Mental Health and Addiction Certification Board of Oregon

Ethics Commission Policy & Procedures

POLICY ONE: COMPLAINT PROCEDURES

1.1 PROFESSIONAL COMPLAINTS

a) Should a behavioral health professional request to file a complaint, they shall be asked to write a letter explaining the nature of the complaint and violation believed to have been committed by a professional. They should include the offending professionals full name, if known, and their place of employment.

b) Upon receipt, complaints shall be uploaded to the secure *Ethics Case Management Portal System*.

c) Professionals are encouraged to follow the guidelines published in the MHACBO Code of Conduct for filing complaints:

8.0 RESOLVING ETHICAL CONCERNS

8.1 Cognizance: Behavioral Health Professionals and Peers shall understand and endorse the MHACBO Code of Ethics and other applicable ethics codes from professional organizations or certification and licensure bodies of which they are members. Lack of knowledge or misunderstanding of an ethical responsibility is not a defense against a charge of unethical conduct.

8.2 Documentation of Ethical Dilemmas: Behavioral Health Professionals and Peers shall utilize and document, when appropriate, an ethical decision-making model when faced with an ethical dilemma. A viable ethical decision-making model shall include but is not limited to: (a) supervision and/or consultation regarding the concern; (b) consideration of relevant ethical standards, principles, and laws; (c) generation of potential courses of action; (d) deliberation of risks and benefits of each potential course of action; (e) selection of an objective decision based on the circumstances and welfare of all involved; and (f) reflection, and re-direction if necessary, after implementing the decision.

8.3 Jurisdiction: MHACBO and its Ethics Committee shall have jurisdiction over all complaints filed against any person holding or applying for MHACBO certification. MHACBO and its Ethics Committee shall have authority to conduct investigations, issue rulings, and invoke disciplinary action in any instance of alleged misconduct by an behavioral health professional.

8.4 Cooperation: Behavioral Health Professionals and Peers shall be required to cooperate with the implementation of the Code of Conduct and to participate in, and abide by, any disciplinary actions and rulings based on the Code. Failure to participate or cooperate is a violation of the MHACBO Code of Conduct. Behavioral Health Supervisors and Peers shall assist in the process of enforcing the MHACBO Code of Conduct. Providers shall cooperate with investigations, proceedings, and requirements of the MHACBO Ethics Committees, ethics committees of other professional associations, and/or licensing and certification boards having jurisdiction over those charged with a violation.

8.5 Conflicts on interests: Behavioral Health Supervisors and Peers shall seek and document supervision and/or consultation in the event that ethical responsibilities conflict with agency policies and procedures, state and/or federal laws, regulations, and/or other governing legal authority. Behavioral Health Professionals may find themselves at a crossroads when the demands of an organization where the Provider is affiliated poses a conflict with the MHACBO Code of Conduct. Providers shall determine the nature of the conflict and shall discuss the conflict with their supervisor or other relevant person at the organization in question, expressing their commitment to the MHACBO Code of Conduct. Providers shall attempt to work through the appropriate channels to address the concern.

8.6 Reporting: When there is evidence to suggest that another provider is violating or has violated an ethical standard and harm has not occurred, Behavioral Health Supervisors and Peers shall attempt to first resolve the issue informally with the other provider if feasible, provided such action does not violate confidentiality rights that may be involved. Behavioral Health Professionals and Peers shall report unethical conduct or unprofessional modes of practice - leading to harm or creating a likely risk of harm - which they become aware of to the appropriate certifying or licensing authorities, state or federal regulatory bodies. Providers shall seek supervision/consultation prior to the report. Behavioral Health Professionals and Peers shall seek consultation and direction from supervisors, consultants or the MHACBO Ethics Committee when uncertain about whether a particular situation or course of action may be in violation of the MHACBO Code of Conduct. Providers consult with persons who are knowledgeable about ethics, the MHACBO Code of Conduct, and legal requirements specific to the situation. Behavioral Health Professionals and Peers shall not initiate, participate in, or encourage the filing of an ethics or grievance complaint as a means of retaliation against another person. Behavioral Health Professionals and

Peers shall not intentionally disregard or ignore the facts of the situation or omit exculpatory information in their reports.

1.2 SELF REFERRAL

a) Should a certified professional request to self-report potential ethical violations, they shall be asked to write a letter or email explaining the nature of the violation believed to have been committed by the professional.

b) Upon receipt, complaints shall be uploaded to the secure *Ethics Case Management Portal System*.

1.3 COMMUNITY COMPLAINTS

a) Should a nonprofessional community member or behavioral health service consumer request to file a complaint, the individual will be asked to submit their complaint in the form of a written letter to MHACBO. Should an individual prefer to submit their complaint verbally, a telephone interview shall be scheduled and performed.

b) Should translation services, or disability services, etc. be required in order to make the complaint, MHACBO shall make reasonable effort to accommodate special needs.

c) Upon receipt, complaints shall be uploaded to the secure *Ethics Case Management Portal System*.

POLICY TWO: INVESTIGATION & DATA GATHERING

2.1 CASE SCREENING

a) Cases shall be screened for referral to either the MHACBO Ethics Committee or shall be referred to another more appropriate investigation body, or both. Cases with little to no relevance to a particular certified professional (e.g. a complaint against an entire agency), or those cases with little to no relevance with the MHACBO Code of Conduct (e.g. employee/employer disputes over wages/benefits), or cases that involve occupational activity regulated by other organizations shall be referred to other more appropriate investigative entities (EEOC, BOLI, Oregon Health Authority, Department of Human Services, law enforcement, Department of Justice, The Mental Health

Regulatory Agency, Oregon Board of Licensed Social Workers, the Traditional Health Worker Commission, Oregon Board of Nursing, etc.).

d) Cases that are referred to another agency shall contain an explanation for the referral in the *Ethics Case Management Portal System*. The referral rationale shall contain information related to:

- occupational duties performed at the time(s) of the alleged violation(s),
- occupational duties being reimbursed at the time(s) of the alleged violation(s),
- lack of relevance to a particular MHACBO certified behavioral health professional,
- lack of relevance to an individual's occupation,
- superseding board or authority at the time(s) of the alleged violation(s),
- lack of relevance to the MHACBO Code of Conduct

2.2 ABEYANCE

a) Cases that are referred to both the MHACBO Ethics Committee and to other superseding agencies (EEOC, BOLI, Oregon Health Authority, Department of Human Services, law enforcement, Department of Justice, The Mental Health Regulatory Agency, Oregon Board of Licensed Social Workers, the Traditional Health Worker Commission, Oregon Board of Nursing, etc.), can be held indefinitely in abeyance of other allied investigative findings.

b) Cases held in abeyance of other allied investigative findings shall have periodic searches and notations reporting on either findings or the lack thereof, shall be documented in the *Ethics Case Management Portal System.*

c) Once findings from an allied agency have been issued, the case shall be referred to the MHACBO Ethics Committee for their consideration.

2.3 INVESTIGATION: WRITTEN NOTIFICATION TO THE COUNSELOR

a) Upon receipt of an ethics complaint, notification of the complaint and the "nature of the complaint" will be mailed to the certified counselor. The professional will be given a maximum of 30 days to respond in writing to the ACCBO Ethics Committee. Responses will be uploaded to the Ethics Portal Case Management System.

The investigator will review the certified counselor's response to the allegation(s) and make a decision in regards to any need for additional information. In order to maintain the integrity of the data gathering process the Ethics Committee will use discretion in disclosing any information to all parties involved in order to elicit sound information

that has not been altered or corrupted by over disclosure or fear of disclosure. Therefore, only the essential data will be presented to involved parties and at least initially names of complaining community members, peers, clients, etc. will be withheld in order to maintain the validity of the data gathering process.

b) Cases will be self-assigned to investigators to avoid conflicts of interests. Investigators will not accept cases where they have a conflict of interest. This includes, but is not limited to, prior relationships with the accused (family, friendships, intimacies, business arrangements, etc.).

2.4 COOPERATION

All certified professionals have signed/dated and agreed to cooperate fully with the MHACBO Ethics Committee in order to maintain their certification. Non-cooperation is grounds for revocation. Professionals accused of ethical violations must respond to complaints within 30 days, and must respond to request for further evidentiary materials within 30 days of request.

8.4 Cooperation: Behavioral Health Professionals and Peers shall be required to cooperate with the implementation of the Code of Conduct and to participate in, and abide by, any disciplinary actions and rulings based on the Code. Failure to participate or cooperate is a violation of the MHACBO Code of Conduct. Behavioral Health Supervisors and Peers shall assist in the process of enforcing the MHACBO Code of Conduct. Providers shall cooperate with investigations, proceedings, and requirements of the MHACBO Ethics Committees, ethics committees of other professional associations, and/or licensing and certification boards having jurisdiction over those charged with a violation.

