

DOPL PROFESSIONS WITH REFERENCED CODES OF ETHICS

- Audiologist
- Speech Language Pathologist
- Certified Public Accountant
- Funeral Service Director
- Architect
- Landscape Architect
- Commercial Interior Designer
- Geologist
- Engineer
- Physician/Surgeon
- Osteopathic Physician
- Deception Detection Examiner
- Hearing Instrument Specialist
- Hunting Guide
- Outfitter
- Radiologic Technician
- Massage Therapist
- Veterinarian
- Mental Health Counselor
- Genetic Counselor
- Marriage and Family Therapist
- Pharmacist
- Psychologist
- Recreation Therapist
- Social Worker
- Substance Use Disorder Counselor
- Certified Nurse Midwives

Wyoming

Co-opting ACA & ICA Formal Code

(<http://ccodc.org/ethics.html>)

Chiropractic Rules: Chapter 7

(<http://chiropractic.wyo.gov/rules-and-regulations>)

(<http://www.chiropractic.org/ethics>)

Section 2. Grounds for Disciplinary Action. The Board may take disciplinary action or refuse to issue or renew a license for one (1) or more of the following acts or conduct:

(a) Failure to conform with the **Code of Ethics of the ACA** or the **ICA** as incorporated by reference in Chapter 1;

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<https://www.leg.state.nv.us/NAC/NAC-634.html#NAC634Sec410>

Specific Ethical Advertising

<http://chirobd.nv.gov/uploadedFiles/chirobdnvgov/content/Resources/Applications/WebAdvertisingGuide.pdf>

STANDARDS OF PRACTICE

NAC 634.410 Conduct on premises. (NRS 634.030)

1. A licensee is responsible for the conduct of his or her employees and other persons subject to his or her supervision in his or her place of practice and shall ensure that the conduct conforms to the law and to the provisions of this chapter.

2. Sexual acts involving patients, patrons or customers must not be permitted on the premises of any facility used by a licensee for the practice of chiropractic.

[Bd. of Chiropractic Exam'rs, Art. XII, eff. 3-14-73] — (NAC A 7-29-88)

NAC 634.412 Competence. (NRS 634.030)

1. A licensee shall maintain competence in:

- (a) The application of chiropractic; and
- (b) The production and interpretation of radiographs.

2. In determining whether a licensee has maintained competence in the production and interpretation of radiographs, the Board will consider whether the licensee:

- (a) Produces radiographs that are of diagnostic quality;
- (b) Uses appropriate techniques to protect a patient in the taking of radiographs;
- (c) Ensures that the exposure of a patient to radiation is based upon clinical necessity as documented by the record of that patient;
- (d) Documents the interpretation of radiographs in writing and maintains those written interpretations as a part of the record of the patient to whom the radiographs pertain; and
- (e) Ensures that the radiographic equipment with which radiographs are taken and produced:
 - (1) Meets the specifications established by the manufacturer for the safety and use of that equipment;
 - (2) Is maintained properly; and
 - (3) Is registered with and made available for inspection by the Division of Public and Behavioral Health of the Department of Health and Human Services pursuant to chapter 459 of NAC.

(Added to NAC by Chiropractic Physicians' Bd. by R030-98, eff. 9-10-98; A by R095-03, 10-22-2003; R150-13, 3-28-2014)

NAC 634.415 Supervision of others by licensee. (NRS 634.030, 634.137) A licensee who supervises:

1. A chiropractor's assistant;
2. An applicant for a license to practice chiropractic who is authorized to perform chiropractic pursuant to NRS 634.105;
3. A student who is authorized to perform chiropractic pursuant to the licensee program; or
4. Any other person who is subject to the supervision of the licensee,

Ê shall ensure that the person who is supervised complies with the provisions of this chapter and chapter 634 of NRS, and shall make all decisions relating to the diagnosis, treatment, management and future disposition of a patient.

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(Added to NAC by Bd. of Chiropractic Exam'rs, eff. 7-29-88; A by Chiropractic Physicians' Bd. by R030-98, 9-10-98; R101-08, 12-17-2008; R004-12, 11-1-2012)

NAC 634.419 Authorization of person to provide other services for patients in office of licensee.
(NRS 634.030)

1. A licensee may authorize a person to provide services for his or her patients in the office of the licensee, other than chiropractic or clerical services, only if the licensee submits the information required by subsection 2 to the Board, on a form prescribed by the Board, at least 15 days before the person commences providing the services.

2. The form prescribed by the Board pursuant to subsection 1 must include:

- (a) The name, business telephone number and license number of the licensee;
- (b) The name of the person who will be providing the services for the patients of the licensee;
- (c) The type of services that the person will be providing for the patients of the licensee;
- (d) The address of the location at which the person will be providing the services for the patients of the licensee;
- (e) The date on which the person will begin providing the services for the patients of the licensee;
- (f) A statement indicating that the person will not be providing chiropractic services, including, without limitation, taking radiographs, and services that involve the use of physiotherapeutic equipment;
- (g) A statement indicating whether the person who will be providing the services is an employee of the licensee or is retained by the licensee as an independent contractor;
- (h) A copy of any license or certificate that authorizes the person to provide the services that he or she will be providing for the patients of the licensee;
- (i) A statement indicating that the licensee will ensure that a copy of any license or certificate that is provided to the Board pursuant to paragraph (h) is available to each patient of the licensee for whom the person provides services; and
- (j) The signature of the licensee.

