

LEGAL AND ETHICAL ISSUES IN BEHAVIORAL HEALTH

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FIDUCIARY DUTY

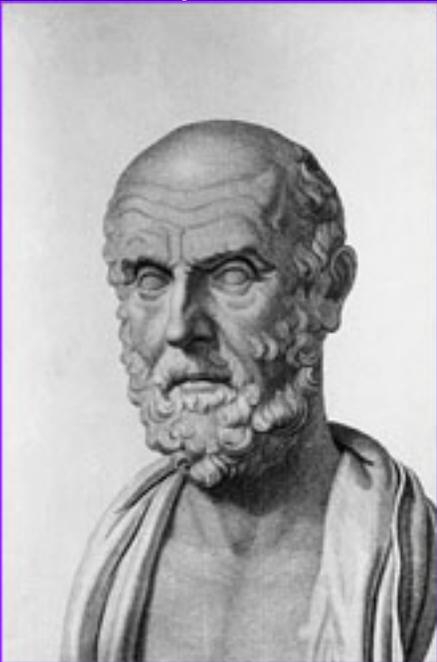
- **Legally Duty Explained**
As: (COLAN)
 - ➔ **Care**
 - ➔ **Obedience**
 - ➔ **Loyalty**
 - ➔ **Accounting**
 - ➔ **Notice**

FIDUCIARY DUTY

- Medically Explained As:**
 - Hippocratic Oath-
Ancient**
 - Hippocratic Oath-
Modern**
 - Prayer of Maimonides**
 - Medical Principles**

HIPPOCRATIC OATH

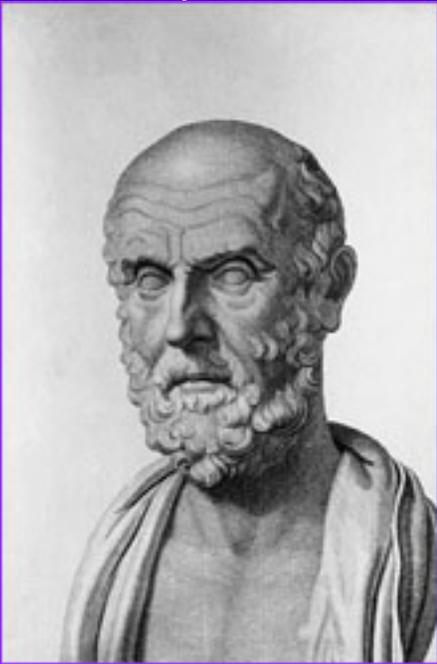
(Ancient-400 B.C.)



Swear by Apollo Physician and Asclepius and Hygieia and Panaceaia and all the gods and goddesses, making them my witnesses, that I will fulfil according to my ability and judgment this oath and this covenant:

HIPPOCRATIC OATH

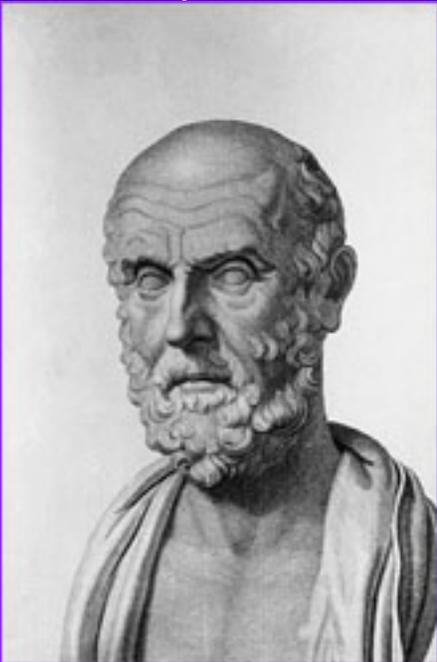
(Ancient-400 B.C.)



To hold him who has taught me this art as equal to my parents and to live my life in partnership with him, and if he is in need of money to give him a share of mine, and to regard his offspring as equal to my brothers in male lineage and to teach them this art - if they desire to learn it - without fee and covenant; to give a share of precepts and oral instruction and all the other learning to my sons and to the sons of him who has instructed me and to pupils who have signed the covenant and have taken an oath according to the medical law, but no one else.

HIPPOCRATIC OATH

(Ancient-400 B.C.)



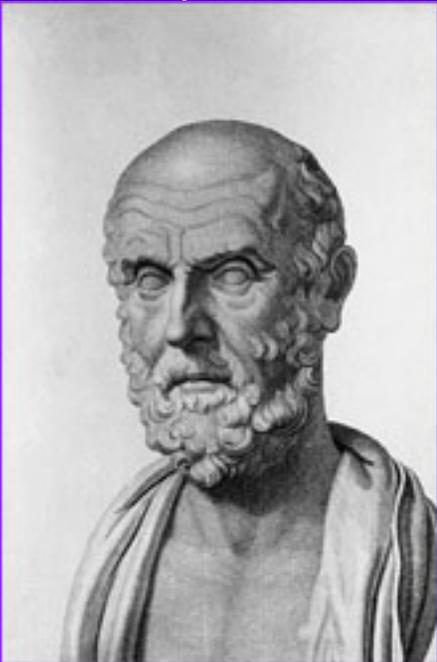
I will apply dietetic measures for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice.

I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect. Similarly I will not give to a woman an abortive remedy. In purity and holiness I will guard my life and my art.

