code of Ethics* is found, the Board of Directors shall order that the member be cleared of all charges.
 - Q. If a violation or violations of the *CAMFT Code of Ethics* is/are found, the Board shall either adopt the final proposed action recommended by the Ethics Committee or take any other action that the board deems appropriate, including, but not limited to, requiring him/her to cease and desist from specific actions; accept censure; probation and/or rehabilitation; supervision or monitored practice; education, therapy, or both; and/or suspension or termination of membership.
 - R. There shall be no appeals from decisions of the Board of Directors, but the Board, in its discretion, may reconsider its decision upon the written request of the member
 - S. Any terms or conditions ordered by the Board shall be monitored by the Ethics Committee. Any request by the member for modification of terms or conditions shall be directed to the Ethics Committee, which shall consider and act upon the requested modifications in a reasonable time.

9 Resignations and Non-Renewals

If a member resigns from membership in the Association during the investigation of the complaint or at any other time during the consideration of the complaint, the Ethics Committee, at its discretion, may continue its investigation. The Executive Director shall make reports to licensing board(s) of resignations and withdrawal or abandonment of applications, pursuant to Section 805 (c) of the Business and Professions Code.

10 Records and Disclosure of Information

- A. The permanent files of the Ethics Committee shall be maintained in the principal office of the Association.
- B. All information obtained by the Ethics Committee, including any investigating subcommittee or designee, and all proceedings of the Ethics Committee, shall be confidential except as follows:

1. Information may be disclosed by those investigating the complaint, or the investigating subcommittee or designee, as is necessary in order to pursue a thorough investigation.
2. The complainant may be informed of the status and progress of the complaint and shall be notified of the conclusion of the case.
3. The Ethics Committee may, in its discretion, authorize the Executive Director to publicize summaries of Settlements by Mutual Agreement without disclosing the name of the complainant or the charged member.
4. When an accused member resigns his/her CAMFT membership during the course of an Ethics Committee investigation, and where the Committee determines that there has been a violation of the *CAMFT Code of Ethics*, the Association may publish the fact and circumstances of the member's resignation.
5. Whenever the Board of Directors finds, after a hearing, that a member has not violated the *CAMFT Code of Ethics*, that fact shall be disclosed to the membership of the Association by publication in *The Therapist* only upon the written request of the cleared member.
6. If, after a hearing, the Board of Directors finds that a member has violated the *CAMFT Code of Ethics*, the Board of Directors may do any of the following:
 - a. Disclose the ethics violation and disciplinary action to the membership of the Association.
 - b. Inform state regulatory agencies and other professional organizations, including chapters of CAMFT.
7. The Board of Directors shall order the publication of a member's expulsion or suspension if, after a hearing by the Board of Directors, the member has been found to have violated the *CAMFT Code of Ethics*.
8. If there is to be publication of the Board of Directors' findings and actions, it will be in *The Therapist* and shall include the member's full name, any earned degree, his/her geographical location, and the section or section(s) of the *CAMFT Code of Ethics* that was/were violated.

PART II, The Procedures, was revised, effective March 2011. The previous revision was effective May 1, 2002.

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Code of Ethics in English ***Code of Ethics in Spanish***

**Code of Ethics
of the National Association of Social Workers**

Approved by the 1996 NASW Delegate Assembly and revised by the 2008 NASW Delegate Assembly

The 2008 NASW Delegate Assembly approved the following revisions to the NASW Code of Ethics:

1.05 Cultural Competence and Social Diversity

(c) Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.

2.01 Respect

(a) Social workers should treat colleagues with respect and should represent accurately and fairly the qualifications, views, and obligations of colleagues.

(b) Social workers should avoid unwarranted negative criticism of colleagues in communications with clients or with other professionals. Unwarranted negative criticism may include demeaning comments that refer to colleagues' level of competence or to individuals' attributes such as race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.

4.02 Discrimination

Social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability.

6.04 Social and Political Action

(d) Social workers should act to prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability.

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Preamble

The primary mission of the social work profession is to enhance human wellbeing and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's focus on individual wellbeing in a social context and the wellbeing of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living.

Social workers promote social justice and social change with and on behalf of clients. "Clients" is used inclusively to refer to individuals, families, groups, organizations, and communities. Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. These activities may be in the form of direct practice, community organizing, supervision, consultation administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation. Social workers seek to enhance the capacity of people to address their own needs. Social workers also seek to promote the responsiveness of organizations, communities, and other social institutions to individuals' needs and social problems.

The mission of the social work profession is rooted in a set of core values. These core values, embraced by social workers throughout the profession's history, are the foundation of social work's unique purpose and perspective:

- service
- social justice
- dignity and worth of the person
- importance of human relationships
- integrity
- competence.

This constellation of core values reflects what is unique to the social work profession. Core values, and the principles that flow from them, must be balanced within the context and complexity of the human experience.