3. A licensee shall ensure that each employee of the licensee who provides services for the patients of the licensee in the office of the licensee, other than chiropractic or clerical services, provides those services only under the direct supervision of the licensee.

4. A licensee who authorizes an independent contractor to provide services in the office of the licensee pursuant to the provisions of this section shall establish procedures which ensure that each patient of the licensee to whom the independent contractor provides services is notified that:

- (a) The independent contractor is not an employee of the licensee;
- (b) The services provided by the independent contractor in the office of the licensee are not provided under the supervision or control of the licensee; and
- (c) The licensee will not bill the patient or the insurance company of the patient for any services provided by the independent contractor.

5. A licensee shall notify the Board within 15 days after an employee or independent contractor who is authorized pursuant to this section to provide services to the patients of the licensee leaves the employ of or is no longer retained by the licensee.

(Added to NAC by Chiropractic Physicians' Bd. by R140-05, eff. 11-17-2005; A by R150-13, 3-28-2014)

NAC 634.423 Authorization of person to work in chiropractic practice for training and education.
(NRS 634.030) A chiropractic physician may employ or otherwise allow a person to work in his or her chiropractic practice for the purposes of training and education if:

1. The chiropractic physician has verified that the person is enrolled in a program for the training of an assistant in a health care field which allows for the person to participate in an externship or

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internship as part of the program and the person is qualified by the program to participate in the externship or internship;

2. The chiropractic physician has notified the Board on a form provided by the Board that the person will be working in the chiropractic physician's practice as part of the person's externship or internship; and

3. The chiropractic physician and the person enter into a written agreement of a duration of 90 days or less whereby:

(a) The chiropractic physician identifies the tasks or acts which the person may perform, all of which must be tasks or acts which may be performed by a chiropractor's assistant trainee;

(b) The chiropractic physician acknowledges that he or she will be responsible for any and all acts or tasks performed by the person; and

(c) The parties to the agreement acknowledge that the duration of the agreement does not exceed 90 days.

(Added to NAC by Chiropractic Physicians' Bd. by R150-13, eff. 3-28-2014)

NAC 634.425 Reports to Board of certain judgments, settlements and convictions. (NRS 634.030)

1. If a judgment is entered against him or her in any court, or a settlement is reached, on a claim involving malpractice, a licensee shall report that fact to the Board within 15 days. The licensee may satisfy the provisions of this subsection if he or she provides the Board with a copy of the judgment or settlement.

2. If a licensee or holder of a certificate is convicted of any crime, other than a traffic violation, he or she shall report that fact to the Board within 15 days after the conviction.

3. If a licensee or holder of a certificate fails to report a judgment, settlement or conviction pursuant to this section, he or she may be subject to disciplinary action pursuant to NRS 634.140 to 634.216, inclusive.

(Added to NAC by Bd. of Chiropractic Exam'rs, eff. 7-29-88; A 1-31-94; A by Chiropractic Physicians' Bd. by R030-98, 9-10-98)

NAC 634.430 Unprofessional conduct: Interpretation of statutory definition. (NRS 634.018, 634.030)

1. As used in subsection 10 of NRS 634.018, the Board will interpret the phrase "conduct unbecoming a person licensed to practice chiropractic or detrimental to the best interests of the public" to include, without limitation:

(a) Engaging in or soliciting sexual misconduct.

(b) Performing any chiropractic service on a patient who is under the age of 18 years without first obtaining the consent of the parent or legal guardian of that patient if the consent is required pursuant to NRS 129.030.

(c) Performing manipulation on a patient under anesthesia without complying with the requirements set forth in NAC 634.3665.

(d) Entering into a financial agreement or making a financial arrangement with a potential or existing patient as an inducement to enter into or continue care. This paragraph does not prohibit a licensee from providing complimentary chiropractic services to an existing patient.

(e) Participating in any verbal or written arrangement that involves capping or fee splitting.

(f) Engaging in practices regarding the billing of patients or the making of claims under a contract of insurance that are abusive or fraudulent, or both, including, without limitation:

(1) Billing patients or making claims under a contract of insurance for chiropractic services that have not been performed.

(2) Billing patients or making claims under a contract of insurance in a manner which misrepresents the nature of the chiropractic services that have been performed.

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(3) Submitting to patients or carriers of insurance bills or claims which fail to disclose pertinent information or which contain false information, including, without limitation:

(I) Failing to disclose to a patient that a bill has already been paid, in full or in part, by a carrier of insurance.

(II) Failing to disclose to a carrier of insurance that a claim has already been paid, in full or in part, by a different carrier of insurance.

(III) Stating falsely that the injury of a patient is the result of an accident or work-related incident.

(g) Engaging in a practice of waiving, abrogating or rebating the deductible or copayment required to be paid by a policy of insurance or a third party if the practice is used as a device for advertising or marketing, or both.

(h) Failing to make any report or record available to the Board upon lawful request, failing to cooperate with any investigation by the Board or knowingly giving false information to the Board.