I will not use the knife, not even on sufferers from stone, but will withdraw in favor of such men as are engaged in this work.

HIPPOCRATIC OATH

(Ancient-400 B.C.)

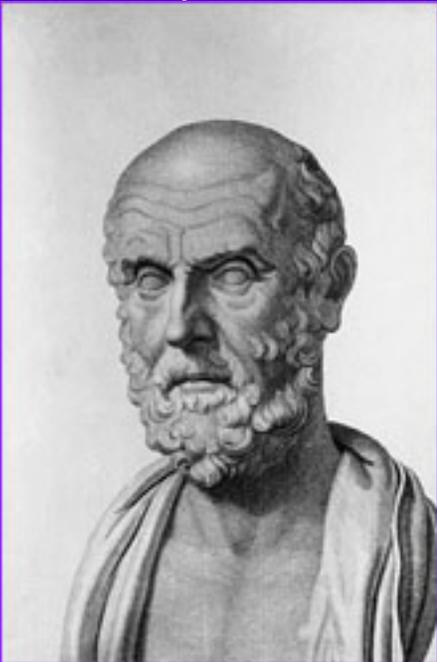


Whatever houses I may visit, I will come for the benefit of the sick, remaining free of all intentional injustice, of all mischief and in particular of sexual relations with both female and male persons, be they free or slaves.

What I may see or hear in the course of the treatment or even outside of the treatment in regard to the life of men, which on no account one must spread abroad, I will keep to myself, holding such things shameful to be spoken about.

HIPPOCRATIC OATH

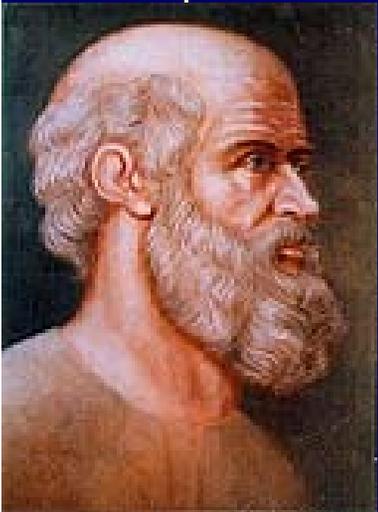
(Ancient-400 B.C.)



If I fulfil this oath and do not violate it, may it be granted to me to enjoy life and art, being honored with fame among all men for all time to come; if I transgress it and swear falsely, may the opposite of all this be my lot.

HIPPOCRATIC OATH

(Modern)



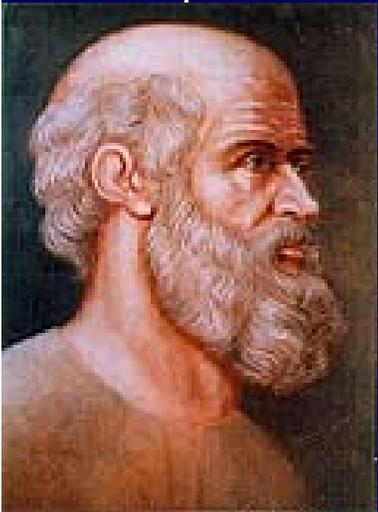
I swear to fulfill, to the best of my ability and judgment, this covenant:

I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.

I will apply, for the benefit of the sick, all measures which are required, avoiding those twin traps of over-treatment and therapeutic nihilism.

HIPPOCRATIC OATH

(Modern)

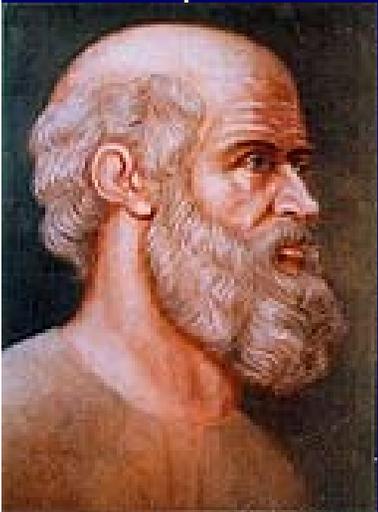


I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.

I will not be ashamed to say "I know not," nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery.

HIPPOCRATIC OATH

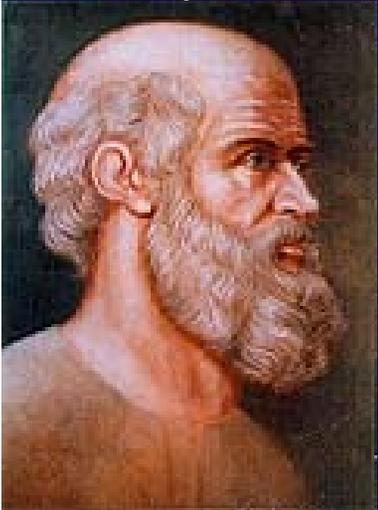
(Modern)



I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God.

HIPPOCRATIC OATH

(Modern)

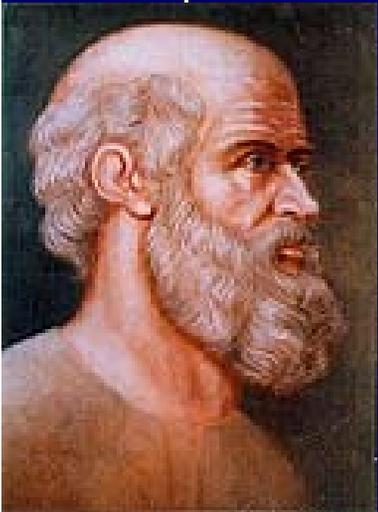


I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.