2.5 OTHER DATA GATHERING

a) Should a case require additional data gathering beyond the substance offered by the certified professional and the original complaint(s), the committee shall approach other involved parties and elicit their observations. The Committee reserves the right to make its own determination of necessary data collection and needed consent of the certified professional or complaining party(ies). In order to maintain the integrity of the data gathering process the Ethics Committee will use discretion in disclosing any information to all parties involved in order to elicit sound information that has not been altered or corrupted by over disclosure or fear of disclosure. Therefore, only the essential data will be presented to involved parties and at least initially names of complaining community members, peers, clients, etc. will be withheld in order to maintain the validity of the

data gathering process and protect complaining parties from retaliation (whistleblower protection).

b) Other forms of data gathering may include, but are not limited to, reports of sanctions by other professional organizations, public records of criminal activity, social media post, investigations by the Oregon Health Authority, licensing boards, etc.

POLICY THREE: PROCESSING COMPLAINTS

3.1 DEFINING ETHICAL VIOLATIONS

a) MHACBO investigators and the Ethics Committee will identify the relevant alleged violations and gather as much information as possible that sheds light on the situation, and clarify whether the conflict is ethical, legal or moral or a combination of any or all these. The Ethics Committee will look at the defined alleged violations from many perspectives to avoid simplistic conclusions.

b) The Ethics Committee will identify the potential violations involved pertinent to the MHACBO Code of Conduct and contemporary practice guidelines in behavioral health (e.g. practices promoted by SAMHSA, CSAT, NIDA, NIAAA, the National Institutes of Mental Health, and Oregon Health Authority). First and foremost, the Ethics Committee's primary focus shall be on the health and safety of consumer services. After the information is collected, the Ethics Committee will list and describe the critical issues and discard the irrelevant material unrelated to violations of the Code of Conduct. The Ethics Committee will evaluate the rights, responsibilities and welfare of all of those who are affected by the situation and will accept the process of making ethical decisions by identifying competing principles, regulations, professional and cultural norms and practices.

3.3 CONSULTATION

a) The Ethics Committee may obtain consultation. We may consult with an appropriate colleague or colleagues that may have a special expertise in a particular issue to obtain a different perspective on the alleged violation(s). Consultation can help us think about information or circumstances that we may have overlooked. We will justify our course of action based on sound reasoning. Consultation with colleagues will provide us with an opportunity to test the rationale of our recommended disposition of the case. All consultation will be done while maintaining confidentiality of the unresolved case and

protecting the rights of all parties concerned. Consultation with associated fees greater than $500 shall be approved by the MHACBO Board of Directors.

3.4 DISPOSITION

a) The Ethics Committee will consider possible and probable courses of action. The Ethics Committee may consider different possibilities for action and their potential effects on the client, for others related to the client, agencies, and for the constituency of behavioral health professionals, community members or allied health professionals.

b) The Ethics Committee shall be empowered to vote on sanctions ranging from warnings, educational mandates, therapeutic mandates, practice restrictions, etc. The Ethics Committee shall refer all recommendations of suspension or revocation to the MHACBO Board of Directors, with the exception of cases of SUD/GUD relapse, that shall result in an automatic suspension of two years to maintain compliance with Oregon Administrative Rule and MHACBO Certification guidelines. The Ethics Committee shall operate in normal parliamentary procedures. The Committee shall make motions for findings, sanctions, and recommended suspensions and revocations. The motions and results of voting shall be recorded in the *Ethics Case Management Portal System.*

OAR 309-019-0125(12) Program staff, contractors, volunteers, and interns recovering from a substance use disorder and providing treatment services or peer support services in substance use disorders treatment programs must be able to document continuous abstinence under independent living conditions or recovery housing for the immediate past two years.

c) In cases where the Ethics Committee is recommending a suspension or revocation, the Ethics Committee shall present its recommendations to the MHACBO board of directors.

d) The Ethics Committee will resolve cases in 12 months or less.

e) Written notice of the disposition of the case will be mailed to the counselor. In cases involving educational mandates, therapy, lab testing, etc. behavioral health professionals shall receive their disposition in a Peer Assistance Agreement. The behavioral health professional shall sign the “agreement” and return to MHACBO.

f) All sanctions are public knowledge. Unresolved, unfounded allegations or allegations held in abeyance are not public knowledge. Therefore, any individual may contact MHACBO to verify the current certification status of any individual. All findings, sanctions, suspensions and revocations are posted to the MHACBO Registry.

g) Peer Assistance Agreements are developed in conjunction with mandated requirements of education, therapy, laboratory testing, etc. The Peer Assistance Agreement is designed to assist the impaired counselor and/or non-ethically functioning behavioral health professional to improve their practice. The Peer Assistance Agreement is signed by the behavioral health professional and returned to MHACBO. The "agreement" represents the stipulated terms of continued certification, or reactivation of certification and outlines the activity(ies) which must be completed by the behavioral health professional in order to retain certification or become certified following suspension. This stipulated agreement acknowledges findings by the Ethics Committee and/or the MHACBO Board of Directors and waives the right to appeal.

g) Appeal. All behavioral health professionals shall retain the right to appeal the findings and sanctions imposed by the Ethics Committee and/or the MHACBO Board of Directors. Once a determination of findings has occurred by either the Ethics Committee and/or the MHACBO Board of Directors, the onus to reverse those findings is the responsibility of the behavioral health professional to present exculpatory data not previously considered by the Ethics Committee and/or the MHACBO Board of Directors. Perceived inequity of sanctions that have occurred over time, or perceived gravity of subsequent damages is not grounds for appeal. Sanctions have changed over time, most especially regarding sexual relationships with clients. The sanctions implemented by most U.S. certification and licensing boards for sexual relationships with clients in decades past were less than contemporary sanctions that are more severe. The values of behavioral health credentialing boards change over time as a result of a better understanding of human rights, trauma informed care and research.

3.5 MHACBO CODE OF CONDUCT

Mental Health and Addiction Certification Board of Oregon (MHACBO)
Behavioral Health Code of Conduct

1.0 SERVICE RELATIONSHIP

1.1 Client Welfare: Behavioral Health Professionals and Peers understand and accept their responsibility to ensure the safety and welfare of their client, and to act for the good of each client while exercising respect, sensitivity, and compassion. Providers shall treat each client with dignity, honor, and respect, and act in the best interest of each client.

1.2 Informed Consent: Behavioral Health Professionals and Peers understand the right of each client to be fully informed about treatment, and shall provide clients with information in clear and understandable language regarding the purposes, risks, limitations, and costs of treatment services, reasonable alternatives, their right to refuse

services, and their right to withdraw consent within time frames delineated in the consent. Providers have an obligation to review with their client - in writing and verbally - the rights and responsibilities of both Providers and clients. Providers shall have clients attest to their understanding of the parameters covered by the Informed Consent. Informed Consent shall include:

a. explicit explanation as to the nature of all services to be provided and methodologies and theories typically utilized, purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services, the behavioral health professional's qualifications, credentials, relevant experience, and approach to services, right to confidentiality and explanation of its limits including duty to warn, policies regarding continuation of services upon the incapacitation or death of the behavioral health professional or peer,

b. the role of technology, including boundaries around electronic transmissions with clients and social networking, implications of diagnosis and the intended use of tests and reports, fees and billing, nonpayment, policies for collecting nonpayment, specifics about clinical supervision and consultation,

c. their right to refuse services, and their right to refuse to be treated by a person-in-training, without fear of retribution.

1.3 Limits of Confidentiality: Behavioral Health Professionals and Peers clarify the nature of relationships with each party and the limits of confidentiality at the outset of services when agreeing to provide services to a person at the request or direction of a third party.

1.4 Diversity: Behavioral Health Professionals and Peers shall respect the diversity of clients and seek training and supervision in areas in which they are at risk of imposing their values onto clients.

1.5 Discrimination: Behavioral Health Professionals and Peers shall not practice, condone, facilitate, or collaborate with any form of discrimination against any client on the basis of race, ethnicity, color, religious or spiritual beliefs, age, gender identification, national origin, sexual orientation or expression, marital status, political affiliations, physical or mental handicap, health condition, housing status, military status, or economic status.

1.6 Legal Competency: Behavioral Health Professionals and Peers who act on behalf of a client who has been judged legally incompetent or with a representative who has been legally authorized to act on behalf of a client, shall act with the client's best interests in mind, and shall inform the designated guardian or representative of any circumstances which may influence the relationship. Providers recognize the need to balance the ethical rights of clients to make choices about their treatment, their capacity to give consent to receive treatment-related services, and parental/familial/representative legal rights and responsibilities to protect the client and make decisions on their behalf.