(i) Failing to make any report or record available to another licensee, practitioner, patient or institution upon a lawful request to do so in compliance with the provisions of chapter 629 of NRS.

(j) Being delinquent in the payment of a judgment for the payment of child support pursuant to chapter 425 of NRS or being subject to a court order for the support of one or more children and not complying with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

(k) Being in default on the payment of a student loan.

(l) Violating the rules or regulations of a federal program that relates to the practice of chiropractic.

(m) Engaging in fraud, misrepresentation or deception in any business affairs that relate to the practice of chiropractic.

(n) Allowing a person to:

(1) Perform chiropractic services; or

(2) Engage in any aspect of the provision of chiropractic care to patients,

if that person is not authorized to perform such services or provide such care pursuant to this chapter and chapter 634 of NRS. The prohibition set forth in this paragraph does not apply to a person who is licensed or certified as a provider of health care pursuant to one or more of the chapters of title 54 of NRS.

(o) Engaging with a patient in a romantic or dating relationship unless the patient is the spouse of the licensee.

(p) Examining or treating the anus, breast or genitalia of a patient without first:

(1) Obtaining from the patient an informed consent that refers to the specific procedures that will be performed on those parts of the body of the patient; and

(2) Making a note of such consent in the record of the patient.

(q) Violating a provision of a chapter of title 54 of NRS other than chapter 634 of NRS pursuant to which the licensee holds a license or certificate as a provider of health care.

(r) Knowingly giving a false or factually unsupported opinion in a peer review, records review, independent medical examination or chiropractic examination for the purpose of reducing a payment or reimbursement to a licensee for the care or treatment of a patient.

(s) Failing to either post a written disclosure or give a written disclosure to a patient and maintain the written disclosure concerning a lack of maintaining professional liability insurance in accordance with the requirements of NRS 634.1295 and NAC 634.445.

(t) Practicing chiropractic while impaired by alcohol, the use of illicit drugs, the unauthorized or improper use of a prescription drug or controlled substance, or any known or diagnosed mental illness or cognitive deficit.

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(u) Paying or receiving any remuneration in such a manner and amount as would constitute a violation of 42 U.S.C. § 1320a-7b(b), regardless of whether the patient for whom the remuneration is paid or received is a patient under a federal health care program.

2. A patient's consent to, initiation of or participation in sexual behavior or involvement in a romantic or dating relationship with a licensee does not excuse the conduct of the licensee.

3. As used in this section:

(a) "Capping" means the use by a licensee of the services of a person who is remunerated for referring to the licensee a new patient who has been involved in a motor vehicle accident or who has been injured as a result of the actions of another person.

(b) "Fee splitting" means the acceptance of remuneration by a licensee for referring a patient to another provider of health care or a health care facility or the provision of remuneration by a licensee for a referral to the business of the licensee.

(c) "Sexual misconduct" means:

(1) Sexual relations between a licensee and a patient of that licensee, regardless of whether the patient initiated or consented to those sexual relations.

(2) Conduct by a licensee, in regard to a patient, that is sexual in nature, sexually suggestive or sexually demeaning to the patient.

(3) The commission by a licensee of one or more of the offenses defined in NRS 200.368, 200.730, 201.210 and 201.220.

(4) The use by a licensee of deception, misrepresentation or force for the purpose of engaging in sexual conduct with a patient in:

(I) A clinical setting; or

(II) A setting that is used ordinarily for the provision of chiropractic services.

Ê The term does not include sexual conduct or sexual relations that take place between a licensee and his or her spouse or between a licensee and a person who was a patient after the chiropractor-patient relationship has been terminated for a reasonable time.

(d) "Sexual relations" means:

(1) Sexual intercourse.

(2) Any touching of sexual or other intimate parts of a person or causing such person to touch the sexual or other intimate parts of the licensee for the purpose of arousing or gratifying the sexual desire of either the licensee or the patient.

(Added to NAC by Bd. of Chiropractic Exam'rs, eff. 7-29-88; A 1-31-94; A by Chiropractic Physicians' Bd. by R030-98, 9-10-98; R095-03, 10-22-2003; R034-05, 10-31-2005; R140-05, 11-17-2005; R150-13, 3-28-2014)

NAC 634.435 Health care records. (NRS 634.030)

1. In addition to the requirements set forth in chapter 629 of NRS, a licensee shall ensure that the health care records of his or her patients:

(a) Include documentation of treatment of a patient, as specified in subparagraph (3) of paragraph (e), within 72 hours after that treatment;

(b) Include documentation of information exchanged with a patient within 72 hours after that exchange;

(c) Are clear, legible, complete and accurate;

(d) Remain confidential, where such confidentiality is required by law;

(e) Contain the following information:

(1) A description of the chief complaint for which the patient sought treatment from the licensee;

(2) Documentation of any significant event that affects the chief complaint of the patient or the general history of the health of the patient; and

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- (3) An accurate record of the diagnostic and therapeutic procedures that the licensee has employed in providing chiropractic services to the patient, including, without limitation:
- (I) Examinations and the results of those examinations;
 - (II) Diagnoses;
 - (III) Plans for treatment of the patient, including, without limitation, any changes in those plans and the reasons for those changes;
 - (IV) Areas of the body of the patient on which the licensee has performed chiropractic adjustments;
 - (V) Dates on which the licensee provided chiropractic services to the patient; and
 - (VI) A record of the response of the patient to treatment; and

(f) Are not altered without recordation of the date and time of the alteration and the identity of the person who makes the alteration, whether the records are made and maintained on paper or in a computer.

