

CERTIFIED CLINICAL SUPERVISOR **CODE OF ETHICS**

All certified professionals must subscribe to the IBC Code of Ethics upon application for certification. This Code of Ethics is adopted to aid in the delivery of the highest quality of professional care to persons seeking chemical dependency services. It is hoped that these standards will assist the counselor to determine the propriety of his or her conduct in relationships with clients, colleagues, members of allied professions, and the public.

The Board is committed to investigate and sanction those who breach this Code of Ethics. Clinical supervisors, therefore, are encouraged to thoroughly familiarize themselves with the Code of Ethics and to guide their behavior according to the principles set forth below.

Violation of the IBC Code of Ethics shall be deemed as grounds for discipline. Engaging in unethical conduct includes, in addition to violation of the Principles enumerated herein, any other violation that is harmful or detrimental to the profession or to the public.

SUBSCRIPTION TO CODE OF ETHICS

Persons applying for certification must subscribe to the Iowa Board of Certification's Code of Ethics for Clinical Supervisors and do so indicate by signing Form 02. This subscription will be in effect until their certification is no longer valid. In the event the applicant did not successfully complete the certification process, the subscription shall be in effect until the application period expires. IBC can provide specific information regarding these time-frames.

SPECIFIC PRINCIPLES

PRINCIPLE I. Responsibility to clients. Clinical supervisors respect the rights of those persons seeking their assistance and make reasonable efforts to ensure that their services are used appropriately.

- A. Clinical supervisors do not discriminate against or refuse professional service to anyone on the basis of race, gender, religion, national origin or sexual orientation.
 1. Clinical supervisors avoid bringing personal or professional issues into the counseling relationship. Through an awareness of the impact of stereotyping and discrimination, the counselor guards the individual rights and personal dignity of clients.

2. Clinical supervisors are knowledgeable about disabling conditions, demonstrate empathy and personal emotional comfort in interactions with clients with disabilities, and make available physical, sensory, and cognitive accommodations that allow clients with disabilities to receive services.
- B. Clinical supervisors do not use their professional relationships with clients to further their own interests.
 - C. Clinical supervisors respect the right of clients to make decisions and help them to understand the consequences of these decisions.
 - D. Clinical supervisors continue therapeutic relationships only as long as it is reasonably clear that clients are benefiting from the relationship.
 - E. Clinical supervisors assist persons in obtaining other therapeutic services if the counselor is unable or unwilling to provide professional help.
 - F. Clinical supervisors do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of such treatment.
 - G. Clinical supervisors obtain written, informed consent from clients before videotaping, audio recording, or permitting third-party observation.
 - H. Clinical supervisors respect the integrity and protect the welfare of the client. The counselor, in the presence of professional conflict, is concerned primarily with the welfare of the client.
 - I. Clinical supervisors ensure the presence of an appropriate setting for clinical work to protect the client from harm and the counselor and professional from censure.
 - J. Clinical supervisors do not continue to practice while having a physical or mental disability which renders the counselor unable to practice the occupation or profession with reasonable skill or which may endanger the health and safety of the persons under the counselor's care.
 - K. Clinical supervisors do not engage in the conduct of one's practice while suffering from a contagious disease involving risk to the client's or public's health without taking adequate precautions including, but not limited to, informed consent, protective gear or cessation of practice.

PRINCIPLE II. Dual relationships.

- A. Clinical supervisors are aware of their influential position with respect to clients, and they avoid exploiting the trust and dependency of such persons. Counselors, therefore, make every effort to avoid dual relationships with clients that could impair professional judgment or increase the risk of exploitation. When a dual relationship cannot be avoided, counselors take appropriate professional precautions to ensure

judgment is not impaired and no exploitation occurs. Examples of such dual relationships include, but are not limited to, business or close personal relationships with clients.

1. Solicitation of sexual conduct, or solicitation of any other personal relationship, with clients is prohibited; this includes the one year following the termination of services.
2. Sexual conduct with clients is prohibited; this includes the one year following the termination of services.
3. Clinical supervisors do not accept as clients anyone with whom they have engaged in sexual conduct.

B. Clinical supervisors are aware of their influential position with respect to students, employees, and supervisees, and they avoid exploiting the trust and dependency of such persons. Counselors, therefore, make every effort to avoid dual relationships that could impair professional judgment or increase the risk of exploitation. When a dual relationship cannot be avoided, counselors take appropriate professional precautions to ensure judgment is not impaired and no exploitation occurs. Examples of such dual relationships include, but are not limited to, business or close personal relationships with students, employees or supervisees.