1.7 Mandated Clients: Behavioral Health Professionals and Peers who work with clients who have been mandated to counseling and related services, shall discuss legal and ethical limitations to confidentiality. Providers shall explain confidentiality, limits to confidentiality, and the sharing of information for supervision and consultation purposes prior to the beginning of therapeutic or service relationship. If the client refuses services, the Provider shall discuss with the client the potential consequences of refusing the mandated services, while respecting client autonomy.

1.8 Multiple Behavioral Health Professionals: Behavioral Health Professionals and Peers shall obtain a signed Release of Information from a potential or actual client if the client is working with another behavioral health professional. The Release shall allow the Provider to strive to establish a collaborative professional relationship.

1.9 Professional Boundaries: Behavioral Health Professionals and Peers shall consider the inherent risks and benefits associated with moving the boundaries of a counseling relationship beyond the standard parameters. Consultation and supervision shall be sought and documented.

1.10 Multiple/Dual Relationships: Behavioral Health Professionals and Peers shall make every effort to avoid multiple relationships with a client. When a dual relationship is unavoidable, the professional shall take extra care so that professional judgment is not impaired and there is no risk of client exploitation. Such relationships include, but are not limited to, members of the Provider's immediate or extended family, business associates of the professional, or individuals who have a close personal relationship with the professional or the professional's family. When extending these boundaries, Providers take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that their judgment is not impaired and no harm occurs. Consultation and supervision shall be documented.

1.11 Prior Relationship: Behavioral Health Professionals and Peers recognize that there are inherent risks and benefits to accepting as a client someone with whom they have a prior relationship. This includes anyone with whom the Provider had a casual, distant, or past relationship. Prior to engaging in a counseling relationship with a person from a previous relationship, the Provider shall seek consultation or supervision. The burden is on the Provider to ensure that their judgment is not impaired and that exploitation is not occurring.

1.12 Previous Clients: Behavioral Health Professionals and Peers considering initiating contact with or a relationship with a previous client shall seek documented consultation or supervision prior to its initiation.

1.13 Group Services: Behavioral Health Professionals and Peers shall clarify who "the client" is, when accepting and working with more than one person as "the client." Provider

shall clarify the relationship the provider shall have with each person. In group counseling, providers shall take reasonable precautions to protect the members from harm.

1.14 Financial Disclosure: Behavioral Health Professionals and Peers shall truthfully represent facts to all clients and third-party payers regarding services rendered, and the costs of those services.

1.15 Communication: Behavioral Health Professionals and Peers shall communicate information in ways that are developmentally and culturally appropriate. Providers offer clear understandable language when discussing issues related to informed consent. Cultural implications of informed consent are considered and documented by provider.

1.16 Service/Recovery Plans: Behavioral Health Professionals and Peers shall create service/recovery plans in collaboration with their client. Service/recovery plans shall be reviewed and revised on an ongoing and intentional basis to ensure their viability and validity.

1.17 Level of Care: Behavioral Health Professionals and Peers shall provide their client with the highest quality of care. Addiction treatment providers shall use ASAM or other relevant criteria to ensure that clients are appropriately and effectively served. Mental Health providers shall use similar standardized procedures for determining level of care, such as utilization management.

1.18 Documentation: Behavioral Health Professionals and Peers shall create, maintain, protect, and store documentation required per federal and state laws and rules, and organizational policies.

1.19 Advocacy: Behavioral Health Professionals and Peers are called to advocate on behalf of clients at the individual, group, institutional, and societal levels. Providers have an obligation to speak out regarding barriers and obstacles that impede access to and/or growth and development of clients. When advocating for a specific client, Providers obtain written consent prior to engaging in advocacy efforts.

1.20 Referrals: Behavioral Health Professionals and Peers shall recognize that each client is entitled to the full extent of physical, social, psychological, spiritual, and emotional care required to meet their needs. Providers shall refer to culturally- and linguistically-appropriate resources when a client presents with any impairment that is beyond the scope of the Provider's education, training, skills, supervised expertise, and licensure.

1.21 Exploitation: Behavioral Health Professionals and Peers are aware of their influential positions with respect to clients, trainees, and research participants and shall not exploit the trust and dependency of any client, trainee, or research participant. Providers shall not engage in any activity that violates or diminishes the civil or legal rights of any client. Providers shall not use coercive treatment methods with any client, including threats,

negative labels, or attempts to provoke shame or humiliation. Providers shall not impose their personal religious or political values on any client. Providers do not endorse conversion therapy, or obstruct a woman's right to choose.

1.22 Sexual Relationships: Behavioral Health Professionals and Peers shall not engage in any form of sexual or romantic relationship with any current or former client, nor accept as a client anyone with whom they have engaged in a romantic, sexual, or familial relationship. This prohibition includes in-person and electronic interactions and/or relationships. Behavioral Health Professionals and Peers are prohibited from engaging in behavioral health service relationships with friends or family members with whom they have an inability to remain objective. This definition of client includes, but is not limited to, clients directly assigned to the Behavioral Health Professional or Peer, or clients of the agency, where the Behavioral Health Professional or Peer has any service contacts with the client, including those clients not assigned directly to the Behavioral Health Professional or Peer.

1.23 Termination: Behavioral Health Professionals and Peers shall terminate services with clients when services are no longer required, no longer serve the client's needs, or the Provider is unable to remain objective. Counselors provide pre-termination counseling and offer appropriate referrals as needed. Providers may refer a client, with supervision or consultation, when in danger of harm by the client or by another person with whom the client has a relationship.

1.24 Service Coverage: Behavioral Health Professionals and Peers shall make necessary coverage arrangements to accommodate interruptions such as vacations, illness, or unexpected situation.

1.25 Abandonment: Behavioral Health Professionals and Peers shall not abandon any client in treatment. Providers who anticipate termination or interruption of services to clients shall notify each client promptly and seek transfer, referral, or continuation of services in relation to each client's needs and preferences.

1.26 Fees: Behavioral Health Professionals and Peers shall ensure that all fees charged for services are fair, reasonable, and commensurate with the services provided and with due regard for clients' ability to pay.

1.27 Self-Referrals: Behavioral Health Professionals and Peers shall not refer clients to their private business unless the policies, at the organization at the source of the referral, allow for such self-referrals. When self-referrals are not an option, clients shall be informed of other appropriate referral resources.

1.28 Commissions: Behavioral Health Professionals and Peers shall not offer or accept any commissions, rebates, kickbacks, bonuses, or any form of remuneration for referral of a client for professional services, nor engage in fee splitting.

1.29 Private Enterprises: Behavioral Health Professionals and Peers shall not use relationships with clients to promote personal gain or profit of any type of commercial enterprise.

1.30 Withholding Records: Behavioral Health Professionals and Peers shall not withhold records they possess that are needed for any client's treatment solely because payment has not been received for past services, where it is not specifically allowable under law/state administrative rule.

1.31 Withholding Reports: Behavioral Health Professionals and Peers shall not withhold reports to referral agencies regarding client treatment progress or completion solely because payment has not yet been received in full for services, particularly when those reports are to courts or probation officers who require such information for legal purposes, where it is not specifically allowable under law/state administrative rule. Reports may note that payment has not yet been made, or only partially made, for services rendered.

1.32 Disclosures of Payments: Behavioral Health Professionals and Peers shall clearly disclose and explain to each client, prior to the onset of services, (1) all costs and fees related to the provision of professional services, including any charges for cancelled or missed appointments, (2) the use of collection agencies or legal measures for nonpayment, and (3) the procedure for obtaining payment from the client if payment is denied by a third party payer.

1.33 Regardless of Compensation: Behavioral Health Professionals and Peers shall provide the same level of professional skills and service to each client without regard to the compensation provided by a client or third party payer, and whether a client is paying full fee, a reduced fee, or has their fees waived.

1.34 Billing for Actual Services: Behavioral Health Professionals and Peers shall charge each client only for services actually provided to a client regardless of any oral or written contract a client has made with the addiction professional or agency.

1.35 Financial Records: Behavioral Health Professionals and Peers shall maintain accurate and timely clinical and financial records for each client.

1.36 Suspension: Behavioral Health Professionals and Peers shall give reasonable and written notice to clients of impending suspension of services for nonpayment.

1.37 Unpaid Balances: Behavioral Health Professionals and Peers shall give reasonable and written notice to clients with unpaid balances of their intent to seek collection by agency or legal recourse—when such action is taken, Behavioral Health Professionals and Peers shall not reveal clinical information.

1.38 Gifts: Behavioral Health Professionals and Peers recognize that clients may wish to show appreciation for services by offering gifts. Providers shall take into account the service relationship, cultural appropriateness, the monetary value of the gift, the client's motivation for giving the gift, and the professional's motivation for wanting to accept or decline the gift. When accepting gifts professionals try to their utmost to encourage clients to offer their gifts to the organization so that all may benefit from the gift.