I will prevent disease whenever I can, for prevention is preferable to cure.

HIPPOCRATIC OATH

(Modern)



I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.
If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter.
May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.

PRAAYER OF MOSES MAIMONIDES (1135)



Almighty God, Thou has created the human body with infinite wisdom. Ten thousand times ten thousand organs hast Thou combined in it that act unceasingly and harmoniously to preserve the whole in all its beauty the body which is the envelope of the immortal soul. They are ever acting in perfect order, agreement and accord. Yet, when the frailty of matter or the unbridling of passions deranges this order or interrupts this accord, then forces clash and the body crumbles into the primal dust from which it came. Thou sendest to man diseases as beneficent messengers to foretell approaching danger and to urge him to avert it.

PRAAYER OF MOSES

MAIMONIDES



Thou has blest Thine earth, Thy rivers and Thy mountains with healing substances; they enable Thy creatures to alleviate their sufferings and to heal their illnesses. Thou hast endowed man with the wisdom to relieve the suffering of his brother, to recognize his disorders, to extract the healing substances, to discover their powers and to prepare and to apply them to suit every ill. In Thine Eternal Providence Thou hast chosen me to watch over the life and health of Thy creatures. I am now about to apply myself to the duties of my profession. Support me, Almighty God, in these great labors that they may benefit mankind, for without Thy help not even the least thing will succeed.

PRAAYER OF MOSES

MAIMONIDES



Inspire me with love for my art and for Thy creatures. Do not allow thirst for profit, ambition for renown and admiration, to interfere with my profession, for these are the enemies of truth and of love for mankind and they can lead astray in the great task of attending to the welfare of Thy creatures. Preserve the strength of my body and of my soul that they ever be ready to cheerfully help and support rich and poor, good and bad, enemy as well as friend. In the sufferer let me see only the human being. Illumine my mind that it recognize what presents itself and that it may comprehend what is absent or hidden. Let it not fail to see what is visible, but do not permit it to arrogate to itself the power to see what cannot be seen, for delicate and indefinite are the bounds of the great art of caring for the lives and health of Thy creatures. Let me never be absent-minded. May no strange thoughts divert my attention at the bedside of the sick, or disturb my mind in its silent labors, for great and sacred are the thoughtful deliberations required to preserve the lives and health of Thy creatures.

PRAYER OF MOSES MAIMONIDES



Grant that my patients have confidence in me and my art and follow my directions and my counsel. Remove from their midst all charlatans and the whole host of officious relatives and know-all nurses, cruel people who arrogantly frustrate the wisest purposes of our art and often lead Thy creatures to their death.

Should those who are wiser than I wish to improve and instruct me, let my soul gratefully follow their guidance; for vast is the extent of our art. Should conceited fools, however, censure me, then let love for my profession steel me against them, so that I remain steadfast without regard for age, for reputation, or for honor, because surrender would bring to Thy creatures sickness and death.

PRAYER OF MOSES MAIMONIDES



Imbue my soul with gentleness and calmness when older colleagues, proud of their age, wish to displace me or to scorn me or disdainfully to teach me. May even this be of advantage to me, for they know many things of which I am ignorant, but let not their arrogance give me pain. For they are old and old age is not master of the passions. I also hope to attain old age upon this earth, before Thee, Almighty God!

Let me be contented in everything except in the great science of my profession. Never allow the thought to arise in me that I have attained to sufficient knowledge, but vouchsafe to me the strength, the leisure and the ambition ever to extend my knowledge. For art is great, but the mind of man is ever expanding.

PRAAYER OF MOSES

MAIMONIDES



Almighty God! Thou hast chosen me in Thy mercy to watch over the life and death of Thy creatures. I now apply myself to my profession. Support me in this great task so that it may benefit mankind, for without Thy help not even the least thing will succeed.

PRINCIPLES OF MEDICAL ETHICS

→ BENEFICENCE

→ Acting For The Benefit Of The patient

→ NON-MALEFICENCE

→ Do No Harm

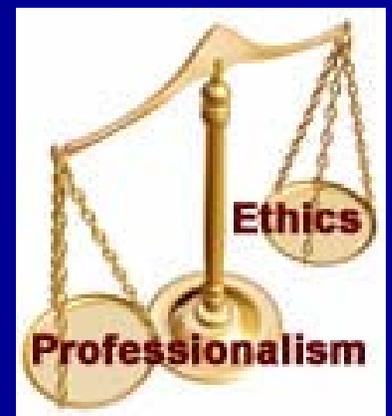
→ AUTONOMY

→ Informed Consent

→ Decision Making Capacity

→ JUSTICE

→ Benefit Society



EXPERIMENTATION

Smallpox Vaccine



English Physician Edward Jenner in 1789

- Inoculated his one year old son with swinepox with the hope that the disease which affected pigs would prevent him from developing smallpox
 - His son caught smallpox anyway
- A few months later, he inoculated a neighbor's child with cowpox. One week later, he injected the boy with smallpox.
 - The child did not develop smallpox

EXPERIMENTATION

Rabies Vaccine

French Physician Louis Pasteur (1822-1895)



Developed a potential antidote for rabies and did multiple tests on dogs. However, he refused to provide the antidote on humans.