2. A licensee who obtains the records of a patient of another licensee because of a change in the ownership of a practice shall:

- (a) Report to the Board the transfer of the records; and
- (b) Inform the Board, in writing, of the physical location of those records within 15 days after the change in ownership of the practice.

3. A licensee who retires, moves to another state, closes his or her practice or changes the status of his or her license from active to inactive shall, within 15 days after the retirement, move, closure or change of status, inform the Board of the location at which the records of his or her patients may be obtained.

4. The administrator of the estate of a licensee who is deceased shall inform the Board of the location at which the records of the patients of the deceased licensee will be retained.

5. As used in this section, "patient" includes:

- (a) A member of the licensee's family;
- (b) A relative of the licensee; and
- (c) A member of the licensee's staff,

to whom the licensee provides chiropractic services.

(Added to NAC by Bd. of Chiropractic Exam'rs, eff. 11-23-93; A by Chiropractic Physicians' Bd. by R030-98, 9-10-98; R014-10, 5-5-2011; R150-13, 3-28-2014)

NAC 634.445 Practice without maintaining professional liability insurance: Written disclosures. (NRS 634.030, 634.1295)

1. Each written disclosure that is posted by a licensee pursuant to paragraph (a) of subsection 1 of NRS 634.1295 must:

- (a) Be printed in boldface capital letters on paper that is at least 8 1/2 inches by 11 inches in size;
- (b) Not contain text that is smaller than a 42-point font or less than 1/2 inch in height; and
- (c) Be in substantially the following form:

IMPORTANT NOTICE TO MY PATIENTS

I, (NAME OF CHIROPRACTOR), DO NOT MAINTAIN PROFESSIONAL LIABILITY INSURANCE.

2. Each written disclosure that is given to a patient by a licensee pursuant to paragraph (b) of subsection 1 of NRS 634.1295 must:

- (a) Be printed in boldface letters on paper that is at least 8 1/2 inches by 11 inches in size;

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Written into their Administrative rules.

- (b) Be captioned in capital letters in text that is not smaller than a 28-point font or less than 1/4 inch in height;
- (c) Not contain text that is smaller than an 18-point font or less than 1/4 inch in height; and
- (d) Be in substantially the following form:

ACKNOWLEDGMENT OF LACK OF PROFESSIONAL LIABILITY INSURANCE

I, (name of patient), acknowledge that I am aware that (name of chiropractor) does not maintain professional liability insurance coverage.

(date)

.....
(signature of patient)

3. A written disclosure described in subsection 2 must be signed by the patient before the licensee provides any chiropractic treatment or care to the patient.

4. After a written disclosure described in subsection 2 is signed by a patient, the licensee shall maintain the written disclosure as a part of the record of the patient.

(Added to NAC by Chiropractic Physicians' Bd. by R140-05, eff. 11-17-2005; A by R101-08, 12-17-2008)

NAC 634.455 Chiropractor's assistant: Display of certificate. (NRS 634.030)

1. A chiropractor's assistant shall display his or her certificate at the place of practice of the supervising licensee.

2. If the supervising licensee practices at more than one location and the chiropractor's assistant works at more than one of those locations, the chiropractor's assistant shall:

(a) Display his or her certificate at the office where he or she performs the majority of his or her work; and

(b) Display a duplicate certificate, which the chiropractor's assistant shall obtain from the Board, at each of the other locations where he or she works.

3. A chiropractor's assistant shall not display his or her certificate except as otherwise provided in this section.

(Added to NAC by Bd. of Chiropractic Exam'rs, eff. 11-23-93; A by Chiropractic Physicians' Bd. by R030-98, 9-10-98; R101-08, 12-17-2008)

NAC 634.460 Chiropractor's assistant and chiropractor's assistant trainee: Prohibited acts. (NRS 634.030) A chiropractor's assistant or chiropractor's assistant trainee may not:

- 1. Diagnose a patient or establish a prognosis.
- 2. Prescribe a program of treatment for any patient.
- 3. Perform any service that is not specifically authorized by the provisions of chapter 634 of NRS.
- 4. Perform any service that is not specifically authorized by the terms of his or her certificate.
- 5. Perform a chiropractic adjustment.
- 6. Perform any service, except at the direction and under the direct supervision of a licensee.
- 7. Bill independently of the supervising licensee for any services rendered.

(Added to NAC by Bd. of Chiropractic Exam'rs, eff. 7-29-88; A by Chiropractic Physicians' Bd. by R030-98, 9-10-98; R095-03, 10-22-2003; R034-05, 10-31-2005; R101-08, 12-17-2008)

Idaho

Formal Code

Appendix A – Chiropractic Physicians Code of Ethics PREAMBLE

This code of ethics set forth principles for the ethical practice of chiropractic. All chiropractic physicians are responsible for maintaining and promoting ethical practice and otherwise complying with the terms of this code of ethics. To this end, the chiropractic physician shall act in the best interest of the patient. This code of ethics shall be binding on all chiropractic physicians.