1.39 Uninvited Solicitation: Behavioral Health Professionals and Peers shall not engage in uninvited solicitation of potential clients who are vulnerable to undue influence, manipulation, or coercion due to their circumstances.

1.40 Virtual Relationships: Behavioral Health Professionals and Peers are prohibited from engaging in personal/romantic virtual electronic, text messaging, e-relationships with current or former clients.

2.0 CONFIDENTIALITY

2.1 Confidentiality: Behavioral Health Professionals and Peers understand that confidentiality and anonymity are foundational to addiction treatment and embrace the duty of protecting the identity and privacy of each client as a primary obligation. Providers communicate the parameters of confidentiality in a culturally-sensitive manner.

2.2 Documentation: Behavioral Health Professionals and Peers shall create and maintain appropriate documentation. Providers shall ensure that records and documentation kept in any medium (i.e., cloud, laptop, flash drive, external hard drive, tablet, computer, paper, etc.) are secure and in compliance with HIPAA and 42 CFR Part 2 (if applicable), and that only authorized persons have access to them. Providers shall disclose to client within informed consent how records shall be stored, maintained, and disposed of, and shall include time frames for maintaining active file, storage, and disposal.

2.3 Access: Behavioral Health Professionals and Peers shall notify client, during informed consent, about procedures specific to client access of records. Behavioral Health Professionals shall provide a client reasonable access to documentation regarding the client upon his/her written request. Providers shall protect the confidentiality of any other individuals contained in the records. Providers shall limit the access of clients to their records – and provide a summary of the records – when there is evidence that full access could cause harm to the client. A treatment summary shall include dates of service, diagnoses, treatment plan, and progress in treatment. Providers seek supervision or consultation prior to providing a client with documentation and shall document the

rationale for releasing or limiting access to records. Providers shall provide assistance and consultation to the client regarding the interpretation of service records.

2.4 Sharing: Behavioral Health Professionals and Peers shall encourage ongoing discussions with clients regarding how, when, and with whom information is to be shared.

2.5 Disclosure: Behavioral Health Professionals and Peers shall not disclose confidential information regarding the identity of any client, nor information that could potentially reveal the identity of a client, without written consent and authorization by the client. In situations where the disclosure is mandated or permitted by state and federal law, verbal authorization shall not be sufficient except for emergencies.

2.6 Privacy: Behavioral Health Professionals and Peers and the organizations they work for ensure that confidentiality and privacy of clients is protected by Providers, employees, supervisees, students, office personnel, other staff, and volunteers.

2.7 Temporary Assistance: Behavioral Health Professionals and Peers, during informed consent, shall disclose the legal and ethical boundaries of confidentiality and disclose the legal exceptions to confidentiality. Confidentiality and limitations to confidentiality shall be reviewed as needed during the counseling relationship. Providers review with each client all circumstances where confidential information may be requested, and where disclosure of confidential information may be legally required.

2.8 Imminent Danger: Behavioral Health Professionals and Peers may reveal client identity or confidential information without client consent when a client presents a clear and imminent danger to themselves or to other persons, and to emergency personnel who are directly involved in reducing the danger or threat. Behavioral Health Professionals seek supervision or consultation when unsure about the validity of an exception.

2.9 Courts: Behavioral Health Professionals and Peers ordered to release confidential privileged information by a court shall obtain written, informed consent from the client, take steps to prohibit the disclosure, or have it limited as narrowly as possible because of potential harm to the client or counseling relationship.

2.10 Essential Only: Behavioral Health Professionals and Peers shall release only essential information when circumstances require the disclosure of confidential information.

2.11 Multidisciplinary Care: Behavioral Health Professionals and Peers shall inform the client when the Provider is a participant in a multidisciplinary care team providing coordinated services to the client. The client shall be informed of the team's member credentials and duties, information being shared, and the purposes of sharing client information.

2.12 Locations: Behavioral Health Professionals and Peers shall discuss confidential client information in locations where they are reasonably certain they can protect client privacy.

2.13 Payers: Behavioral Health Professionals and Peers shall obtain client authorization prior to disclosing any information to third party payers (i.e., Medicaid, Medicare, insurance payers, private payors).

2.14 Encryption: Behavioral Health Professionals and Peers shall use encryption and precautions that ensure that information being transmitted electronically or other medium remains confidential.

2.15 Deceased: Behavioral Health Professionals and Peers shall protect the confidentiality of deceased clients by upholding legal mandates and documented preferences of the client.

2.16 Parties: Behavioral Health Professionals and Peers, who provide group, family, or couples services, shall describe the roles and responsibilities of all parties, limits of confidentiality, and the inability to guarantee that confidentiality shall be maintained by all parties.

2.17 Minors/others: Behavioral Health Professionals and Peers shall protect the confidentiality of any information received regarding services to minors or adult clients who lack the capacity to provide voluntary informed consent, regardless of the medium, in accordance with federal and state laws, and organization policies and procedures. Parents, guardians, and appropriate third parties are informed regarding the role of the counselor, and the boundaries of confidentiality of the counseling relationship.

2.18 Storage & Disposal: Behavioral Health Professionals and Peers shall create and/or abide by organizational, and state and federal, policies and procedures regarding the storage, transfer, and disposal of confidential client records. Providers shall maintain client confidentiality in all mediums and forms of documentation. Behavioral Health Professionals and Peers shall store, safeguard, and dispose of client records in accordance with state and federal laws, accepted professional standards, and in ways which protect the confidentiality of clients.

2.19 Video Recording: Behavioral Health Professionals and Peers shall obtain informed consent and written permissions and releases before videotaping, audio recording, or permitting third party observation of any client interaction or group therapy session. Clients are to be fully informed regarding recording such as purpose, who will have access, storage, and disposal of recordings. Exceptions to restrictions on third party observations shall be limited to students in field placements, internships, practicums, or agency trainees.

2.20 Recording e-services: Behavioral Health Professionals and Peers shall obtain informed consent and written release of information prior to recording an electronic therapy session. Prior to obtaining informed consent for recording e- therapy, the Provider shall seek supervision or consultation, and document recommendations. Providers shall disclose to client in informed consent how e-records shall be stored, maintained, and disposed of and in what time frame.

2.21 Federal Regulations Stamp: Behavioral Health Professionals and Peers shall ensure that all written information released to others is accompanied by a stamp identifying the Federal Regulations governing such disclosure, and shall notify clients when a disclosure is made, to whom the disclosure was made, and for what purposes the disclosure was made.

2.22 Transfer Records: Unless exceptions to confidentiality exist, Behavioral Health Professionals and Peers shall obtain written permission from clients to disclose or transfer records to legitimate third parties. Steps are taken to ensure that receivers of counseling records are sensitive to their confidential nature. Behavioral Health Professionals shall ensure that all information released meets requirements of 42 CFR Part 2 and HIPAA. All information released shall be appropriately marked as confidential.

2.23 Written Permission: Behavioral Health Professionals and Peers who receive confidential information about any client (past, present or potential) shall not disclose that information without obtaining written permission from the client (past, present or potential) allowing for such release.

2.24 Multidisciplinary Care: Behavioral Health Professionals and Peers, who are part of integrative care teams, shall not release confidential client information to external care team members without obtaining written permission from the client allowing such release.

2.25 Diseases: Behavioral Health Professionals and Peers adhere to relevant federal and state laws concerning the disclosure of a client's communicable and life-threatening disease status.

2.26 Temporary Assistance: Behavioral Health Professionals and Peers, when serving clients of another agency or colleague during a temporary absence or emergency, shall serve those clients with the same consideration and confidentiality as that afforded the professional's own clients.

2.29 Termination: Behavioral Health Professionals and Peers shall take reasonable precautions to protect client confidentiality in the event of the counselor's termination of practice, incapacity, or death. Providers shall appoint a records custodian when identified as appropriate, in their Will or other document.

2.30 Consultation: Behavioral Health Professionals and Peers shall share, with a consultant, information about a client for professional purposes. Only information pertaining to the reason for the consultation shall be released. Providers shall protect the client's identity and prevent breaches to the client's privacy. Behavioral Health Professionals, when consulting with colleagues or referral sources, shall not share confidential information obtained in clinical or consulting relationships that could lead to the identification of a client, unless the Provider has obtained prior written consent from the client. Information shall be shared only in appropriate clinical settings and only to the extent necessary to achieve the purposes of the consultation.

3.0 PROFESSIONALISM

3.1 Responsibility: Behavioral Health Professionals and Peers shall abide by the NAADAC Code of Ethics. Behavioral Health Professionals have a responsibility to read, understand and follow the NAADAC Code of Ethics and adhere to applicable laws and regulations.