When confronted with a nine year old whose death appeared inevitable, successfully provided the antidote only after consulting two medical colleagues. (July 6, 1885)

EXPERIMENTATION

Yellow Fever

American Physician Walter Reed (1851-1902)



- Sought soldiers who for \$100 would allow themselves to be bitten by mosquitoes to determine if this was the source of yellow fever.
- Offered an additional \$100 if they caught yellow fever.
- Told them that they would inevitably catch yellow fever anyway.
 - This was not true.
- Failed to tell them that yellow fever could be fatal.

EXPERIMENTATION

Harvard Medical School



Arthur Wentworth, M.D. (1896)

- Performed lumbar punctures on 29 hospitalized infants and children to perfect the technique.
- All of the procedures were non-therapeutic and were done solely to elicit painful responses from the children

EXPERIMENTATION

Hebrew Infant Asylum

Alfred E. Hess, Medical Director (1914)



- Experiments on Scurvy and Rickets using infants who were institutionalized.
- Physicians withheld orange juice and other nutrients until the children showed lesions suggesting scurvy.
- Utilized children in the institution because “conditions which are insisted on in considering the course of experimental infection among laboratory animals, but which can rarely be controlled in a study of infection of man.”

EXPERIMENTATION

Tuskegee Syphilis Experiment (1932-1972)



- Targeted 600 poor and illiterate African American Males (399 with syphilis and 201 without)
- Told they were being treated for “bad blood”
- Followed their progress without providing penicillin which was a known antidote as of 1943.
- Conducted painful lumbar punctures under the fraudulent pretext of “free treatment” to test the progression without providing any benefit to the researchees.
- Provided no beneficial treatment and admittedly shortened the lives of the researchees.
- 29 men died directly from syphilis and 100 others died of illnesses

EXPERIMENTATION

World War II Research



- Types of Experimentation
- Hypothermia Experiments-Subfreezing Water Immersion
- Sun Lamp
- Internal Irrigation
- Oxygen Deprivation-Study of Endurance
- Injection of Lethal Organisms
- Sexual Sterilizations
- Dr. Josef Mengele's Sadistic Experimentation of Twins
- infecting prisoners and patients in hospitals with Malaria

**Occurred in the United States by the
Military**

ETHICAL CODES

NUREMBERG CODE



→ Developed in October of 1946 for the Nuremberg Military Tribunal as standards by which to judge Nazi based human experimentation



→ Initiated the basic principles of Research Ethics involving Human Subjects

ETHICAL CODES

NUREMBERG CODE (1946)



- “The voluntary consent of the human subject is absolutely essential”
- Research Subjects “should be so situated as to be able to exercise free power of choice”
- Research Subjects “should have sufficient knowledge and comprehension of the elements of the subject matter involved as to make an understanding and enlightened decision”

ETHICAL CODES

NUREMBERG CODE

(August 19, 1947)

10 Rules for “Permissible Medical Experiments”

- 1) voluntary consent without coercion
- 2) results must benefit society and must only use human subjects when there is no alternative
- 3) should be based upon non-human studies with justifiable expected results
- 4) avoidance of all unnecessary physical and mental suffering
- 5) no experimentation where death or serious disability is foreseen unless performed on the medical provider as a subject
- 6) degree of risk less than potential benefit
- 7) proper preparations must be made to minimize injury
- 8) experiment should be conducted by only scientifically qualified person
- 9) subjects can cease their participation at any time
- 10) experimenter must stop if it is believed it will result in death or serious disability



POST-AWARENESS RESEARCH

Harold Blauer

(New York 1952)

- civilian tennis pro in excellent health that sought treatment for situational depression following a divorce
- consented to the first injection which he understood to be related to the treatment of depression
 - was actually injected on five occasions with three different mescaline derivatives (LSD)
 - true purpose of intent was to study the effects of chemical warfare
- received four subsequent injections
- objected to each injection following the first
 - was told he would be sent to Bellevue to be institutionalized if he did not follow the protocol
 - fifth injection was 16 times stronger than the fourth
 - died as a direct result of the last injection

**covered up by the government for 36 years
resulting in a total payment of \$18,000**

POST-AWARENESS RESEARCH

Cincinnati Radiation Experiment (1960-1972)

- Mostly African American cancer patients with lower than average intelligence were exposed to large doses of whole-body radiation
- None of the patients consented to the experiment or had any idea of the potential effects
 - They were told they were receiving treatment for their cancer
- This experiment was sponsored by the United States Military
- Subjects experienced severe nausea and vomiting, radiation burns and some died prematurely as a direct result of the experiment

A lawsuit was finally settled in 1988 with the United States Government accepting no responsibility

POST-AWARENESS RESEARCH

Jewish Chronic Disease Hospital (New York 1963)

- 22 chronically ill and debilitated non-cancer patients were injected with live human cancer cells
- patients were not told of the cancer injection because the physicians "did not wish to stir up any unnecessary anxieties in the patients"
- hospital covered up the lack of consent and tried to fraudulently obtain consent after the fact

2 years after the investigation, the American Cancer Society appointed the principle investigator as a Vice President

POST-AWARENESS RESEARCH

Willowbrook State Hospital (New York 1964-1971)

- Parents were not allowed to admit their severely retarded children in this facility after 1964 unless they “consented” to an injection of the Hepatitis virus
- The consent form implied the children would receive an antidote to the Hepatitis virus when they really received a “subclinical” infection antidote
- The physicians rationalized that the children had a 70% chance of receiving the Hepatitis virus anyway from the facility due to the severity of their retardation and the patients lack of sanitary acumen