1. Duty to Report

A. **Duty to Report.** It shall be the duty of every licensee to notify the Board through the Bureau of Occupational Licenses of any violation of the Chiropractic Act or Board Rules, if the licensee has personal knowledge of the conduct.

B. **Reporting of Certain Judgments to Board.** If a judgment is entered against a licensee in any court, or a settlement is reached on a claim involving malpractice exceeding fifty thousand dollars (\$50,000), a licensee shall report that fact to the Board within thirty (30) days. The licensee may satisfy the provision of this subsection if he/she provides the Board with a copy of the judgment or settlement.

If a licensee is convicted of a felony or a crime involving dishonesty, theft, violence, habitual use of drugs or alcohol, or sexual misconduct, he/she shall report that fact to the board within thirty (30) days following the conviction.

2. Advertising of Research Projects

Advertisement of Affiliation with Research Projects. If a licensee advertises any affiliation with a research project, he must make a written statement of the objectives, cost and budget of the project, and the person conducting the research. Such statements are to be made available at the request of the Board, to scientific organizations, and to the general public. The advertisement must indicate that it is supported by clinical research. Any willful failure to comply with these requirements will be deemed false and deceptive advertising under rule 450. Licensee must comply with all state and federal laws and regulations governing research projects on humans, and shall obtain "Institutional Review Board" (IRB) approval as established and set forth in the U.S. Code of Federal Regulations, Title 45, Part 46, Subpart A (45 CFR 46.101-46-505).

3. Sexual Misconduct

The doctor-patient relationship requires the chiropractic physician to exercise utmost care that he or she will do nothing to exploit the trust and dependency of the patient. Sexual misconduct is a form of behavior that adversely affects the public welfare and harms patients individually and collectively. Sexual misconduct exploits the doctor-patient relationship and is a violation of the public trust. This section of the Code of Ethics shall not apply between a chiropractor and their spouse.

For the purposes of this subsection, sexual misconduct is divided into sub-categories based upon the severity of the conduct:

A. **Sexual Impropriety.** Any behavior such as gestures, expressions, and statements which are sexually suggestive or demeaning to a patient, or which demonstrate a lack of respect for a patient's privacy.

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B. Sexual Violation. Physician-patient contact of a sexual nature, whether initiated by the physician or the patient

C. A chiropractic physician shall wait at least one (1) year ("waiting period") following the termination of a professional doctor-patient relationship, before beginning any type of sexual relationship with a former patient.

4. **Pre-Paid Funds**

A chiropractic physician shall promptly refund any unearned fees within thirty (30) days upon request and cancellation of the pre-paid contract. A full accounting of the patient account shall be provided to the patient at the time of the refund or upon request.

New Mexico

Formal Code

Ethical Guidelines for the Chiropractors in the State of New Mexico

“The greatest good for the patient”

PREAMBLE

This Code of Ethics is based upon the fundamental principle that the ultimate end and objective of the chiropractor's professional services and efforts should be “The greatest good for the patient.” This Code of Ethics is for the guidance of the profession with respect to the responsibilities to the patients, the public, to fellow practitioners and for such consideration as may be given them by the New Mexico State Legislature, The New Mexico Board of Chiropractic Examiners and also by the New Mexico Chiropractic Association to the extent that they are authorized under New Mexico law to exercise enforcement or disciplinary function.

RESPONSIBILITY TO THE PATIENT

- A. Doctors of chiropractic should hold themselves ready at all times to respond to the call of those needing their professional services, although they are free to accept or reject a particular patient.
- B. Doctors of chiropractic should attend to their patients only as often as they consider necessary to insure the well-being of their patients. Clinical judgment and practices should be exercised solely for the benefit of the patient.
- C. Doctors of chiropractic should terminate a professional relationship with a patient and/or make an appropriate referral when it becomes reasonably clear that the patient will not benefit from further care. Doctors of chiropractic should be ready to consult and seek the expertise of other health-care professionals when such consultation would benefit their patients or when their patients express a desire for such consultation.
- D. Having once undertaken to serve a patient, doctors of chiropractic should not neglect the patient. Doctors of chiropractic should not terminate their professional services to patients without taking reasonable steps to protect such patients, including notice, allowing the patient to obtain the professional services of another doctor and delivering to their patients all papers and documents in compliance with this Code of Ethics.
- E. Doctors of chiropractic should practice with the highest degree of professional competency and honesty in the care of their patients.
- F. Doctors of chiropractic should comply with a patient's authorization to provide records, or copies of such records, to those whom the patient designates as authorized to inspect or receive all or part of such records. A reasonable charge may be made for the cost of duplicating records that are pertinent to the treating diagnosis.
- G. Doctors of chiropractic should preserve and protect the patient's confidences and records, except as the patient direct or consents or the law requires.
- H. Doctors of chiropractic should be loyal, compassionate and respectful to their patients.
- I. Doctors of chiropractic should recognize and respect the right of every person to free choice of chiropractors or other health care providers, and the right to change such choices at will.
- J. Doctors of chiropractic are entitled to receive proper and reasonable compensation for their professional services commensurate with the value of the services they have rendered and the nature of the condition.
- K. Doctors of chiropractic should maintain the highest standards of professional and personal conduct and should refrain from illegal or morally reprehensible conduct or comments.
- L. Doctors of chiropractic should assure that the patient is presented with enough information to make an informed decision in regard to proposed chiropractic treatment.