Purpose of the NASW Code of Ethics

Professional ethics are at the core of social work. The profession has an obligation to articulate its basic values, ethical principles, and ethical standards. The *NASW Code of Ethics* sets forth these values, principles, and standards to guide social workers' conduct. The *Code* is relevant to all social workers and social work students, regardless of their professional functions, the settings in which they work, or the populations they serve.

The *NASW Code of Ethics* serves six purposes:

1. The *Code* identifies core values on which social work's mission is based.
2. The *Code* summarizes broad ethical principles that reflect the profession's core values and establishes a set of specific ethical standards that should be used to guide social work practice.
3. The *Code* is designed to help social workers identify relevant considerations when professional obligations conflict or ethical uncertainties arise.
4. The *Code* provides ethical standards to which the general public can hold the social work profession accountable.
5. The *Code* socializes practitioners new to the field to social work's mission, values, ethical principles, and ethical standards.
6. The *Code* articulates standards that the social work profession itself can use to assess whether social workers have engaged in unethical conduct. NASW has formal procedures to adjudicate ethics complaints filed against its members.* In subscribing to this *Code*, social workers are required to cooperate in its implementation, participate in NASW adjudication proceedings, and abide by any NASW disciplinary rulings or sanctions based on it.

The *Code* offers a set of values, principles, and standards to guide decision making and conduct when ethical issues arise. It does not provide a set of rules that prescribe how social workers should act in all situations. Specific applications of the *Code* must take into account the context in which it is being considered and the possibility of conflicts among the *Code's* values, principles, and standards. Ethical responsibilities flow from all human relationships, from the personal and familial to the social and professional.

Further, the *NASW Code of Ethics* does not specify which values, principles, and standards are most important and ought to outweigh others in instances when they conflict. Reasonable differences of opinion can and do exist among social workers with respect to the ways in which values, ethical principles, and ethical standards should be rank ordered when they conflict. Ethical decision making in a given situation must apply the informed judgment of the individual social worker and should also consider how the issues would be judged in a peer review process where the ethical standards of the profession would be applied.

Ethical decision making is a process. There are many instances in social work where simple answers are not available to resolve complex ethical issues. Social workers should take into consideration all the values, principles, and

standards in this *Code* that are relevant to any situation in which ethical judgment is warranted. Social workers' decisions and actions should be consistent with the spirit as well as the letter of this *Code*.

In addition to this *Code*, there are many other sources of information about ethical thinking that may be useful. Social workers should consider ethical theory and principles generally, social work theory and research, laws, regulations, agency policies, and other relevant codes of ethics, recognizing that among codes of ethics social workers should consider the *NASW Code of Ethics* as their primary source. Social workers also should be aware of the impact on ethical decision making of their clients' and their own personal values and cultural and religious beliefs and practices. They should be aware of any conflicts between personal and professional values and deal with them responsibly. For additional guidance social workers should consult the relevant literature on professional ethics and ethical decision making and seek appropriate consultation when faced with ethical dilemmas. This may involve consultation with an agency-based or social work organization's ethics committee, a regulatory body, knowledgeable colleagues, supervisors, or legal counsel.

Instances may arise when social workers' ethical obligations conflict with agency policies or relevant laws or regulations. When such conflicts occur, social workers must make a responsible effort to resolve the conflict in a manner that is consistent with the values, principles, and standards expressed in this *Code*. If a reasonable resolution of the conflict does not appear possible, social workers should seek proper consultation before making a decision.

The *NASW Code of Ethics* is to be used by NASW and by individuals, agencies, organizations, and bodies (such as licensing and regulatory boards, professional liability insurance providers, courts of law, agency boards of directors, government agencies, and other professional groups) that choose to adopt it or use it as a frame of reference. Violation of standards in this *Code* does not automatically imply legal liability or violation of the law. Such determination can only be made in the context of legal and judicial proceedings. Alleged violations of the *Code* would be subject to a peer review process. Such processes are generally separate from legal or administrative procedures and insulated from legal review or proceedings to allow the profession to counsel and discipline its own members.

A code of ethics cannot guarantee ethical behavior. Moreover, a code of ethics cannot resolve all ethical issues or disputes or capture the richness and complexity involved in striving to make responsible choices within a moral community. Rather, a code of ethics sets forth values, ethical principles, and ethical standards to which professionals aspire and by which their actions can be judged. Social workers' ethical behavior should result from their personal commitment to engage in ethical practice. The *NASW Code of Ethics* reflects the commitment of all social workers to uphold the profession's values and to act ethically. Principles and standards must be applied by individuals of good character who discern moral questions and, in good faith, seek to make reliable ethical judgments.

Ethical Principles

The following broad ethical principles are based on social work's core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. These principles set forth ideals to which all social workers should aspire.

Value: Service

Ethical Principle: *Social workers' primary goal is to help people in need and to address social problems.*

Social workers elevate service to others above self-interest. Social workers draw on their knowledge, values, and skills to help people in need and to address social problems. Social workers are encouraged to volunteer some portion of their professional skills with no expectation of significant financial return (pro bono service).