3.2 Integrity: Behavioral Health Professionals and Peers shall conduct themselves with integrity. Providers aspire to maintain integrity in their professional and personal relationships and activities. Regardless of medium, Providers shall communicate to clients, peers, and the public honestly, accurately, and appropriately.

3.3 Discrimination: Behavioral Health Professionals and Peers shall not engage in, endorse or condone discrimination against prospective or current clients and their families, students, employees, volunteers, supervisees, or research participants based on their race, ethnicity, age, disability, religion, spirituality, gender, gender identity, sexual orientation, marital or partnership status, language preference, socioeconomic status, immigration status, active duty or veteran status, or any other basis.

3.4 Non-discrimination: Behavioral Health Professionals and Peers shall provide services that are nondiscriminatory and nonjudgmental. Providers shall not exploit others in their professional relationships. Providers shall maintain appropriate professional and personal boundaries.

3.5 Fraud: Behavioral Health Professionals and Peers shall not participate in, condone, or be associated with any form of dishonesty, fraud, or deceit.

3.6 Code Violation: Behavioral Health Professionals and Peers shall not engage in any criminal activity. Behavioral Health Professionals and Service Providers shall be in violation of this Code and subject to appropriate sanctions, up to and including permanent revocation of their certification, if they:

1. *Engage in conduct which could lead to conviction of a felony.*

2. Are expelled from or disciplined by other professional organizations.

3. Practice behavioral health services while impaired for any reason, including impairment as a result of abuse of alcohol or other drugs.

5. Continue to identify themselves as a certified behavioral health professional after being denied certification or allowing their certification to lapse.

6. Failure to cooperate with the Ethics Committees at any point from the inception of an ethics complaint through the completion of all procedures regarding that complaint.

3.7 Harassment: Behavioral Health Professionals and Peers shall not engage in or condone any form of harassment, including sexual harassment.

3.8 Memberships: Behavioral Health Professionals and Peers intentionally differentiate between current, active memberships and former or inactive memberships within professional associations.

3.9 Representation: Behavioral Health Professionals and Peers shall claim and promote only those licenses and certifications that are current and in good standing. Behavioral Health Professionals shall advocate for accuracy in statements made by self or others about the behavioral health profession.

3.10 Scope of Practice: Behavioral Health Professionals and Peers shall provide services within their scope of practice and competency, and shall offer services that are science-based, evidence-based, and/or outcome-driven. Providers shall maintain adequate knowledge of and adhere to applicable professional standards of practice. Behavioral Health Professionals shall practice within the boundaries of their competence. Competence shall be established through education, training, skills, and supervised experience, state and national professional credentials and certifications, and relevant professional experience.

3.11 Continuing Education: Behavioral Health Professionals and Peers shall pursue and engage in continuing education and professional development opportunities in order to maintain and enhance knowledge of research-based scientific developments within the profession. Providers shall learn and utilize new procedures relevant to the clients they are working with. Providers shall remain informed regarding best practices for working with diverse populations.

3.12 Self-Monitoring: Behavioral Health Professionals and Peers are continuously self-monitoring in order to meet their professional obligations. Providers shall engage in self-

care activities that promote and maintain their physical, psychological, emotional, and spiritual well-being.

3.13 Scientific Standard of Care: Behavioral Health Professionals and Peers shall use techniques, procedures, and modalities that have a scientific and empirical foundation. Providers shall utilize counseling techniques and procedures that are grounded in theory, evidence-based, outcome-driven and/or a research-supported promising practice. Providers shall avoid techniques, procedures, or modalities that have substantial evidence suggesting harm, even when these services are requested.

3.14 Innovation: Behavioral Health Professionals and Peers shall discuss and document potential risks, benefits and ethical concerns prior to using developing or innovative techniques, procedures, or modalities with a client. Providers shall minimize and document any potential risks or harm when using developing and/or innovative techniques, procedures, or modalities. Provider shall seek and document supervision and/or consultation prior to presenting service options and risks to a client.

3.15 Cultural Competency: Behavioral Health Professionals and Peers shall develop multicultural counseling competency by gaining knowledge specific to multiculturalism, increasing awareness of cultural identifications of clients, evolving cultural humility, displaying a disposition favorable to difference, and increasing skills pertinent to being a culturally-sensitive Provider.

3.16 Multidisciplinary Care, Medication & Substance Abuse: Behavioral Health Professionals and Peers shall work to educate medical professionals about substance use disorders, the need for primary treatment of these disorders, and the need to limit the use of mood altering chemicals typically contraindicated for persons in recovery.

3.17 Multidisciplinary Collaboration: Behavioral Health Professionals and Peers shall recognize the need for the use of psychiatric and mood altering chemicals in some medical situations, and will work to self-educate themselves regarding the prescribed medication, and educate medical professionals to limit, monitor, and closely supervise the administration of chemicals typically contraindicated for persons in recovery from addiction. Behavioral Health Professionals recognize the rights of individuals to refuse prescribed or dispensed medications. Behavioral Health Professionals shall develop respectful and collaborative relationships with other professionals who are working with a specific client. Providers shall not offer professional services to a client who is participating in similar services with another professional, except with the knowledge and documented approval of the other professionals or following termination of services with the other professionals. Behavioral Health Professionals shall collaborate with other health care professionals in providing a supportive environment for any client who receives prescribed medication or dispensed medication through a medication assisted treatment program.

3.18 Multidisciplinary Care & Wellbeing: Collaborative multidisciplinary care teams are focused on increasing the client's functionality and wellness. Behavioral Health Professionals who are members of multidisciplinary care teams shall work with team members to clarify professional and ethical obligations of the team as a whole and its individual members. If ethical concerns develop as a result of a team decision, providers shall attempt to resolve the concern within the team first. If resolution cannot be reached within the team, providers shall pursue and document supervision and/or consultation to address their concerns consistent with client well-being.

3.19 Collegiality: Behavioral Health Professionals and Peers are aware of the need for collegiality and cooperation in the helping professions. Providers shall act in good faith towards colleagues and other professionals, and shall treat colleagues and other professionals with respect, courtesy, honesty, and fairness.

3.20 Qualified Staff: Behavioral Health Professionals and Peers shall work to prevent the practice of behavioral health care by unqualified and unauthorized persons, and shall not employ individuals who do not have appropriate and requisite education, training, licensure and/or certification.

3.21 Advocacy: Behavioral Health Professionals and Peers shall be advocates for their clients in those settings where the client is unable to advocate for themselves. Behavioral Health Professionals are aware of society's prejudice and stigma towards people with mental health challenges and substance use disorders, and willingly engage in the legislative process, educational institutions, and public forums to educate people about mental health and addictive disorders and advocate for opportunities and choices for our clients. Behavioral Health Professionals and Peers shall advocate for changes in public policy and legislation to improve opportunities and choices for all persons whose lives are affected by substance use disorders and mental health challenges. Behavioral Health Professionals and Peers shall inform the public of the impact of untreated and unsupported mental health challenges and substance use disorders through active participation in civic affairs and community organizations. Providers shall act to guarantee that all persons, especially the disadvantaged, marginalized and historically oppressed, have access to the opportunities, resources, and services required to treat and manage their disorders. Providers shall educate the public, while working to dispel negative myths, stereotypes, and misconceptions.

3.22 Public Statements: Behavioral Health Professionals and Peers shall respect the limits of present knowledge in public statements concerning mental health and addiction services and shall report that knowledge accurately and without distortion or misrepresentation to the public and to other professionals and organizations. Behavioral Health Professionals and Peers shall distinguish clearly between statements made and actions taken as a private individual and statements made and actions taken as a representative of an agency, group, organization, or the behavioral health profession. Behavioral Health Professionals and Peers shall make no public comments disparaging

persons who have substance use disorders or mental health challenges. Behavioral Health Professionals and Peers shall make no public comments disparaging the legislative process, or any person involved in the legislative process. Behavioral Health Professionals and Peers shall give appropriate credit to the authors or creators of all materials used in their course of their work, public comments, or public/professional presentations. Providers shall not plagiarize another person's work.

3.23 Participation in the Development of the Workforce and Profession: Behavioral Health Professionals and Peers actively participate in local, state and national associations that promote professional development, support the formulation, development, enactment, and implementation of public policy and legislation concerning the addictions and mental health profession and our clients.

3.24 Impairment: Behavioral Health Professionals and Peers shall recognize the effect of impairment on professional performance and shall seek appropriate professional assistance for any personal problems or conflicts that may impair work performance or judgment. Behavioral Health Professionals and Peers shall continuously monitor themselves for signs of impairment physically, psychologically, socially, and emotionally. Providers, with the guidance of supervision or consultation, shall seek appropriate assistance in the event they are professionally impaired. Providers shall abide by statutory mandates specific to professional impairment when addressing one's own impairment.