1. Provision of therapy to students, employees, or supervisees is prohibited.
2. Sexual conduct with students or supervisees is prohibited.

PRINCIPLE III. Confidentiality. Clinical supervisors embrace, as primary obligation, the duty of protecting the privacy of clients and do not disclose confidential information acquired in teaching, practice or investigation without appropriately executed consent.

A. Clinical supervisors make appropriate provisions for the maintenance of confidentiality and the ultimate disposition of confidential records. Counselors ensure that data obtained, including any form of electronic communication, are secured by the available security methodology. Data shall be limited to information that is necessary to and appropriate to the services being provided and be accessible only to appropriate personnel.

B. Clinical supervisors adhere to all federal, state, and local laws regarding confidentiality and the counselor's responsibility to report clinical information in specific circumstances to the appropriate authorities.

C. Clinical supervisors discuss the information obtained in clinical, consulting, or observational relationships only in the appropriate settings for professional purposes that are in the client's best interest. Written and oral reports present only data germane and pursuant to the purpose of evaluation, diagnosis, progress, and compliance. Every effort is made to avoid undue invasion of privacy.

- D. Clinical supervisors reveal information received in confidence only when there is a clear and imminent danger to the client or other persons, and then only to appropriate workers, public authorities, and threatened parties.

PRINCIPLE IV. Professional competence and integrity. Clinical supervisors maintain high standards of professional competence and integrity.

- A. Clinical supervisors seek appropriate professional assistance for their personal problems or conflicts that may impair work performance or clinical judgment.
- B. Clinical supervisors, as teachers, supervisors, and researchers, are dedicated to high standards of scholarship and present accurate information.
- C. Clinical supervisors do not engage in sexual or other harassment or exploitation of clients, students, trainees, supervisees, employees, colleagues, research subjects, or actual or potential witnesses or complainants in investigations and ethical proceedings.
- D. Clinical supervisors do not diagnose, treat, or advise on problems outside the recognized boundaries of their competence.
- E. Clinical supervisors do not engage in conduct which does not meet the generally accepted standards of practice for the alcohol and drug profession including, but not limited to, incompetence, negligence or malpractice.
 - 1. Falsifying, amending or making incorrect essential entries or failing to make essential entries of client record.
 - 2. A substantial lack of knowledge or ability to discharge professional obligations within the scope of the alcohol and drug profession.
 - 3. A substantial deviation from the standards of skill ordinarily possessed and applied by professional peers in the state of Iowa acting in the same or similar circumstances.
 - 4. Acting in such a manner as to present a danger to public health or safety, or to any client including, but not limited to, impaired behavior, incompetence, negligence or malpractice.
 - 5. Failing to comply with a term, condition or limitation on a certification or license.
 - 6. Failing to obtain an appropriate consultation or make an appropriate referral when the problem of the client is beyond the alcohol and drug counselor's training, experience or competence.
 - 7. Suspension, revocation, probation or other restrictions on any professional certification or licensure imposed by any state or jurisdiction, unless such action

has been satisfied and/or reversed.

8. Administering to oneself any controlled substance, or aiding and abetting the use of any controlled substance by another person.
9. Using any drug or alcoholic beverage to the extent or in such manner as to be dangerous or injurious to self or others, or to the extent that such use impairs the ability of such person to safely provide professional services.
10. Using alcohol or any dangerous drug or controlled substance while providing professional services.
11. Refusing to seek evaluation and follow through with the recommended treatment for chemical dependency or a mental health problem which impairs professional performance.

PRINCIPLE V. Responsibility to students, employees, and supervisees. Clinical supervisors do not exploit the trust and dependency of students, employees, and supervisees.

- A. Clinical supervisors do not permit students, employees, or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience and competence.
- B. Clinical supervisors who supervise others accept the obligation to facilitate further professional development of these individuals by providing accurate and current information, timely evaluations, and constructive consultation.

PRINCIPLE VI. Responsibility to the profession. Counselors respect the rights and responsibilities of professional colleagues.

- A. Clinical supervisors treat colleagues with respect, courtesy, and fairness and afford the same professional courtesy to other professionals.
 1. Clinical supervisors do not offer professional services to a client in counseling with another professional except with the knowledge of the other professional or after the termination of the client's relationship with the other professional.
 2. Clinical supervisors cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality.
 3. Clinical supervisors report the unethical conduct or practice of others in the profession to the appropriate certifying authority.
 4. Clinical supervisors do not knowingly file a false report against another professional concerning an ethics violation.