Value: Social Justice

Ethical Principle: *Social workers challenge social injustice.*

Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people.

Value: Dignity and Worth of the Person

Ethical Principle: *Social workers respect the inherent dignity and worth of the person.*

Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote clients' socially responsible self-determination. Social workers seek to enhance clients' capacity and opportunity to change and to address their own needs. Social workers are cognizant of their dual responsibility to clients and to the broader society. They seek to resolve conflicts between clients' interests and the broader society's interests in a socially responsible manner consistent with the values, ethical principles, and ethical standards of the profession.

Value: Importance of Human Relationships

Ethical Principle: *Social workers recognize the central importance of human relationships.*

Social workers understand that relationships between and among people are an important vehicle for change. Social workers engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the wellbeing of individuals, families, social groups, organizations, and communities.

Value: *Integrity*

Ethical Principle: *Social workers behave in a trustworthy manner.*

Social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards and practice in a manner consistent with them. Social workers act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated.

Value: *Competence*

Ethical Principle: *Social workers practice within their areas of competence and develop and enhance their professional expertise.*

Social workers continually strive to increase their professional knowledge and skills and to apply them in practice. Social workers should aspire to contribute to the knowledge base of the profession.

Ethical Standards

The following ethical standards are relevant to the professional activities of all social workers. These standards concern (1) social workers' ethical responsibilities to clients, (2) social workers' ethical responsibilities to colleagues, (3) social workers' ethical responsibilities in practice settings, (4) social workers' ethical responsibilities as professionals, (5) social workers' ethical responsibilities to the social work profession, and (6) social workers' ethical responsibilities to the broader society.

Some of the standards that follow are enforceable guidelines for professional conduct, and some are aspirational. The extent to which each standard is enforceable is a matter of professional judgment to be exercised by those responsible for reviewing alleged violations of ethical standards.

1. SOCIAL WORKERS' ETHICAL RESPONSIBILITIES TO CLIENTS

1.01 Commitment to Clients

Social workers' primary responsibility is to promote the wellbeing of clients. In general, clients' interests are primary. However, social workers' responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed clients, and clients should be so advised. (Examples include when a social worker is required by law to report that a client has abused a child or has threatened to harm self or others.)

1.02 SelfDetermination

Social workers respect and promote the right of clients to selfdetermination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients' right to selfdetermination when, in the social workers' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.

1.03 Informed Consent

(a) Social workers should provide services to clients only in the context of a professional relationship based, when appropriate, on valid informed consent. Social workers should use clear and understandable language to inform clients of the purpose of the services, risks related to the services, limits to services because of the requirements of a third-party payer, relevant costs, reasonable alternatives, clients' right to refuse or withdraw consent, and the time frame covered by the consent. Social workers should provide clients with an opportunity to ask questions.

(b) In instances when clients are not literate or have difficulty understanding the primary language used in the practice setting, social workers should take steps to ensure clients' comprehension. This may include providing clients with a detailed verbal explanation or arranging for a qualified interpreter or translator whenever possible.

(c) In instances when clients lack the capacity to provide informed consent, social workers should protect clients' interests by seeking permission from an appropriate third party, informing clients consistent with the clients' level of understanding. In such instances social workers should seek to ensure that the third party acts in a manner consistent with clients' wishes and interests. Social workers should take reasonable steps to enhance such clients' ability to give informed consent.

(d) In instances when clients are receiving services involuntarily, social workers should provide information about the nature and extent of services and about the extent of clients' right to refuse service.

(e) Social workers who provide services via electronic media (such as computer, telephone, radio, and television) should inform recipients of the limitations and risks associated with such services.

(f) Social workers should obtain clients' informed consent before audiotaping or videotaping clients or permitting observation of services to clients by a third party.

1.04 Competence

(a) Social workers should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience.

(b) Social workers should provide services in substantive areas or use intervention techniques or approaches that are new to them only after engaging in appropriate study, training, consultation, and supervision from people who are competent in those interventions or techniques.

(c) When generally recognized standards do not exist with respect to an emerging area of practice, social workers should exercise careful judgment and take responsible steps (including appropriate education, research, training, consultation, and supervision) to ensure the competence of their work and to protect clients from harm.

1.05 Cultural Competence and Social Diversity

(a) Social workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.

(b) Social workers should have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups.

(c) Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.

1.06 Conflicts of Interest

(a) Social workers should be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. Social workers should inform clients when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that makes the clients' interests primary and protects clients' interests to the greatest extent possible. In some cases, protecting clients' interests may require termination of the professional relationship with proper referral of the client.

(b) Social workers should not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests.

(c) Social workers should not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries. (Dual or multiple relationships occur when social workers relate to clients in more than one

relationship, whether professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively.)

(d) When social workers provide services to two or more people who have a relationship with each other (for example, couples, family members), social workers should clarify with all parties which individuals will be considered clients and the nature of social workers' professional obligations to the various individuals who are receiving services. Social workers who anticipate a conflict of interest among the individuals receiving services or who anticipate having to perform in potentially conflicting roles (for example, when a social worker is asked to testify in a child custody dispute or divorce proceedings involving clients) should clarify their role with the parties involved and take appropriate action to minimize any conflict of interest.