3.25 Self-referral: Behavioral Health Professionals and Peers shall not refer clients, or recruit clients, from their places of employment to their private endeavors without prior documented authorization. Providers shall offer multiple referral options to clients when referrals are necessary. Providers will seek supervision or consultation to address any potential or real conflicts of interest.

3.26 Testimonials: Behavioral Health Professionals and Peers shall be thoughtful when they solicit testimonials from former clients or any other persons. Providers shall discuss with clients the implications of and potential concerns, regarding testimonials, prior to obtaining written permission for the use of specific testimonials. Providers shall seek consultation or supervision prior to seeking a testimonial.

3.27 Reports: Behavioral Health Professionals and Peers shall take care to accurately, honestly and objectively report professional activities and judgments to appropriate third parties (i.e., courts, probation/parole, healthcare insurance organizations and providers, recipients of evaluation reports, referral sources, professional organizations, regulatory agencies, regulatory boards, ethics committees, etc.).

3.28 Professional Advice: Behavioral Health Professionals and Peers shall take reasonable precautions, when offering advice to clients, or public comments (using any platform including presentations and lectures, demonstrations, printed articles, mailed materials, television or radio programs, video or audio recordings, technology-based applications, or

other media), to ensure that their statements are based on academic, research, and evidence-based, outcome-driven literature and practice. Providers shall only give advice within their scope of practice and shall not make recommendations for medications or other drugs, if they are not licensed to practice medicine.

3.29 Illegal Practices and Whistleblower Protection: When Behavioral Health Professionals and Peers become aware of inappropriate, illegal, discriminatory, and/or unethical policies, procedures and practices at their agency or organization they shall alert their employers. When there is the potential for harm to clients or limitations on the effectiveness of services provided, providers shall seek supervision and/or consultation to determine appropriate next steps and further action. Providers and Supervisors shall not harass or terminate an employee or colleague who has acted in a responsible and ethical manner to expose inappropriate employer employee policies, procedures and/ or practices.

3.30 Supervision: Behavioral Health Professionals and Peers acting in the role of supervisor or consultant, shall take reasonable steps to ensure that they have appropriate resources and competencies when providing supervisory or consultation services. Supervisors or consultants shall provide appropriate referrals to resources when requested or needed.

4.0 DIVERSITY, DISPARITY & EQUITY

4.1 Diversity Values: Behavioral Health Professionals and Peers do not discriminate based on race, ethnicity, gender identity, sexual orientation, disability status, or veteran status. Behavioral Health Professionals and Peers shall be knowledgeable and aware of cultural, individual, societal, and role differences amongst the clients they serve. They shall offer services that demonstrate appropriate respect for the fundamental rights, dignity and worth of all clients. Providers shall maintain an interpersonal stance that is other-oriented and accepting of the cultural identities of the other person (client, colleague, peer, employee, employer, volunteer, supervisor, supervisee, and others). They shall develop an understanding of their own personal, professional, and cultural values and beliefs. Providers shall recognize which personal and professional values may be in alignment with or conflict with the values and needs of the client. Providers shall not use cultural or values differences as a reason to engage in discrimination. Providers shall seek supervision and/or consultation to address areas of difference and to decrease bias, judgment, and microaggressions.

4.2 Equity Practices: Behavioral Health Professionals and Peers shall respect the roles of family members, social supports, and community structures, hierarchies, values and beliefs within the client's culture. Providers shall consider the impact of adverse social, environmental, and political factors in assessing concerns and designing interventions. They shall use methodologies, skills, and practices that are evidence-based and outcome-driven for the populations being serviced. Providers will seek ongoing professional

development opportunities to develop specialized knowledge and understanding of the groups they serve. Providers shall obtain the necessary knowledge and training to maintain humility and sensitivity when working with clients of diverse backgrounds. They shall support and advocate for the recruitment and retention of Professionals and other Service Providers who represent diverse cultural groups. They shall provide or advocate for the provision of professional services that meet the needs of clients with linguistic diversity. Providers shall provide or advocate for the provision of professional services that meet the needs of clients with diverse disabilities. They shall recognize that conventional counseling styles may not meet the needs of all clients. Providers shall open a dialogue with the client to determine the best manner in which to service the client. Providers shall seek supervision and consultation when working with individuals with specific culturally-driven needs.

5.0 SCREENING, ASSESSMENT, EVALUATION AND INTERPRETATION

5.1 Cultural Context: Behavioral Health Professionals and Peers shall use screening and assessments appropriately within the counseling process. The clients' personal and cultural contexts are taken into consideration when assessing and evaluating a client. Professionals recognize and understand that culture influences the manner in which clients' concerns are defined and experienced. Providers are aware of historical traumas and social prejudices in the misdiagnosis and pathologizing of specific individuals and groups. Providers shall develop awareness of prejudices and biases within self and others, and shall address such biases in themselves or others. Professionals shall consider the client's cultural experiences when diagnosing and treatment planning for mental health and substance use disorders.

5.2 Scope of Practice: Behavioral Health Professionals and Peers shall develop and use appropriate mental health, substance use disorder, and other relevant assessments. They shall practice within the scope of their certification and training.

- Unlicensed Mental Health Professionals shall not perform ASAM-SUD evaluations outside of their scope of practice,
- Addiction Counselors shall not perform DSM mental health evaluations outside of their scope of practice,
- Peers shall not perform DSM or ASAM evaluations outside of their scope of practice,
- and, Mental Health Associates shall not perform DSM or ASAM evaluations outside of their scope of practice.

5.3 Screening and Assessment Tools: Behavioral Health Professionals shall utilize only those screening and assessment instruments whose validity and reliability have been established for the population tested, and for which they have received adequate training in administration and interpretation. Professionals using technology-assisted test interpretations are trained in the construct being measured and the specific instrument

being used prior to using its technology- based application. Professionals take reasonable measures to ensure the proper use of assessment techniques by persons under their supervision.

5.4 Informed Consent: Behavioral Health Professionals and Peers shall explain to clients the nature and purposes of each assessment and the intended use of results, prior to administration of the assessment. Providers shall offer this explanation in terms and language that the client or other legally authorized person can understand. They shall provide an appropriate environment free from distractions for the administration of assessments. Providers shall ensure that technologically-administered assessments are functioning appropriately and providing accurate results.

5.5 Misuse of Screening and Assessment: Assessment techniques used to determine client placement for care shall be carefully selected and appropriately used. Behavioral Health Professionals and Peers shall never misuse screening or assessment findings simply to obtain housing, disability status or other entitlements. Professionals shall consider the client's welfare, explicit understandings, and previous agreements in determining when and how to provide assessment results. Providers shall include accurate and appropriate interpretations of data when there is a release of individual or group assessment results. Professionals shall not misuse assessment results and interpretations. Providers shall respect the client's right to know the results, interpretations and diagnoses made and strive to provide results, interpretations, and diagnoses in a manner that is understandable and does not cause harm. Providers shall adopt practices that prevent others from misusing the results and interpretations. Professionals shall maintain the integrity and security of tests and assessment data, thereby addressing legal and contractual obligations. Providers shall not appropriate, reproduce, or modify published assessments or parts thereof without written permission from the publisher.

5.6 Referral: Behavioral Health Professionals and Peers shall provide specific and relevant data about the client, when referring a client to a third party for assessment, to ensure that appropriate assessment instruments are used.

6.0 E-SERVICES, AND SOCIAL MEDIA

6.1 "E-Services" and "E-Supervision": shall refer to the provision of services by an Behavioral Health Professionals and Peers using technology, electronic devices, and HIPAA-compliant resources. Electronic platforms shall include and are not limited to: land-based and mobile communication devices, fax machines, webcams, computers, laptops and tablets. E-Services shall include and are not limited to: tele-therapy, real-time video-based therapy and services, emails, texting, chatting, and cloud storage. Providers and Supervisors are aware of the unique challenges created by electronic forms of communication and the use of available technology and shall take steps to ensure that the provision of e-services and e-supervision is safe and as confidential as possible.

6.2 E-Competence: Behavioral Health Professionals and Peers who choose to engage in the use of technology for e-services, distance-services, and e-supervision shall pursue specialized knowledge and competency regarding the technical, ethical, and legal considerations specific to technology, social media, and distance services. Competency shall be demonstrated through means such as specialized certifications and additional course work and/or trainings. Failure to maintain confidentiality due to a lack of comprehension of available features and settings within the electronic platforms does not relieve professionals of their responsibilities.