ETHICAL CODES

WORLD MEDICAL ASSOCIATION

DECLARATION OF HELSINKI

(1964-Present)

- 1) Physicians responsibility to protect the life, health, privacy and dignity of the human subject
- 2) Research must follow accepted scientific guidelines
- 3) The welfare of the environment and animals must be respected
- 4) A protocol must be submitted to an ethical review committee
 - ethical considerations must be explained
 - prediction of risks, burdens and benefits should be enunciated
- 5) Conducted only by scientifically qualified persons
- 6) Each potential subject must be informed, understand and consent after being told of all material facts
- 7) Consent must be given without coercion
 - Legal guardians must provide consent for those that cannot
 - Minors must assent to the research
- 8) Researchers must utilize scientific integrity in reporting

ETHICAL CODES

National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (1974)

- Instituted by the 1974 *National Research Act*
- Required INSTITUTIONAL REVIEW BOARDS (IRBs)
- 45 CFR 46
 - Title 45 of the Code of Federal Regulations: Chapter 46

ETHICAL CODES

THE BELMONT REPORT

Department of Health, Education and Welfare
(April 18, 1978)

→ Respect for Persons (Autonomy)

→ Informed Consent

→ Beneficence/Non-Maleficence

→ Assessment of Potential Risks and Benefits

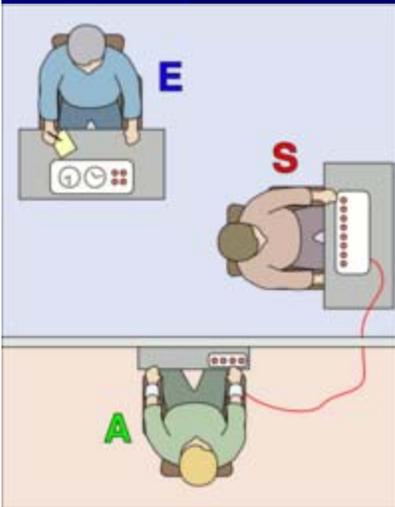
→ Justice

→ Fair Selection of Participants

PYSCHOLOGICAL EXPERIMENTATION

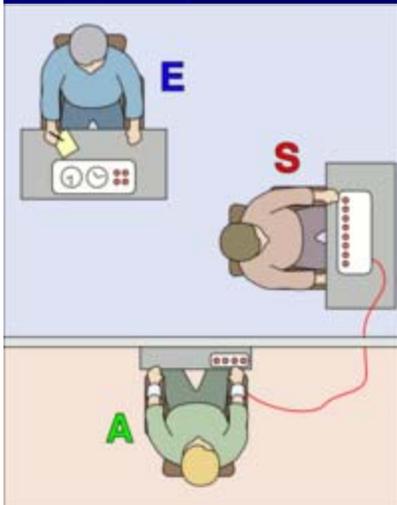
Stanley Milgram (1961)

- Advertisements Were Placed In The Paper Offering \$4.50 To Participate In A Study at Yale University.
- The Participant (“S”) Was Told The Experiment Was To Test The Effects Of Punishment On Learning Behavior.
- The Participant Believed The Confederate (“A”) Was Also A Participant Who Agreed To Be Shocked When Producing An Incorrect Response.
- The Participant (S) Became the “Teacher” And Was To Provide The Shock Whenever the Confederate (A) Who Became The “Learner” Responded Incorrectly



PYSCHOLOGICAL EXPERIMENTATION

Stanley Milgram (1961)



- With Each Incorrect Answer, The **Teacher** Was Instructed To Increase The Voltage Which Would Incur Punishment To The **Learner**.
 - There Was Really No Voltage
- The **Learner** Would Eventually Be Screaming In Agony And The Evaluator Would Encourage The **Teacher** To Shock The **Learner**.

PSYCHOLOGICAL EXPERIMENTATION

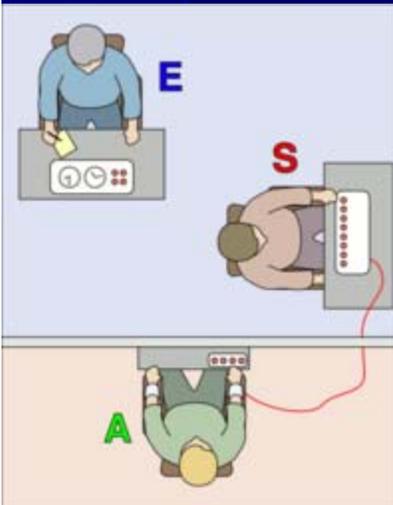
Stanley Milgram (1961)

→ 100% Of The Participant **Teachers** Continued To Shock The **Learner** To What They Believed Was 300 Volts.