1.07 Privacy and Confidentiality

(a) Social workers should respect clients' right to privacy. Social workers should not solicit private information from clients unless it is essential to providing services or conducting social work evaluation or research. Once private information is shared, standards of confidentiality apply.

(b) Social workers may disclose confidential information when appropriate with valid consent from a client or a person legally authorized to consent on behalf of a client.

(c) Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons. The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or other identifiable person. In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed.

(d) Social workers should inform clients, to the extent possible, about the disclosure of confidential information and the potential consequences, when feasible before the disclosure is made. This applies whether social workers disclose confidential information on the basis of a legal requirement or client consent.

(e) Social workers should discuss with clients and other interested parties the nature of confidentiality and limitations of clients' right to confidentiality. Social workers should review with clients circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. This discussion should occur as soon as possible in the social worker-client relationship and as needed throughout the course of the relationship.

(f) When social workers provide counseling services to families, couples, or groups, social workers should seek agreement among the parties involved concerning each individual's right to confidentiality and obligation to preserve the confidentiality of information shared by others. Social workers should inform participants in family, couples, or group counseling that social workers cannot guarantee that all participants will honor such agreements.

(g) Social workers should inform clients involved in family, couples, marital, or group counseling of the social worker's, employer's, and agency's policy concerning the social worker's disclosure of confidential information among the parties involved in the counseling.

(h) Social workers should not disclose confidential information to thirdparty payers unless clients have authorized such disclosure.

(i) Social workers should not discuss confidential information in any setting unless privacy can be ensured. Social workers should not discuss confidential information in public or semipublic areas such as hallways, waiting rooms, elevators, and restaurants.

(j) Social workers should protect the confidentiality of clients during legal proceedings to the extent permitted by law. When a court of law or other legally authorized body orders social workers to disclose confidential or privileged information without a client's consent and such disclosure could cause harm to the client, social workers should request that the court withdraw the order or limit the order as narrowly as possible or maintain the records under seal, unavailable for public inspection.

(k) Social workers should protect the confidentiality of clients when responding to requests from members of the media.

(l) Social workers should protect the confidentiality of clients' written and electronic records and other sensitive information. Social workers should take reasonable steps to ensure that clients' records are stored in a secure location and that clients' records are not available to others who are not authorized to have access.

(m) Social workers should take precautions to ensure and maintain the confidentiality of information transmitted to other parties through the use of computers, electronic mail, facsimile machines, telephones and telephone answering machines, and other electronic or computer technology. Disclosure of identifying information should be avoided whenever possible.

(n) Social workers should transfer or dispose of clients' records in a manner that protects clients' confidentiality and is consistent with state statutes governing records and social work licensure.

(o) Social workers should take reasonable precautions to protect client confidentiality in the event of the social worker's termination of practice, incapacitation, or death.

(p) Social workers should not disclose identifying information when discussing clients for teaching or training purposes unless the client has consented to disclosure of confidential information.

(q) Social workers should not disclose identifying information when discussing clients with consultants unless the client has consented to disclosure of confidential information or there is a compelling need for such disclosure.

(r) Social workers should protect the confidentiality of deceased clients consistent with the preceding standards.

1.08 Access to Records

(a) Social workers should provide clients with reasonable access to records concerning the clients. Social workers who are concerned that clients' access to their records could cause serious misunderstanding or harm to the client should provide assistance in interpreting the records and consultation with the client regarding the records. Social workers should limit clients' access to their records, or portions of their records, only in exceptional circumstances when there is compelling evidence that such access would cause serious harm to the client. Both clients' requests and the rationale for withholding some or all of the record should be documented in clients' files.

(b) When providing clients with access to their records, social workers should take steps to protect the confidentiality of other individuals identified or discussed in such records.

1.09 Sexual Relationships

(a) Social workers should under no circumstances engage in sexual activities or sexual contact with current clients, whether such contact is consensual or forced.

(b) Social workers should not engage in sexual activities or sexual contact with clients' relatives or other individuals with whom clients maintain a close personal relationship when there is a risk of exploitation or potential harm to the client. Sexual activity or sexual contact with clients' relatives or other individuals with whom clients maintain a personal relationship has the potential to be harmful to the client and may make it difficult for the social worker and client to maintain appropriate professional boundaries. Social workers—not their clients, their clients' relatives, or other individuals with whom the client maintains a personal relationship—assume the full burden for setting clear, appropriate, and culturally sensitive boundaries.

(c) Social workers should not engage in sexual activities or sexual contact with former clients because of the potential for harm to the client. If social workers engage in conduct contrary to this prohibition or claim that an exception to this prohibition is warranted because of extraordinary circumstances, it is social workers—not their clients—who assume the full burden of demonstrating that the former client has not been exploited, coerced, or manipulated, intentionally or unintentionally.