- B. As employees or members of organizations, clinical supervisors refuse to participate in an employer's practices which are inconsistent with the ethical standards enumerated in this Code.
- C. Clinical supervisors assign publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices.
- D. Clinical supervisors who are the authors of books or other materials that are published or distributed cite persons to whom credit for original ideas is due.

PRINCIPLE VII. Financial arrangements. Clinical supervisors make financial arrangements for services with clients and third-party payers that are reasonably understandable and conform to accepted professional practices.

- A. Clinical supervisors do not offer, give or receive commissions, rebates or other forms of remuneration for the referral of clients.
- B. Clinical supervisors do not charge excessive fees for services.
- C. Clinical supervisors disclose their fees to clients at the beginning of services.
- D. Clinical supervisors do not enter into personal financial arrangements.
- E. Clinical supervisors represent facts truthfully to clients and third-party payers, regarding services rendered.
- F. Clinical supervisors do not accept a private fee or any other gift or gratuity for professional work.

PRINCIPLE VIII. Advertising. Clinical supervisors engage in appropriate informational activities, including those that enable lay persons to choose professional services on an informed basis.

- A. Clinical supervisors accurately represent their competence, education, training, and experience.
- B. Clinical supervisors do not use a firm name, letterhead, publication, term, title designation or document which states or implies an ability, relationship or qualification which the counselor does not have.
- C. Clinical supervisors do not use any professional identification (such as a business card, office sign, letterhead, or telephone or association directory listing) if it includes a statement or claim that is false, fraudulent, misleading, or deceptive. A statement is false, fraudulent, misleading, or deceptive if it:

1. contains a material misrepresentation of fact;
2. fails to state any material fact necessary to make the statement, in light of all circumstances, not misleading; or
3. is intended to or is likely to create an unjustified expectation.

PRINCIPLE IX. Legal and Moral Standards. Clinical supervisors uphold the law and have high morals in both professional and personal conduct.

Grounds for discipline under this principle include, but are not limited to, the following:

1. Conviction of any felony or misdemeanor, excluding minor traffic offenses, whether or not the case is pending an appeal. A plea or verdict of guilty or a conviction following an Alford Plea, or any other plea which is treated by the court as a plea of guilty and all the proceedings in which the sentence was deferred or suspended, or the conviction expunged shall be deemed a conviction within the meaning of this section.
2. Permitting, aiding, abetting, assisting, hiring or conspiring with an individual to violate or circumvent any of the laws relating to licensure or certification under any licensing or certification act.
3. Fraud-related conduct under this principle includes, but is not limited to, the following:
 - a. Publishing or causing to be published any advertisement that is false, fraudulent, deceptive or misleading.
 - b. Engaging in fraud, misrepresentation, deception or concealment of material fact in:
 1. Applying for or assisting in securing certification or certification renewal.
 2. Taking any examination provided for #1 above including fraudulently procured credentials.
 - c. Making misleading, deceptive, untrue or fraudulent representation in the practice or the conduct of the alcohol and drug profession or practicing fraud or deceit, either alone or as a conspirator.
 - d. Failing to cooperate with an investigation by interfering with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representatives; by use of threats or harassment against, or inducement to any patient, client or witness to prevent them from providing evidence in a disciplinary proceeding or any person to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted or completed. Failing to cooperate with a board investigation in any material respect.

- e. Committing a fraudulent insurance act.
- f. Signing or issuing, in the certified alcohol and drug counselor's capacity, a document or statement that the counselor knows, or ought to know, contains a false or misleading statement.
- g. Using a firm name, letterhead, publication, term, title designation or document which states or implies an ability, relationship or qualification which the counselor does not have.
- h. Practicing the profession under a false name or name other than the name under which the certification is held.
- i. Impersonating any certified professional or representing oneself as a certified professional for which one has no current certification.
- j. Charging a client or a third party payer for a service not performed, or submitting an account or charge for services that is false or misleading. This does not apply to charging for an unkept appointment by a client.
- k. Charging a fee that is excessive in relation to the service or product for which it is charged.
- l. Offering, giving or promising anything of value or benefit to any federal, state, or local employee or official for the purpose of influencing that employee or official to circumvent federal, state, or local law, regulation or ordinance governing the certified counselor or the alcohol and drug profession.

Engaging in sexual conduct, as defined in the Iowa Code, with a client during a period of time in which a professional relationship exists and for one year after that period of time.