→ At 150 Volts, The Learner Claimed To Have A Heart Condition And Would Plead To Get Out

→ Cries Of Agony Increased With Each Increase

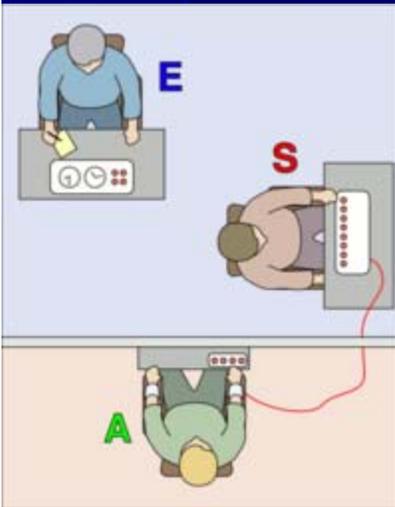
→ 65% of the Participant **Teachers** Believed They Shocked The **Learner** To The Fullest Capacity At 450 Volts



PYSCHOLOGICAL EXPERIMENTATION

Stanley Milgram (1961)

- All Of The Participants Expressed Anxiety.
- Many Refused Payment
- After Interviews, 84% Expressed They Were “Glad” Or “Very Glad” To Have Participated In The Experiment



MANAGED HEALTHCARE ORGANIZATIONS

The American Medical Association has more ethical rules pertaining to HMOs than any other subject.

AMA PRINCIPLES OF MEDICAL ETHICS

4.04 Economic Incentives and Levels of Care

Treatment or hospitalization that is willfully excessive or inadequate constitutes unethical practice. In a situation where the economic interests of the hospital are in conflict with patient welfare, patient welfare takes priority.

AMA PRINCIPLES OF MEDICAL ETHICS

4.05 Physician-Hospital Contractual Relations.

A practitioner may enter into a contract with a hospital for a fixed annual amount or for a fee per hour as long as it relates to the professional services, skill, education, expertise or time involved.

AMA PRINCIPLES OF MEDICAL ETHICS

4.07 Staff Privileges

Privileges should not be based on numbers of patients admitted to the facility or the economic or insurance status of the patient.

AMA PRINCIPLES OF MEDICAL ETHICS

5.05 Confidentiality

Patients have a right to expect that communications are confidential. The practitioner should not reveal confidential communications: 1) without the express consent of the patient; 2) unless required by law; or 3) the patient threatens to inflict serious bodily harm to another or himself/herself and there is a reasonable probability the patient will carry out the threat.

AMA PRINCIPLES OF MEDICAL ETHICS

5.05 Confidential Care for Minors

Practitioners have a duty to promote the autonomy of minor patients. The practitioner should encourage the minor to involve their parents but cannot notify the parents without the patient's consent unless required by law to do so.

AMA PRINCIPLES OF MEDICAL ETHICS

5.06 Confidentiality: Attorney-Physician Relation

The patient's history, diagnosis, treatment and prognosis may be discussed with the patient's lawyer with the consent of the patient or the patient's lawful representative.

AMA PRINCIPLES OF MEDICAL ETHICS

5.09 Confidentiality: Industry-Employed Physicians and Independent Medical Examiners

When a practitioner provides treatment to a patient pursuant to a workers compensation claim, the confidentiality should not be disclosed to the employer unless the patient provides consent.

AMA PRINCIPLES OF MEDICAL ETHICS

6.02 Fee Splitting

Payment by or to a practitioner for the referral of a patient is fee splitting and is unethical. Payment violates the requirement of dealing honestly with patients.

AMA PRINCIPLES OF MEDICAL ETHICS

6.03 Fee Splitting: Referrals to Health Care Facilities

Clinics, hospitals or other health care facilities that compensate practitioners for referral of patients are engaged in fee splitting which is unethical.

AMA PRINCIPLES OF MEDICAL ETHICS

6.05 Fees for Medical Services

A practitioner should not charge or collect an illegal or excessive fee. An example of an illegal fee is collecting in excess of Medicare. A fee is excessive if it is in excess of a reasonable fee.

AMA PRINCIPLES OF MEDICAL ETHICS

7.01 Records of Physicians: Availability of Information to Other Physicians

A practitioner who formerly treated a patient should not refuse to make records available with consent from the patient.

AMA PRINCIPLES OF MEDICAL ETHICS

7.02 Records of Physicians: Information and Patients

A practitioner should provide a copy or summary of the record to the patient, another practitioner, an attorney, or another person designated by the patient in writing. The practitioner should not withhold records because of an unpaid bill but may charge a reasonable fee for copying.

AMA PRINCIPLES OF MEDICAL ETHICS

8.08 Informed Consent

The patient must be given enough information to make an intelligent choice. The practitioner has an ethical obligation to help the patient make choices from among the alternatives consistent with good medical practice.

AMA PRINCIPLES OF MEDICAL ETHICS

814 Sexual Misconduct in the Practice of Medicine

Sexual contact with a patient constitutes sexual misconduct. A practitioner's ethical duties include terminating a professional relationship before initiating a romantic relationship with a patient.

Sexual relationships with a former patient is unethical if the practitioner uses or exploits trust, knowledge, emotions or influence derived from the professional relationship.

AMA PRINCIPLES OF MEDICAL ETHICS

8.145 Sexual or Romantic Relations Between Physicians and Key Third Parties

Practitioners should refrain from sexual or romantic interactions with key third parties when it is based on the use or exploitation of trust, knowledge, influence or emotions derived from a professional relationship.

American Psychological Association

Association

ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

Code may be applied to practitioners who are not members of the American Psychological Association

APA ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

Principle A: Beneficence and Nonmaleficence

Principle B: Fidelity and Responsibility

Principle C: Integrity

Principle D: Justice

Principle E: Respect for People's Rights and Dignities

NATIONAL ASSOCIATION OF SOCIAL WORKERS CODE OF ETHICS

The *NASW Code of Ethics* serves six purposes:

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

NASW ETHICAL PRINCIPLES

Value: Service

Principle: Primary Goal is to Help People in Need and to Address Social Change

Value: Social Justice

Principle: Social Workers Challenge Social Injustice

Value: Dignity

Principle: Social Workers Respect the Inherent Dignity & Worth of the Person

Value: Importance of Human Relationships

Principle: Social Workers Recognize the Central Importance of Human Relationships.