(d) Social workers should not provide clinical services to individuals with whom they have had a prior sexual relationship. Providing clinical services to a former sexual partner has the potential to be harmful to the individual and is likely to make it difficult for the social worker and individual to maintain appropriate professional boundaries.

1.10 Physical Contact

Social workers should not engage in physical contact with clients when there is a possibility of psychological harm to the client as a result of the contact (such as cradling or caressing clients). Social workers who engage in appropriate physical contact with clients are responsible for setting clear, appropriate, and culturally sensitive boundaries that govern such physical contact.

1.11 Sexual Harassment

Social workers should not sexually harass clients. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

1.12 Derogatory Language

Social workers should not use derogatory language in their written or verbal communications to or about clients. Social workers should use accurate and respectful language in all communications to and about clients.

1.13 Payment for Services

(a) When setting fees, social workers should ensure that the fees are fair, reasonable, and commensurate with the services performed. Consideration should be given to clients' ability to pay.

(b) Social workers should avoid accepting goods or services from clients as payment for professional services. Bartering arrangements, particularly involving services, create the potential for conflicts of interest, exploitation, and inappropriate boundaries in social workers' relationships with clients. Social workers should explore and may participate in bartering only in very limited circumstances when it can be demonstrated that such arrangements are an accepted practice among professionals in the local community, considered to be essential for the provision of services, negotiated without coercion, and entered into at the client's initiative and with the client's informed consent. Social workers who accept goods or services from clients as payment for professional services assume the full burden of demonstrating that this arrangement will not be detrimental to the client or the professional relationship.

(c) Social workers should not solicit a private fee or other remuneration for providing services to clients who are entitled to such available services through the social workers' employer or agency.

1.14 Clients Who Lack Decision Making Capacity

When social workers act on behalf of clients who lack the capacity to make informed decisions, social workers should take reasonable steps to safeguard the interests and rights of those clients.

1.15 Interruption of Services

Social workers should make reasonable efforts to ensure continuity of services in the event that services are interrupted by factors such as unavailability, relocation, illness, disability, or death.

1.16 Termination of Services

(a) Social workers should terminate services to clients and professional relationships with them when such services and relationships are no longer required or no longer serve the clients' needs or interests.

(b) Social workers should take reasonable steps to avoid abandoning clients who are still in need of services. Social workers should withdraw services precipitously only under unusual circumstances, giving careful consideration to all factors in the situation and taking care to minimize possible adverse effects. Social workers should assist in making appropriate arrangements for continuation of services when necessary.

(c) Social workers in fee-for-service settings may terminate services to clients who are not paying an overdue balance if the financial contractual arrangements have been made clear to the client, if the client does not pose an imminent danger to self or others, and if the clinical and other consequences of the current nonpayment have been addressed and discussed with the client.

- (d) Social workers should not terminate services to pursue a social, financial, or sexual relationship with a client.
- (e) Social workers who anticipate the termination or interruption of services to clients should notify clients promptly and seek the transfer, referral, or continuation of services in relation to the clients' needs and preferences.
- (f) Social workers who are leaving an employment setting should inform clients of appropriate options for the continuation of services and of the benefits and risks of the options.

2. SOCIAL WORKERS' ETHICAL RESPONSIBILITIES TO COLLEAGUES

2.01 Respect

- (a) Social workers should treat colleagues with respect and should represent accurately and fairly the qualifications, views, and obligations of colleagues.
- (b) Social workers should avoid unwarranted negative criticism of colleagues in communications with clients or with other professionals. Unwarranted negative criticism may include demeaning comments that refer to colleagues' level of competence or to individuals' attributes such as race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.
- (c) Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the wellbeing of clients.

2.02 Confidentiality

Social workers should respect confidential information shared by colleagues in the course of their professional relationships and transactions. Social workers should ensure that such colleagues understand social workers' obligation to respect confidentiality and any exceptions related to it.

2.03 Interdisciplinary Collaboration

- (a) Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the wellbeing of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.
- (b) Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client wellbeing.

2.04 Disputes Involving Colleagues

- (a) Social workers should not take advantage of a dispute between a colleague and an employer to obtain a position or otherwise advance the social workers' own interests.
- (b) Social workers should not exploit clients in disputes with colleagues or engage clients in any inappropriate discussion of conflicts between social workers and their colleagues.

2.05 Consultation

- (a) Social workers should seek the advice and counsel of colleagues whenever such consultation is in the best interests of clients.

(b) Social workers should keep themselves informed about colleagues' areas of expertise and competencies. Social workers should seek consultation only from colleagues who have demonstrated knowledge, expertise, and competence related to the subject of the consultation.

(c) When consulting with colleagues about clients, social workers should disclose the least amount of information necessary to achieve the purposes of the consultation.

2.06 Referral for Services

(a) Social workers should refer clients to other professionals when the other professionals' specialized knowledge or expertise is needed to serve clients fully or when social workers believe that they are not being effective or making reasonable progress with clients and that additional service is required.