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RESPONSIBILITY TO THE PUBLIC

- A. Doctors of chiropractic should observe the appropriate laws, decisions of the New Mexico Board of Chiropractic Examiners and cooperate with the pertinent activities and policies of the Association, or any other body that is legally authorized to regulate or assist in the regulation of the chiropractic profession
- B. Doctors of chiropractic may advertise but should exercise utmost care that such advertising is accurate, not misleading, and is correct in representing the chiropractor's professional status. Communications to the public should not create unjustified expectations of results. Doctors of chiropractic should conform to all applicable New Mexico laws and regulations in connection with professional advertising.
- C. Doctors of chiropractic should continually strive to improve their skills and competency by keeping abreast of current developments contained in health and scientific literature and by participating in continuing chiropractic educational programs and utilizing all other appropriate means as well.
- D. Doctors of chiropractic may testify either as an expert witness or as a treating doctor when their patients are involved in court cases, workers' compensation proceedings or in other similar administrative proceedings in personal injury and related cases.
- E. Doctors of chiropractic should be concerned with the reputation of the chiropractic profession and should bring to the attention of the appropriate authorities those chiropractors who engage in conduct inconsistent with this Code of Ethics, or statutes or regulations within the State of New Mexico.

RESPONSIBILITY TO THE ASSOCIATION AND THE PROFESSION

- A. Doctors of chiropractic should recognize that their public behavior may have an impact on the ability of the profession to serve the public. Doctors of chiropractic should promote public confidence in the chiropractic profession.
- B. Doctors of chiropractic should recognize their obligation to help others acquire knowledge and skill in the practice of the profession. They should maintain high standards of scholarship, education, training and objectivity in the accurate and full dissemination of information and ideas.
- C. Doctors of chiropractic should promote and maintain cordial inter-professional and intra-professional relationships.
- D. Doctors of chiropractic should support the New Mexico Chiropractic Association and actively participate in assisting with the goals of the association.
- E. The New Mexico Chiropractic Association does not condone any illegal and /or unethical activities. Officers, and members found guilty of such activities shall be subject to board disciplinary action as outlined in the policies and bylaws of the NMCA.

Adopted by the NMCA Board of Directors at its meeting on December 11, 2004

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R4-7-902. Unprofessional or Dishonorable Conduct Unprofessional or dishonorable conduct, as used in A.R.S. § 32- 924(A)(5), means:

1. Failing to disclose, in writing, to a patient or a third-party payor that the licensee has a financial interest in a diagnostic or treatment facility, test, good, or service when referring a patient for a prescribed diagnostic test, treatment, good, or service and that the diagnostic test, treatment, good or service is available on a competitive basis from another provider. This subsection does not apply to a referral by one licensee to another within a group of licensees who practice together. This subsection applies regardless of whether the referred service is provided at the licensee's place of practice or at another location.
2. Knowingly making a false or misleading statement to a patient or a third-party payor.
3. Knowingly making a false or misleading statement, providing false or misleading information, or omitting material information in any oral or written communication, including attachments, to the Board, Board staff, or a Board representative or on any form required by the Board.
4. Knowingly filing with the Board an application or other document that contains false or misleading information.
5. Failing to create an adequate patient record that includes the patient's health history, clinical impression, examination findings, diagnostic results, x-ray films if taken, xray reports, treatment plan, notes for each patient visit, and a billing record. The notes for each patient visit shall include the patient's name, the date of service, the chiropractic physician's findings, all services rendered, and the name or initials of the chiropractic physician who provided services to the patient.
6. Failing to maintain the information required by subsection (5) for a patient, for at least six years after the last treatment date, or for a minor, six years after the minor's 18th birthday, or failing to provide written notice to the Board about how to access the patient records of a chiropractic practice that is closed by providing, at a minimum, the physical address, telephone number and full name of a person who can be contacted regarding where the records are maintained, for at least six years after each patient's last treatment date or 18th birthday.
7. Failing to: a. Release a copy of all requested patient records under subsection (5), including the original or diagnostic quality radiographic copy x-rays, to another licensed physician, the patient, or the authorized agent of the patient, within 10 business days of the receipt of a written request to do so. This subsection does not require the release of a patient's billing record to another licensed physician. b. Release a copy of any specified portion or all of a patient's billing record to the patient or the authorized agent of the patient, within 10 business days of the receipt of a written request to do so. c. In the case of a patient or a patient's authorized agent who has verbally requested the patient record: i. Provide the patient record, or ii. Inform the patient or patient's authorized agent that the record must be provided if a written request is made under subsection (7)(a) or (b). d. Return original x-rays to a licensed physician within 10 business days of a written request to do so. e. Provide free of charge, copies of patient records to another licensed physician, the patient, or the authorized agent of the patient in violation of A.R.S. Title 12, Chapter 13, Article 7.1.
8. Representing that the licensee is certified by this Board in a specialty area in which the licensee is not certified or has academic or professional credentials that the licensee does not have.
9. Failing to provide to a patient upon request documentation of being certified by the Board in a specialty area or the licensee's academic certification, degree, or professional credentials.