Value: Integrity

Principle: Social Workers Behave in a Trustworthy Manner

Value: Competence

Principle: Social Workers Practice Within Their Areas of Competence & Develop and Enhance Their Professional Expertise

APA ETHICAL STANDARDS

1.02 Conflicts Between Ethics and Law, Regulations or Other Governing Legal Authority

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority.

APA ETHICAL STANDARDS

1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, resolve the conflict in a way that permits adherence to the Ethics Code.

APA ETHICAL STANDARDS

1.05 Reporting Ethical Violations

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question.

NASW ETHICAL STANDARDS

2.11 Unethical Conduct of Colleagues

(a) Social workers should take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues.

(b) Social workers should be knowledgeable about established policies and procedures for handling concerns about colleagues' unethical behavior. Social workers should be familiar with national, state, and local procedures for handling ethics complaints. These include policies and procedures created by NASW, licensing and regulatory bodies, employers, agencies, and other professional organizations.

(c) Social workers who believe that a colleague has acted unethically should seek resolution by discussing their concerns with the colleague when feasible and when such discussion is likely to be productive.

(d) When necessary, social workers who believe that a colleague has acted unethically should take action through appropriate formal channels (such as contacting a state licensing board or regulatory body, an NASW committee on inquiry, or other professional ethics committees).

(e) Social workers should defend and assist colleagues who are unjustly charged with unethical conduct.

APA ETHICAL STANDARDS

2.01 Boundaries of Competence

(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.

APA ETHICAL STANDARDS

2.01 Boundaries of Competence

(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

(d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

APA ETHICAL STANDARDS

2.01 Boundaries of Competence

(e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

(f) When assuming forensic roles, psychologists are or become reasonably familiar with the judicial or administrative rules governing their roles.

NASW ETHICAL STANDARDS

4.01 Competence

(a) Social workers should accept responsibility or employment only on the basis of existing competence or the intention to acquire the necessary competence.

(b) Social workers should strive to become and remain proficient in professional practice and the performance of professional functions. Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics.

(c) Social workers should base practice on recognized knowledge, including empirically based knowledge, relevant to social work and social work ethics.

APA ETHICAL STANDARDS

2.02 Providing Services in Emergencies

In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

NASW ETHICAL STANDARDS

6.03 Public Emergencies

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

APA ETHICAL STANDARDS

2.06 Personal Problems and Conflicts

(a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties.

NASW ETHICAL STANDARDS

4.05 Impairment

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

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

APA ETHICAL STANDARDS

3.01 Unfair Discrimination

In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

NASW ETHICAL STANDARDS

4.02 Discrimination

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

APA ETHICAL STANDARDS

3.02 Sexual Harassment

Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts.

NASW ETHICAL STANDARDS

2.08 Sexual Harassment

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

APA ETHICAL STANDARDS

3.03 Other Harassment

Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

APA ETHICAL STANDARDS

3.04 Avoiding Harm

Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

NASW ETHICAL STANDARDS

5.02 Evaluation and Research

(j) Social workers engaged in evaluation or research should protect participants from unwarranted physical or mental distress, harm, danger, or deprivation.

APA ETHICAL STANDARDS

3.05 Multiple Relationships

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

APA ETHICAL STANDARDS

3.05 Multiple Relationships

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur.

APA ETHICAL STANDARDS

3.06 Conflict of Interest

Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

NASW ETHICAL STANDARDS

1.06 Conflicts of Interest

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

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

NASW ETHICAL STANDARDS

1.06 Conflicts of Interest

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

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

APA ETHICAL STANDARDS

10.02 Therapy Involving Couples or Families

(a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained.

(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately.

APA ETHICAL STANDARDS

3.07 Third Party Requests for Service

When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist (e.g., therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality.

APA ETHICAL STANDARDS

3.08 Exploitative Relationships

Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as clients/patients, students, supervisees, research participants, and employees.

APA ETHICAL STANDARDS

10.05 Sexual Intimacies With Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with current therapy clients/patients.

APA ETHICAL STANDARDS

10.06 Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

APA ETHICAL STANDARDS

10.07 Therapy With Former Sexual Partners

Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

APA ETHICAL STANDARDS

10.08 Sexual Intimacies With Former Therapy Clients/Patients

(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

APA ETHICAL STANDARDS

10.08 Sexual Intimacies With Former Therapy Clients/Patients

(b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the client's/patient's personal history; (5) the client's/patient's current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the client/patient.

NASW ETHICAL STANDARDS

1.09 Sexual Relationships

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

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

NASW ETHICAL STANDARDS

1.09 Sexual Relationships

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

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

APA ETHICAL STANDARDS

3.10 Informed Consent

(a) When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code.

APA ETHICAL STANDARDS

3.10 Informed Consent

(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.

APA ETHICAL STANDARDS

3.10 Informed Consent

(c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

(d) Psychologists appropriately document written or oral consent, permission, and assent.