(b) Social workers who refer clients to other professionals should take appropriate steps to facilitate an orderly transfer of responsibility. Social workers who refer clients to other professionals should disclose, with clients' consent, all pertinent information to the new service providers.

(c) Social workers are prohibited from giving or receiving payment for a referral when no professional service is provided by the referring social worker.

2.07 Sexual Relationships

(a) Social workers who function as supervisors or educators should not engage in sexual activities or contact with supervisees, students, trainees, or other colleagues over whom they exercise professional authority.

(b) Social workers should avoid engaging in sexual relationships with colleagues when there is potential for a conflict of interest. Social workers who become involved in, or anticipate becoming involved in, a sexual relationship with a colleague have a duty to transfer professional responsibilities, when necessary, to avoid a conflict of interest.

2.08 Sexual Harassment

Social workers should not sexually harass supervisees, students, trainees, or colleagues. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

2.09 Impairment of Colleagues

(a) Social workers who have direct knowledge of a social work colleague's impairment that is due to personal problems, psychosocial distress, substance abuse, or mental health difficulties and that interferes with practice effectiveness should consult with that colleague when feasible and assist the colleague in taking remedial action.

(b) Social workers who believe that a social work colleague's impairment interferes with practice effectiveness and that the colleague has not taken adequate steps to address the impairment should take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations.

2.10 Incompetence of Colleagues

(a) Social workers who have direct knowledge of a social work colleague's incompetence should consult with that colleague when feasible and assist the colleague in taking remedial action.

(b) Social workers who believe that a social work colleague is incompetent and has not taken adequate steps to address the incompetence should take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations.

2.11 Unethical Conduct of Colleagues

- (a) Social workers should take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues.
- (b) Social workers should be knowledgeable about established policies and procedures for handling concerns about colleagues' unethical behavior. Social workers should be familiar with national, state, and local procedures for handling ethics complaints. These include policies and procedures created by NASW, licensing and regulatory bodies, employers, agencies, and other professional organizations.
- (c) Social workers who believe that a colleague has acted unethically should seek resolution by discussing their concerns with the colleague when feasible and when such discussion is likely to be productive.
- (d) When necessary, social workers who believe that a colleague has acted unethically should take action through appropriate formal channels (such as contacting a state licensing board or regulatory body, an NASW committee on inquiry, or other professional ethics committees).
- (e) Social workers should defend and assist colleagues who are unjustly charged with unethical conduct.

3. SOCIAL WORKERS' ETHICAL RESPONSIBILITIES IN PRACTICE SETTINGS

3.01 Supervision and Consultation

- (a) Social workers who provide supervision or consultation should have the necessary knowledge and skill to supervise or consult appropriately and should do so only within their areas of knowledge and competence.
- (b) Social workers who provide supervision or consultation are responsible for setting clear, appropriate, and culturally sensitive boundaries.
- (c) Social workers should not engage in any dual or multiple relationships with supervisees in which there is a risk of exploitation of or potential harm to the supervisee.
- (d) Social workers who provide supervision should evaluate supervisees' performance in a manner that is fair and respectful.

3.02 Education and Training

- (a) Social workers who function as educators, field instructors for students, or trainers should provide instruction only within their areas of knowledge and competence and should provide instruction based on the most current information and knowledge available in the profession.
- (b) Social workers who function as educators or field instructors for students should evaluate students' performance in a manner that is fair and respectful.
- (c) Social workers who function as educators or field instructors for students should take reasonable steps to ensure that clients are routinely informed when services are being provided by students.
- (d) Social workers who function as educators or field instructors for students should not engage in any dual or multiple relationships with students in which there is a risk of exploitation or potential harm to the student. Social work educators and field instructors are responsible for setting clear, appropriate, and culturally sensitive boundaries.

3.03 Performance Evaluation

Social workers who have responsibility for evaluating the performance of others should fulfill such responsibility in a fair and considerate manner and on the basis of clearly stated criteria.

3.04 Client Records

- (a) Social workers should take reasonable steps to ensure that documentation in records is accurate and reflects the services provided.
- (b) Social workers should include sufficient and timely documentation in records to facilitate the delivery of services and to ensure continuity of services provided to clients in the future.
- (c) Social workers' documentation should protect clients' privacy to the extent that is possible and appropriate and should include only information that is directly relevant to the delivery of services.
- (d) Social workers should store records following the termination of services to ensure reasonable future access. Records should be maintained for the number of years required by state statutes or relevant contracts.

3.05 Billing

Social workers should establish and maintain billing practices that accurately reflect the nature and extent of services provided and that identify who provided the service in the practice setting.

3.06 Client Transfer

- (a) When an individual who is receiving services from another agency or colleague contacts a social worker for services, the social worker should carefully consider the client's needs before agreeing to provide services. To minimize possible confusion and conflict, social workers should discuss with potential clients the nature of the clients' current relationship with other service providers and the implications, including possible benefits or risks, of entering into a relationship with a new service provider.
- (b) If a new client has been served by another agency or colleague, social workers should discuss with the client whether consultation with the previous service provider is in the client's best interest.