6.3 E-Consent: Behavioral Health Professionals and Peers, who are offering an electronic platform for e-therapy, distance-services/case management, e-supervision shall provide an Electronic/Technology Informed Consent. The electronic informed consent shall explain the right of each client and supervisee to be fully informed about services delivered through technological mediums, and shall provide each client/supervisee with information in clear and understandable language regarding the purposes, risks, limitations, and costs of treatment services, reasonable alternatives, their right to refuse service delivery through electronic means, and their right to withdraw consent at any time. Providers have an obligation to review with the client/supervisee – in writing and verbally – the rights and responsibilities of both Providers and clients/supervisees. Providers shall have the client/ supervisee attest to their understanding of the parameters covered by the Electronic/Technology Informed Consent. A thorough e-therapy informed consent shall be executed at the start of services. A technology based informed consent discussion shall include:

- distance-services credentials, physical location of practice, and contact information;
- risks and benefits of engaging in the use of distance-services, technology, and/or social media;
- possibility of technology failure and alternate methods of service delivery;
- anticipated response time;
- emergency procedures to follow;
- when the services are not available;
- time zone differences;
- cultural and/or language differences that may affect delivery of services; and
- possible denial of insurance benefits; and social media policy.

Behavioral Health Professionals and Peers, who engage in the use of electronic platforms for the delivery of services shall take reasonable steps to verify the client's/supervisee's identity prior to engaging in the e-services relationship and throughout the behavioral health relationship. Verification can include, but is not limited to, picture id's, code words, numbers, graphics, or other nondescript identifiers.

6.4 E-Jurisdiction: Behavioral Health Professionals and Peers, shall comply with relevant licensing laws in the jurisdiction where the Provider/Clinical Supervisor is physically located when providing care and where the client/supervisee is located when receiving care. Emergency management protocols are entirely dependent upon where the client/supervisee receives services. Providers, during "informed consent," shall notify their clients/supervisees of the legal rights and limitations governing the practice of behavioral health services across state lines or international boundaries. Mandatory reporting and related ethical requirements such as duty to warn/notify are tied to the jurisdiction where the client/supervisee is receiving services. Behavioral Health Professionals and Peers, utilizing technology, social media, and distance counseling within their practice recognize that they are subject to state and federal laws and regulations governing the counselor's practicing location. Providers utilizing technology, social media, and distance counseling within their practice recognize that they shall be subject to laws and regulations in the client's/supervisee's state of residency and shall be subject to laws and regulations in the state where the client/supervisee is located during the actual delivery of services.

6.5 E-Confidentiality: Behavioral Health Professionals and Peers, recognize that electronic means of communication are not secure, and shall inform clients, students, and supervisees that remote services using electronic means of delivery cannot be entirely secured or confidential. Providers who provide services via electronic technology shall fully inform each client, student, or supervisee of the limitations and risks regarding confidentiality associated with electronical delivery, including the fact that electronic exchanges may become part of clinical, academic, or professional records. Efforts shall be made to ensure privacy so clinical discussions cannot be overheard by others outside of the room where the services are provided. Internet-based behavioral health services shall be conducted on HIPAA-compliant servers. Confidential material shall not occur using unencrypted text-based or email-based delivery. Addiction Professionals shall inform clients that other individuals (i.e., colleagues, supervisors, staff, consultants, information technologists) might have authorized or unauthorized access to such records or transmissions. Providers use current encryption standards within their websites and for technology-based communications. Providers take reasonable precautions to ensure the confidentiality of information transmitted and stored through any electronic means. Behavioral Health Professionals and Peers, understand the inherent dangers of electronic health records. Providers are responsible for ensuring that cloud storage sites in use are HIPAA compliant. Providers inform clients/supervisees of the benefits and risks of maintaining records in a cloud-based file management system, and discuss the fact that nothing that is electronically saved on a Cloud is confidential and secure. Cloud-based file management shall be encrypted, secured, and HIPAA compliant. Providers shall use encryption programs when storing or transmitting client information to protect confidentiality.

6.6 E-Eligible: Behavioral Health Professionals and Peers, shall assess and document the client's/supervisee's ability to benefit from and engage in e-services. Providers shall consider the client's/supervisee's cognitive capacity and maturity, past and current diagnoses, communications skills, level of competence using technology, and access to the necessary technology. Providers shall consider geographical distance to nearest emergency medical facility, efficacy of client's support system, current medical and behavioral health status, current or past difficulties with substance abuse, and history of violence or self-injurious behavior. Behavioral Health Professionals and Peers, shall acknowledge and discuss with the client that optimal clinical management of clients may depend on coordination of care between a multidisciplinary care team. Providers shall explain to clients that they may need to develop collaborative relationships with local community professionals, such as the client's local primary care provider and local emergency service providers, as this would be invaluable in case of emergencies. Behavioral Health Professionals and Peers, shall be familiar with local in-person mental health resources should the Provider exercise professional judgment to make a referral for additional substance abuse, mental health, or other appropriate services. Behavioral Health Professionals and Peers, shall take reasonable steps to determine whether the client/supervisee physically, intellectually, emotionally, linguistically and functionally capable of using e-service platforms and whether e-services/e-supervision is appropriate for the needs of the client/supervisee. Providers and clients/supervisees shall agree on the means of e-services/ e-supervision to be used and the steps to be taken in case of a technology failure. Providers verify that clients/supervisees understand the purpose and operation of technology applications and follow up with clients/supervisees to correct potential concerns, discover appropriate use, and
assess subsequent steps.

6.7 E-Limitations: Behavioral Health Professionals and Peers, shall acknowledge the difference between face-to-face and electronic communication (nonverbal and verbal cues) and how these could influence the services/supervision process. Providers shall discuss with their client/supervisee how to prevent and address potential misunderstandings arising from the lack of visual cues and voice inflections when communicating electronically.

6.8 Social Media: Behavioral Health Professionals and Peers, shall not accept clients' "friend" requests on social networking sites or email (from Facebook, Twitter, etc.), and shall immediately delete all personal and email accounts to which they have granted client access and create new accounts. When Providers choose to maintain a professional and personal presence for social media use, separate professional and personal web pages and profiles are created that clearly distinguish between the professional and personal virtual presence. Behavioral Health Professionals and Peers, shall clearly explain to their clients/supervisees, as part of informed consent, the benefits, inherent risks including lack of confidentiality, and necessary boundaries surrounding the use of social media.

Providers shall clearly explain their policies and procedures specific to the use of social media in a clinical relationship. Providers shall respect the client's/supervisee's rights to privacy on social media and shall not investigate the client/supervisee without prior consent.

7.0 SUPERVISION AND CONSULTATION

7.1 Responsibility in Supervision & Training: Behavioral Health Professionals and Peers, who teach and provide clinical supervision accept the responsibility of enhancing professional development of students and supervisees by providing accurate and current information, timely feedback and evaluations, and constructive consultation. Behavioral Health Supervisors and Peer Supervisors shall monitor the services provided by supervisees. Supervisors shall monitor client welfare. Supervisors shall monitor supervisee performance and professional development. Supervisors shall assume the primary obligation of assisting students to acquire ethics, knowledge, and skills necessary to provide behavioral health services.

7.2 Equity in Supervision & Training: Behavioral Health Supervisors and Peer Supervisors and Educators shall offer didactic learning content and experiential opportunities related to multiculturalism and cultural humility throughout their programs. Behavioral Health Supervisors and Peer Supervisors, shall be cognizant of and address the role of multiculturalism in the supervisory relationship between supervisor and supervisee. Behavioral Health Supervisors and Peer Supervisors and Educators shall provide appropriate accommodations that meet the needs of their diverse staff and student body and support well-being.

7.3 Crisis Procedures: Behavioral Health Supervisors and Peer Supervisors, shall communicate to the supervisee, during supervision informed consent, procedures for handling client/clinical crises. Alternate procedures are also communicated and documented in the event that the supervisee is unable to establish contact with the supervisor during a client/clinical crisis.

7.4 Objectivity: Behavioral Health Supervisors and Peer Supervisors and Educators shall intentionally develop respectful and relevant professional relationships and maintain appropriate boundaries with clinicians, students, interns, and supervisees, in all venues. Supervisors shall strive for accuracy and honesty in their assessments of students, interns, and supervisees. Behavioral Health Supervisors and Peer Supervisors and Educators clearly define and maintain ethical professional, personal, and social boundaries with their supervisees. Supervisors shall not enter into a romantic/sexual/nonprofessional relationship with current supervisees, whether in-person and/or electronically.

7.5 Confidentiality: Behavioral Health Supervisors and Peer Supervisors and Educators shall not disclose confidential information in teaching or supervision without the

expressed written consent of a client, and only when appropriate steps have been taken to protect client's identity and confidentiality.

8.0 RESOLVING ETHICAL CONCERNS

8.1 Cognizance: Behavioral Health Professionals and Peers shall understand and endorse the MHACBO Code of Ethics and other applicable ethics codes from professional organizations or certification and licensure bodies of which they are members. Lack of knowledge or misunderstanding of an ethical responsibility is not a defense against a charge of unethical conduct.