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10. Practicing, or billing for services under any name other than the name by which the chiropractic physician is licensed by the Board, including corporate, business, or other licensed health care providers' names, without first notifying the Board in writing.

11. Suggesting or having sexual contact, as defined in A.R.S. § 13-1401, in the course of patient treatment or within three months of the last chiropractic examination, treatment, or consultation with an individual with whom a consensual sexual relationship did not exist prior to a chiropractic/patient relationship being established.

12. Intentionally viewing a completely or partially disrobed patient in the course of an examination or treatment if the viewing is not related to the patient's complaint, diagnoses, or treatment under current practice standards.

13. Improper billing. Improper billing means: a. Knowingly charging a fee for services not rendered; b. Knowingly charging a fee for services not documented in the patient record as being provided; c. Charging a fee by fraud or misrepresentation, or willfully and intentionally filing a fraudulent claim with a third-party payor; d. Misrepresenting the service provided for the purpose of obtaining payment; and e. Charging a fee for a service provided by an unlicensed person who is not a chiropractic assistant under A.R.S. § 32-900 or for services provided by an unsupervised chiropractic assistant; and f. Repeatedly billing for services not rendered or not documented as rendered or repeatedly engaging in acts prohibited under subsections (13)(c) through (e).

14. Failing to timely comply with a board subpoena pursuant to A.R.S. § 32-929 that authorizes Board personnel to have access to any document, report, or record maintained by the chiropractic physician relating to the chiropractic physician's practice or professional activities.

15. Failing to notify the Board of hiring a chiropractic assistant or to register a chiropractic assistant under R4-7- 1102 or failing to supervise a chiropractic assistant, under A.R.S. § 32-900 that is supervised or employed by the chiropractic physician.

16. Allowing or directing a person who is not a chiropractic assistant and who is not licensed to practice a health care profession to provide patient services, other than clerical duties.

17. Intentionally misrepresenting the effectiveness of a treatment, diagnostic test, or device.

18. Administering, prescribing, or dispensing prescriptiononly medicine, or prescription-only drugs, or a prescription-only device as defined in A.R.S. § 32-1901 and pursuant to A.R.S. § 32-925(B). This subsection does not apply to those substances identified under R4-7-101(13).

19. Performing surgery or practicing obstetrics in violation of A.R.S. § 32-925(B). 20. Performing or providing colonic irrigation.

21. Penetration of the rectum by a rectal probe or device for the administration of ultrasound, diathermy, or other modalities.

22. Use of ionizing radiation in violation of A.R.S. § 32- 2811.

23. Promoting or using diagnostic testing or treatment for research or experimental purposes: a. Without obtaining informed consent from the patient, in writing, before the diagnostic test or treatment. Informed consent includes disclosure to the patient of the research protocols, contracts the licensee has with researchers, if applicable, and information on the institutional review committee used to establish patient protection. b. Without conforming to generally accepted research or experimental

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criteria, including following protocols, maintaining detailed records, periodic analysis of results, and periodic review by a peer review committee; or c. For the financial benefit of the licensee.

24. Having professional connection with, lending one's name to, or billing on behalf of an illegal practitioner of chiropractic or an illegal practitioner of any healing art.
25. Holding oneself out to be a current or past Board member, Board staff member or a Board chiropractic consultant if this is not true.
26. Claiming professional superiority in the practice of chiropractic under A.R.S. § 32-925.
27. Engaging in disruptive or abusive behavior in a clinical setting.
28. Providing substandard care due to an intentional or negligent act or failure to act regardless of whether actual injury to the patient is established.
29. Intentionally disposing of confidential patient information or records without first redacting all personal identifying patient information or by any means other than shredding or incinerating the information or record.
30. Intentionally disclosing a privileged communication or document, or confidential patient information except as otherwise required or allowed by law.
31. Having been diagnosed by a physician whom the Board determines is qualified to render the diagnosis as habitually using or having habitually used alcohol, narcotics, or stimulants to the extent of incapacitating the licensee for the performance of professional duties.
32. Committing a felony, whether or not involving moral turpitude, or a misdemeanor involving moral turpitude. Conviction by a court of competent jurisdiction or a plea of no contest is conclusive evidence of the commission.
33. Having an action taken against a professional license in another jurisdiction, any limitation or restriction of the license, probation, suspension, revocation, surrender of the license as a disciplinary measure or denial of a license application or license renewal for a reason related to unprofessional conduct.
34. Directly or indirectly dividing a professional fee for patient referrals among health care providers or health care institutions or between providers and institutions or entering into a contractual arrangement to that effect. This subsection does not prohibit the members of any regularly and properly organized business entity recognized by law from dividing fees received for professional services among themselves as they determine necessary.
35. Failing to report in writing to the Board any information based upon personal knowledge that a chiropractic physician may be grossly incompetent, guilty of unprofessional or dishonorable conduct, or mentally or physically unable to provide chiropractic services safely. Any person who reports or provides information to the Board in good faith is not subjected to civil damages as a result of reporting or providing the information. If the informant requests that the informant's name not be disclosed, the Board shall not disclose the informant's name unless disclosure is essential to the disciplinary proceedings conducted under A.R.S. § 32-924 or required under A.R.S. § 41-1010.
36. Violating any federal or state statute or rule or regulation applicable to the practice of chiropractic.
37. Any act or omission identified in A.R.S. § 32-924(A).