3.07 Administration

- (a) Social work administrators should advocate within and outside their agencies for adequate resources to meet clients' needs.
- (b) Social workers should advocate for resource allocation procedures that are open and fair. When not all clients' needs can be met, an allocation procedure should be developed that is nondiscriminatory and based on appropriate and consistently applied principles.
- (c) Social workers who are administrators should take reasonable steps to ensure that adequate agency or organizational resources are available to provide appropriate staff supervision.
- (d) Social work administrators should take reasonable steps to ensure that the working environment for which they are responsible is consistent with and encourages compliance with the *NASW Code of Ethics*. Social work administrators should take reasonable steps to eliminate any conditions in their organizations that violate, interfere with, or discourage compliance with the *Code*.

3.08 Continuing Education and Staff Development

Social work administrators and supervisors should take reasonable steps to provide or arrange for continuing education and staff development for all staff for whom they are responsible. Continuing education and staff development should address current knowledge and emerging developments related to social work practice and ethics.

3.09 Commitments to Employers

- (a) Social workers generally should adhere to commitments made to employers and employing organizations.
- (b) Social workers should work to improve employing agencies' policies and procedures and the efficiency and effectiveness of their services.
- (c) Social workers should take reasonable steps to ensure that employers are aware of social workers' ethical obligations as set forth in the *NASW Code of Ethics* and of the implications of those obligations for social work practice.
- (d) Social workers should not allow an employing organization's policies, procedures, regulations, or administrative orders to interfere with their ethical practice of social work. Social workers should take reasonable steps to ensure that their employing organizations' practices are consistent with the *NASW Code of Ethics*.
- (e) Social workers should act to prevent and eliminate discrimination in the employing organization's work assignments and in its employment policies and practices.
- (f) Social workers should accept employment or arrange student field placements only in organizations that exercise fair personnel practices.
- (g) Social workers should be diligent stewards of the resources of their employing organizations, wisely conserving funds where appropriate and never misappropriating funds or using them for unintended purposes.

3.10 LaborManagement Disputes

- (a) Social workers may engage in organized action, including the formation of and participation in labor unions, to improve services to clients and working conditions.
- (b) The actions of social workers who are involved in labormanagement disputes, job actions, or labor strikes should be guided by the profession's values, ethical principles, and ethical standards. Reasonable differences of opinion exist among social workers concerning their primary obligation as professionals during an actual or threatened labor strike or job action. Social workers should carefully examine relevant issues and their possible impact on clients before deciding on a course of action.

4. SOCIAL WORKERS' ETHICAL RESPONSIBILITIES AS PROFESSIONALS

4.01 Competence

- (a) Social workers should accept responsibility or employment only on the basis of existing competence or the intention to acquire the necessary competence.
- (b) Social workers should strive to become and remain proficient in professional practice and the performance of professional functions. Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics.
- (c) Social workers should base practice on recognized knowledge, including empirically based knowledge, relevant to social work and social work ethics.

4.02 Discrimination

Social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability.

4.03 Private Conduct

Social workers should not permit their private conduct to interfere with their ability to fulfill their professional responsibilities.

4.04 Dishonesty, Fraud, and Deception

Social workers should not participate in, condone, or be associated with dishonesty, fraud, or deception.

4.05 Impairment

(a) Social workers should not allow their own personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties to interfere with their professional judgment and performance or to jeopardize the best interests of people for whom they have a professional responsibility.

(b) Social workers whose personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties interfere with their professional judgment and performance should immediately seek consultation and take appropriate remedial action by seeking professional help, making adjustments in workload, terminating practice, or taking any other steps necessary to protect clients and others.

4.06 Misrepresentation

(a) Social workers should make clear distinctions between statements made and actions engaged in as a private individual and as a representative of the social work profession, a professional social work organization, or the social worker's employing agency.

(b) Social workers who speak on behalf of professional social work organizations should accurately represent the official and authorized positions of the organizations.

(c) Social workers should ensure that their representations to clients, agencies, and the public of professional qualifications, credentials, education, competence, affiliations, services provided, or results to be achieved are accurate. Social workers should claim only those relevant professional credentials they actually possess and take steps to correct any inaccuracies or misrepresentations of their credentials by others.

4.07 Solicitations

(a) Social workers should not engage in uninvited solicitation of potential clients who, because of their circumstances, are vulnerable to undue influence, manipulation, or coercion.

(b) Social workers should not engage in solicitation of testimonial endorsements (including solicitation of consent to use a client's prior statement as a testimonial endorsement) from current clients or from other people who, because of their particular circumstances, are vulnerable to undue influence.

4.08 Acknowledging Credit

(a) Social workers should take responsibility and credit, including authorship credit, only for work they have actually performed and to which they have contributed.

(b) Social workers should honestly acknowledge the work of and the contributions made by others.