8.2 Documentation of Ethical Dilemmas: Behavioral Health Professionals and Peers shall utilize and document, when appropriate, an ethical decision-making model when faced with an ethical dilemma. A viable ethical decision-making model shall include but is not limited to: (a) supervision and/or consultation regarding the concern; (b) consideration of relevant ethical standards, principles, and laws; (c) generation of potential courses of action; (d) deliberation of risks and benefits of each potential course of action; (e) selection of an objective decision based on the circumstances and welfare of all involved; and (f) reflection, and re-direction if necessary, after implementing the decision.

8.3 Jurisdiction: MHACBO and its Ethics Committee shall have jurisdiction over all complaints filed against any person holding or applying for MHACBO certification. MHACBO and its Ethics Committee shall have authority to conduct investigations, issue rulings, and invoke disciplinary action in any instance of alleged misconduct by an behavioral health professional.

8.4 Cooperation: Behavioral Health Professionals and Peers shall be required to cooperate with the implementation of the Code of Conduct and to participate in, and abide by, any disciplinary actions and rulings based on the Code. Failure to participate or cooperate is a violation of the MHACBO Code of Conduct. Behavioral Health Supervisors and Peers shall assist in the process of enforcing the MHACBO Code of Conduct. Providers shall cooperate with investigations, proceedings, and requirements of the MHACBO Ethics Committees, ethics committees of other professional associations, and/or licensing and certification boards having jurisdiction over those charged with a violation.

8.5 Conflicts on interests: Behavioral Health Supervisors and Peers shall seek and document supervision and/or consultation in the event that ethical responsibilities conflict with agency policies and procedures, state and/or federal laws, regulations, and/or other governing legal authority. Behavioral Health Professionals may find themselves at a crossroads when the demands of an organization where the Provider is affiliated poses a conflict with the MHACBO Code of Conduct. Providers shall determine the nature of the conflict and shall discuss the conflict with their supervisor or other relevant person at the

organization in question, expressing their commitment to the MHACBO Code of Conduct. Providers shall attempt to work through the appropriate channels to address the concern.

8.6 Reporting: When there is evidence to suggest that another provider is violating or has violated an ethical standard and harm has not occurred, Behavioral Health Supervisors and Peers shall attempt to first resolve the issue informally with the other provider if feasible, provided such action does not violate confidentiality rights that may be involved. Behavioral Health Professionals and Peers shall report unethical conduct or unprofessional modes of practice - leading to harm or creating a likely risk of harm - which they become aware of to the appropriate certifying or licensing authorities, state or federal regulatory bodies. Providers shall seek supervision/consultation prior to the report. Behavioral Health Professionals and Peers shall seek consultation and direction from supervisors, consultants or the MHACBO Ethics Committee when uncertain about whether a particular situation or course of action may be in violation of the MHACBO Code of Conduct. Providers consult with persons who are knowledgeable about ethics, the MHACBO Code of Conduct, and legal requirements specific to the situation. Behavioral Health Professionals and Peers shall not initiate, participate in, or encourage the filing of an ethics or grievance complaint as a means of retaliation against another person. Behavioral Health Professionals and Peers shall not intentionally disregard or ignore the facts of the situation or omit exculpatory information in their reports.

9.0 RESEARCH AND PUBLICATION

9.1 Support: Research and publication shall be encouraged to contribute to the knowledge base and skills within the addictions and behavioral health professions. Research shall be encouraged to contribute to the evidence-based and outcome-driven practices that guide the profession. Research and publication provide an understanding of what practices lead to health, wellness, and functionality. Researchers and Behavioral Health Professionals make every effort to be inclusive by minimizing bias and respecting diversity when designing, executing, analyzing, and publishing their research. Behavioral Health Professionals and Peers support the efforts of researchers by participating in research whenever possible.

9.2 Responsibility: Behavioral Health Professionals and Peer researchers, who are conducting independent research without governance by an institutional review board, are bound to the same ethical principles and federal and state laws pertaining to the review of their plan, design, conduct, and reporting of research. Behavioral Health Professionals and Peer researchers who conduct research are responsible for their participants' welfare. Researchers shall exercise reasonable precautions throughout the study to avoid causing physical, intellectual, emotional, or social harm to participants. Behavioral Health Professionals and Peer researchers shall commit to the highest standards of scholarship, and shall present accurate information, disclose potential

conflicts of interest, and make every effort to prevent the distortion or misuse of their research findings.

9.3 Publications: Behavioral Health Professionals and Peers who author books, journal articles, or other materials which are published or distributed shall not plagiarize or fail to cite persons for whom credit for original ideas or work is due. Providers shall acknowledge and give recognition, in presentations and publications, to previous work on the topic by self and others. Behavioral Health Professionals and Peers shall regard as theft the use of copyrighted materials without permission from the author or payment of royalties. Behavioral Health Professionals and Peers shall assign publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices.
Adopted June 1, 2018 by the MHACBO Board of Directors

POLICY FOUR: SANCTIONS & PEER ASSISTANCE

4.1 SANCTIONS

a) The Ethics Committee may choose from an array of official sanctions, such as, but not limited to:

1) Recommendation: Occupational or Educational Advisory: a written statement warning the counselor of potentially unethical or illegal actions with recommendations to alter or cease practices in question, which will include educational advisement.

2) Educational Sanction: a mandated requirement to participate in an educational activity that is pertinent as a corrective action to an identified unethical practice. The mandated activity must be completed in order to retain certification a reasonable amount of time will levied by the committee depending on availability of the education. Generally, educational mandates must be completed within 6 months or less as determined by the Ethics Committee.

3) Suspension: suspension of certification for two years as a result of SUD/GUD relapse.

b) The Ethics Committee may choose from an array of recommendations to the MHACBO Board of Directors for cases where suspension, revocation or permanent revocation are recommended.

1) Suspension: suspension of certification for a period of time, usually accompanied by mandated (education, therapy, etc.). Suspensions will be mandated as determined by the MHACBO Board of Directors. Suspension occurs as a result of unethical practices, unresolved counselor impairment, unresolved warnings or mandates, or non-cooperation, as determined by the Ethics Committee.

2) Revocation: revocation of certification, where certification becomes null and void as a result of unethical practices, unresolved counselor impairment, or unresolved warnings or mandates, as determined by the MHACBO Board of Directors. Upon revocation a counselor must wait a minimum of two-five years before re-applying for certification.

3) Permanent Revocation: permanent revocation of certification, where certification become null and void as a result of unethical practices, or unresolved warnings or mandates, as determined by the MHACBO Board of Directors. Upon permanent revocation a counselor may not re-apply for certification with the Certification Body.

POLICY FIVE: PROFESSIONALISM OF ETHICS PROCEEDINGS

5.1 LEGAL REQUIREMENTS OF "ETHICS PROCEEDINGS CONFIDENTIALITY" IN THE STATE OF OREGON

a) The State of Oregon Revised Statues, Oregon Administrative Rule, Code of Federal Regulation does not require confidentiality of Professional Ethics Committee proceedings.

b) There exists no overt or implied statement of confidentiality of Ethics Proceedings in the MHACBO Ethics Agreement.

5.2 MHACBO "ETHICS PROCEEDINGS CONFIDENTIALITY" GUIDELINES

a) The following general guidelines of "professional confidentiality" are recommended to the Ethics Committee, however as previously stated, are not required under law. The MHACBO Ethics Committee will make a determination of appropriate "ethics proceedings confidentiality" on a case per case basis.

b) General Guidelines

• Unresolved and/or unfounded allegations are not public knowledge and will not be maintained in an individual's certification file. Unresolved and/or unfounded allegations will not be reported upon request, unless requested through an accepted subpoena or court order. MHACBO reserves the right to file to quash.

• Sanctions are public knowledge and can be reported upon request.

• Written copies of specific communications, records or audio tapes pertaining to the case will not be disseminated to the public unless otherwise requested by an accepted subpoena or court order.

• Ethics Committee members and MHACBO Board members shall not discuss ethics proceedings outside of the committee membership or professional consultation.

• A written statement of sanctions & current certification status will be posted to the registry.

5.3 PROFESSIONALISM AND CONFLICTS OF INTEREST

a) The MHACBO Board must vote to suspend, revoke or permanently revoke an individual's certification. If a board member is aware of a conflict of interest they shall abstain from discussion, motions or voting.

b) Any member of the Ethics Committee who is aware of a conflict of interest between themselves, the certified behavioral health professional(s) in question, or complaining party(ies) must abstain from ethics proceeding for that particular case.

5.4 COMMITTEE MEMBERSHIP

The MHACBO President shall make appointments to the MHACBO Ethics Committee based upon demonstrated qualities appropriate for participation on the committee (specialized education, specialized experience, special interest, commitment, etc.).