APA ETHICAL STANDARDS

10.03 Group Therapy

When psychologists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

APA ETHICAL STANDARDS

3.11 Psychological Services Delivered To or Through Organizations

(a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

NASW ETHICAL STANDARDS

3.09 Commitments to Employers

- (a) Social workers generally should adhere to commitments made to employers and employing organizations.
- (b) Social workers should work to improve employing agencies' policies and procedures and the efficiency and effectiveness of their services.
- (c) Social workers should take reasonable steps to ensure that employers are aware of social workers' ethical obligations as set forth in the NASW Code of Ethics and of the implications of those obligations for social work practice.

NASW ETHICAL STANDARDS

3.09 Commitments to Employers

(d) Social workers should not allow an employing organization's policies, procedures, regulations, or administrative orders to interfere with their ethical practice of social work. Social workers should take reasonable steps to ensure that their employing organizations' practices are consistent with the NASW Code of Ethics.

(e) Social workers should act to prevent and eliminate discrimination in the employing organization's work assignments and in its employment policies and practices.

(f) Social workers should accept employment or arrange student field placements only in organizations that exercise fair personnel practices.

(g) Social workers should be diligent stewards of the resources of their employing organizations, wisely conserving funds where appropriate and never misappropriating funds or using them for unintended purposes.

NASW ETHICAL STANDARDS

1.03 Informed Consent

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

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

NASW ETHICAL STANDARDS

1.03 Informed Consent

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

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

APA ETHICAL STANDARDS

4.01 Maintaining Confidentiality

Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship.

APA ETHICAL STANDARDS

4.02 Discussing the Limits of Confidentiality

(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities.

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

APA ETHICAL STANDARDS

4.04 Minimizing Intrusions of Privacy

(a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.

(b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

APA ETHICAL STANDARDS

4.05 Disclosures

(a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.

(b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose.

NASW ETHICAL STANDARDS

1.07 Privacy and Confidentiality

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

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

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

NASW ETHICAL STANDARDS

1.07 Privacy and Confidentiality

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

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

NASW ETHICAL STANDARDS

1.07 Privacy and Confidentiality

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

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

NASW ETHICAL STANDARDS

1.07 Privacy and Confidentiality

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

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

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

NASW ETHICAL STANDARDS

1.07 Privacy and Confidentiality

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

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

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

NASW ETHICAL STANDARDS

1.07 Privacy and Confidentiality

- (n) Social workers should transfer or dispose of clients' records in a manner that protects clients' confidentiality and is consistent with state statutes governing records and social work licensure.
- (o) Social workers should take reasonable precautions to protect client confidentiality in the event of the social worker's termination of practice, incapacitation, or death.
- (p) Social workers should not disclose identifying information when discussing clients for teaching or training purposes unless the client has consented to disclosure of confidential information.

NASW ETHICAL STANDARDS

1.07 Privacy and Confidentiality

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

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

APA ETHICAL STANDARDS

6.01 Documentation of Professional and Scientific Work and Maintenance of Records

Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law.

NASW ETHICAL STANDARDS

3.04 Client Records

(a) Social workers should take reasonable steps to ensure that documentation in records is accurate and reflects the services provided.

(b) Social workers should include sufficient and timely documentation in records to facilitate the delivery of services and to ensure continuity of services provided to clients in the future.

(c) Social workers' documentation should protect clients' privacy to the extent that is possible and appropriate and should include only information that is directly relevant to the delivery of services.

(d) Social workers should store records following the termination of services to ensure reasonable future access. Records should be maintained for the number of years required by state statutes or relevant contracts.

APA ETHICAL STANDARDS

6.03 Withholding Records for Nonpayment

Psychologists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.

APA ETHICAL STANDARDS

6.04 Fees and Financial Agreements

- (a) As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.
- (b) Psychologists' fee practices are consistent with law.
- (c) Psychologists do not misrepresent their fees.
- (d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible.
- (e) If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment.

APA ETHICAL STANDARDS

6.05 Barter With Clients/Patients

Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Psychologists may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement is not exploitative.

NASW ETHICAL STANDARDS

1.13 Payment for Services

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

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

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

APA ETHICAL STANDARDS

7.07 Sexual Relationships With Students and Supervisees

Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority.

NASW ETHICAL STANDARDS

2.07 Sexual Relationships

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

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

APA ETHICAL STANDARDS

8.02 Informed Consent to Research

(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expected duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. They provide opportunity for the prospective participants to ask questions and receive answers.

APA ETHICAL STANDARDS

8.02 Informed Consent to Research

(b) Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental nature of the treatment; (2) the services that will or will not be available to the control group(s) if appropriate; (3) the means by which assignment to treatment and control groups will be made; (4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and (5) compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought.

APA ETHICAL STANDARDS

8.06 Offering Inducements for Research Participation

(a) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.

(b) When offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations, and limitations.

APA ETHICAL STANDARDS

8.07 Deception in Research

(a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures are not feasible.

(b) Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.

(c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data.

APA ETHICAL STANDARDS

10.10 Terminating Therapy

(a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

(b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

(c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pre-termination counseling and suggest alternative service providers as appropriate.

NASW ETHICAL STANDARDS

1.16 Termination of Services

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

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

NASW ETHICAL STANDARDS

1.16 Termination of Services

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

(d) Social workers should not terminate services to pursue a social, financial, or sexual relationship with a client.

NASW ETHICAL STANDARDS

1.16 Termination of Services

(e) Social workers who anticipate the termination or interruption of services to clients should notify clients promptly and seek the transfer, referral, or continuation of services in relation to the clients' needs and preferences.

(f) Social workers who are leaving an employment setting should inform clients of appropriate options for the continuation of services and of the benefits and risks of the options.