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CCA Code of Ethics

PREAMBLE

This Code of Ethics is based upon the fundamental principle that the ultimate end, and objective of the chiropractor's professional services and efforts should be : "The greatest good for the patient."

This Code of Ethics is for the guidance of the profession with respect to responsibilities to patients, the public, to fellow practitioners, and for such consideration as may be given them by the Colorado State Legislature, The Colorado Board of Chiropractic Examiners, and also by the Colorado Chiropractic Association, to the extent that they are authorized under Colorado law to exercise enforcement, or disciplinary functions.

RESPONSIBILITY TO THE PATIENT

- A. Doctors of chiropractic should hold themselves ready at all times to respond to the call of those needing their professional services, although they are free to accept or reject a particular patient.
- B. Doctors of chiropractic should attend to their patients only as often as they consider necessary to insure the well-being of their patients. Clinical judgment and practices should be exercised solely for the benefit of the patient.
- C. Doctors of chiropractic should terminate a professional relationship with a patient and/or make an appropriate referral when it becomes reasonably clear that the patient will not benefit from further care. Doctors of chiropractic should be ready to consult and seek the expertise of other health-care professionals when such consultation would benefit their patients, or when their patients express a desire for such consultation.
- D. Having once undertaken to serve a patient, doctors of chiropractic should not neglect the patient. Doctors of chiropractic should not terminate their professional services to patients without taking reasonable steps to protect such patients, including notice, allowing the patient to obtain the professional services of another doctor and delivering to their patients all papers and documents in compliance with this Code of Ethics.
- E. Doctors of chiropractic should practice with the highest degree of professional competency and honesty in the care of their patients.
- F. Doctors of chiropractic should comply with a patient's authorization to provide records, or copies of such records, to those whom the patient designates as authorized to inspect or receive all or part of such records. A reasonable charge may be made for the cost of duplicating records that are pertinent to the treating diagnosis.
- G. Doctors of chiropractic should preserve and protect the patient's confidences and records, except as the patient directs or consents, or the law requires.
- H. Doctors of chiropractic should be loyal, compassionate and respectful to their patients.
- I. Doctors of chiropractic should recognize and respect the right of every person to free choice of chiropractors or other health care providers, and the right to change such choice at will.
- J. Doctors of chiropractic are entitled to receive proper and reasonable compensation for their professional services commensurate with the value of the services they have rendered and the nature of the condition.

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K. Doctors of chiropractic should maintain the highest standards of professional and personal conduct, and should refrain from illegal or morally reprehensible conduct or comments.

L. Doctors of chiropractic should assure that the patient is presented with enough information to make an informed decision in regard to proposed chiropractic treatment.

RESPONSIBILITY TO THE PUBLIC

A. Doctors of chiropractic should observe the appropriate laws, decisions of The Colorado Board of Chiropractic Examiners, and cooperate with the pertinent activities and policies of the Association, or any other body that is legally authorized to regulate or assist in the regulation of the chiropractic profession.

B. Doctors of chiropractic may advertise but should exercise utmost care that such advertising is accurate, not misleading, and is correct in representing the chiropractor's professional status. Communications to the public should not create unjustified expectations of results. Doctors of chiropractic should conform to all applicable Colorado laws and regulations in connection with professional advertising.

C. Doctors of chiropractic should continually strive to improve their skills and competency by keeping abreast of current developments contained in health and scientific literature, and by participating in continuing chiropractic educational programs, and utilizing all other appropriate means as well.

D. Doctors of chiropractic may testify either as an expert witness, or as a treating doctor when their patients are involved in court cases, workers' compensation proceedings, or in other similar administrative proceedings in personal injury or related cases.

E. Doctors of chiropractic should be concerned with the reputation of the chiropractic profession and should bring to the attention of the appropriate authorities, those chiropractors who engage in conduct inconsistent with this Code of Ethics, or statutes or regulations within the State of Colorado.

RESPONSIBILITY TO THE ASSOCIATION AND THE PROFESSION

A. Doctors of chiropractic should recognize that their public behavior may have an impact on the ability of the professional to serve the public. Doctors of chiropractic should promote public confidence in the chiropractic profession.

B. Doctors of chiropractic should recognize their obligation to help others acquire knowledge and skill in the practice of the profession. They should maintain high standards of scholarship, education, training and objectivity in the accurate and full dissemination of information and ideas.

C. Doctors of chiropractic should promote and maintain cordial inter-professional and intra-professional relationships.

D. Doctors of chiropractic should support the Colorado Chiropractic Association and actively participate in assisting with the goals of the association.

E. The Colorado Chiropractic Association does not condone any illegal and/or unethical activities. Officers, and members found guilty of such activities shall be subject to board disciplinary action as outlined in the policies and bylaws of the CCA.