5. SOCIAL WORKERS' ETHICAL RESPONSIBILITIES TO THE SOCIAL WORK PROFESSION

5.01 Integrity of the Profession

- (a) Social workers should work toward the maintenance and promotion of high standards of practice.
- (b) Social workers should uphold and advance the values, ethics, knowledge, and mission of the profession. Social workers should protect, enhance, and improve the integrity of the profession through appropriate study and research, active discussion, and responsible criticism of the profession.
- (c) Social workers should contribute time and professional expertise to activities that promote respect for the value, integrity, and competence of the social work profession. These activities may include teaching, research, consultation, service, legislative testimony, presentations in the community, and participation in their professional organizations.
- (d) Social workers should contribute to the knowledge base of social work and share with colleagues their knowledge related to practice, research, and ethics. Social workers should seek to contribute to the profession's literature and to share their knowledge at professional meetings and conferences.
- (e) Social workers should act to prevent the unauthorized and unqualified practice of social work.

5.02 Evaluation and Research

- (a) Social workers should monitor and evaluate policies, the implementation of programs, and practice interventions.
- (b) Social workers should promote and facilitate evaluation and research to contribute to the development of knowledge.
- (c) Social workers should critically examine and keep current with emerging knowledge relevant to social work and fully use evaluation and research evidence in their professional practice.
- (d) Social workers engaged in evaluation or research should carefully consider possible consequences and should follow guidelines developed for the protection of evaluation and research participants. Appropriate institutional review boards should be consulted.
- (e) Social workers engaged in evaluation or research should obtain voluntary and written informed consent from participants, when appropriate, without any implied or actual deprivation or penalty for refusal to participate; without undue inducement to participate; and with due regard for participants' wellbeing, privacy, and dignity. Informed consent should include information about the nature, extent, and duration of the participation requested and disclosure of the risks and benefits of participation in the research.
- (f) When evaluation or research participants are incapable of giving informed consent, social workers should provide an appropriate explanation to the participants, obtain the participants' assent to the extent they are able, and obtain written consent from an appropriate proxy.
- (g) Social workers should never design or conduct evaluation or research that does not use consent procedures, such as certain forms of naturalistic observation and archival research, unless rigorous and responsible review of the research has found it to be justified because of its prospective scientific, educational, or applied value and unless equally effective alternative procedures that do not involve waiver of consent are not feasible.
- (h) Social workers should inform participants of their right to withdraw from evaluation and research at any time without penalty.
- (i) Social workers should take appropriate steps to ensure that participants in evaluation and research have access to appropriate supportive services.
- (j) Social workers engaged in evaluation or research should protect participants from unwarranted physical or mental distress, harm, danger, or deprivation.
- (k) Social workers engaged in the evaluation of services should discuss collected information only for professional purposes and only with people professionally concerned with this information.

(l) Social workers engaged in evaluation or research should ensure the anonymity or confidentiality of participants and of the data obtained from them. Social workers should inform participants of any limits of confidentiality, the measures that will be taken to ensure confidentiality, and when any records containing research data will be destroyed.

(m) Social workers who report evaluation and research results should protect participants' confidentiality by omitting identifying information unless proper consent has been obtained authorizing disclosure.

(n) Social workers should report evaluation and research findings accurately. They should not fabricate or falsify results and should take steps to correct any errors later found in published data using standard publication methods.

(o) Social workers engaged in evaluation or research should be alert to and avoid conflicts of interest and dual relationships with participants, should inform participants when a real or potential conflict of interest arises, and should take steps to resolve the issue in a manner that makes participants' interests primary.

(p) Social workers should educate themselves, their students, and their colleagues about responsible research practices.

6. SOCIAL WORKERS' ETHICAL RESPONSIBILITIES TO THE BROADER SOCIETY

6.01 Social Welfare

Social workers should promote the general welfare of society, from local to global levels, and the development of people, their communities, and their environments. Social workers should advocate for living conditions conducive to the fulfillment of basic human needs and should promote social, economic, political, and cultural values and institutions that are compatible with the realization of social justice.

6.02 Public Participation

Social workers should facilitate informed participation by the public in shaping social policies and institutions.

6.03 Public Emergencies

Social workers should provide appropriate professional services in public emergencies to the greatest extent possible.

6.04 Social and Political Action

(a) Social workers should engage in social and political action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully. Social workers should be aware of the impact of the political arena on practice and should advocate for changes in policy and legislation to improve social conditions in order to meet basic human needs and promote social justice.

(b) Social workers should act to expand choice and opportunity for all people, with special regard for vulnerable, disadvantaged, oppressed, and exploited people and groups.

(c) Social workers should promote conditions that encourage respect for cultural and social diversity within the United States and globally. Social workers should promote policies and practices that demonstrate respect for difference, support the expansion of cultural knowledge and resources, advocate for programs and institutions that demonstrate cultural competence, and promote policies that safeguard the rights of and confirm equity and social justice for all people.

(d) Social workers should act to prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability.