

Code of Ethics

AMHCA members follow the highest professional standards and pledge to abide by this code.

Code of Ethics of the American Mental Health Counselors Association 2000 Revision

Preamble

Mental health counselors believe in the dignity and worth of the individual. They are committed to increasing knowledge of human behavior and understanding of themselves and others. While pursuing these endeavors, they make every reasonable effort to protect the welfare of those who seek their services, or of any subject that may be the object of study. They use their skills only for purposes consistent with these values and do not knowingly permit their misuse by others. While demanding for themselves freedom of inquiry and community, mental health counselors accept the responsibility this freedom confers: competence, objectivity in the application of skills, and concern for the best interest of clients, colleagues, and society in general. In the pursuit of these ideals, mental health counselors subscribe to the following principles:

Principle 1 Welfare of the Consumer

Principle 3 Confidentiality

Principle 5 Pursuit of Research Activities

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Clinical Issues

Principle 1 Welfare of the Consumer

A) Primary Responsibility

1. The primary responsibility of the mental health counselor is to respect the dignity and integrity of the client. Client growth and development are encouraged in ways that foster the client's interest and promote welfare.
2. Mental health counselors are aware of their influential position with respect to their clients, and avoid exploiting the trust and fostering dependency of their clients.
3. Mental health counselors fully inform consumers as to the purpose and nature of any evaluation, treatment, education or training procedure and they fully acknowledge that the consumer has the freedom of choice with regard to participation.

B) Counseling Plans

Mental health counselors and their clients work jointly in devising integrated, individual counseling plans that offer reasonable promise of success and are consistent with the abilities and

circumstances of the client. Counselors and clients regularly review counseling plans to ensure their continued viability and effectiveness, respecting the client's freedom of choice.

C) Freedom of Choice

Mental health counselors offer clients the freedom to choose whether to enter into a counseling relationship and determine which professionals will provide the counseling. Restrictions that limit clients' choices are fully explained.

D) Clients Served by Others

1. If a client is receiving services from another mental health professional or counselor, the mental health counselor secures consent from the client, informs that professional of the arrangement, and develops a clear agreement to avoid confusion and conflicts for the client.
2. Mental health counselors are aware of the intimacy and responsibilities inherent in the counseling relationship. They maintain respect for the client and avoid actions that seek to meet their personal needs at the expense of the client. Mental health counselors are aware of their own values, attitudes, beliefs and behaviors, and how these apply in a diverse society. They avoid imposing their values on the consumer.

E) Diversity

1. Mental health counselors do not condone or engage in any discrimination based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status or socioeconomic status.
2. Mental health counselors will actively attempt to understand the diverse cultural backgrounds of the clients with whom they work. This includes learning how the counselor's own cultural/ethical/racial/religious identity impacts his or her own values and beliefs about the counseling process. When there is a conflict between the client's goals, identity and/or values and those of the mental health counselor, a referral to an appropriate colleague must be arranged.

F) Dual Relationships

Mental health counselors are aware of their influential position with respect to their clients and avoid exploiting the trust and fostering dependency of the client.

1. Mental health counselors make every effort to avoid dual relationships with clients that could impair professional judgement or increase the risk of harm. Examples of such relationships may include, but are not limited to: familial, social, financial, business, or close personal relationships with the clients.
2. Mental health counselors do not accept as clients individuals with whom they are involved in an administrative, supervisory, and evaluative nature. When acting as supervisors, trainers, or employers, mental health counselors accord recipients informed choice, confidentiality and protection from physical and mental harm.
3. When a dual relationship cannot be avoided, counselors take appropriate professional precautions such as informed consent, consultation, supervision and documentation to ensure that judgement is not impaired and no exploitation has occurred.

G) Sexual Relationships

Sexual relationships with clients are strictly prohibited. Mental health counselors do not counsel persons with whom they have had a previous sexual relationship.

H) Former Clients

Counselors do not engage in sexual intimacies with former clients within a minimum of two years

after terminating the counseling relationship. The mental health counselor has the responsibility to examine and document thoroughly that such relations did not have an exploitative nature based on factors such as duration of counseling, amount of time since counseling, termination circumstances, the client's personal history and mental status, adverse impact on the client, and actions by the counselor suggesting a plan to initiate a sexual relationship with the client after termination.

I) Multiple Clients

When mental health counselors agree to provide counseling services to two or more persons who have a relationship (such as husband and wife, or parents and children), counselors clarify at the outset which person or persons are clients, and the nature of the relationship they will have with each involved person. If it becomes apparent that counselors may be called upon to perform potentially conflicting roles, they clarify, adjust, or withdraw from roles appropriately.

J) Informed Consent

Mental health counselors are responsible for making their services readily accessible to clients in a manner that facilitates the clients' abilities to make an informed choice when selecting a provider. This responsibility includes a clear description of what the client can expect in the way of tests, reports, billing, therapeutic regime and schedules, and the use of the mental health counselor's statement of professional disclosure. In the event that a client is a minor or possesses disabilities that would prohibit informed consent, the mental health counselor acts in the client's best interest.

K) Conflict of Interest

Mental health counselors are aware of possible conflicts of interests that may involve the organization in which they are employed and their client. When conflicts occur, mental health counselors clarify the nature of the conflict and inform all parties of the nature and direction of their loyalties and responsibilities, and keep all parties informed of their commitments.

L) Fees and Bartering

1. Mental health counselors clearly explain to clients, prior to entering the counseling relationship, all financial arrangements related to professional services, including the use of collection agencies or legal measures for nonpayment.
2. In establishing fees for professional counseling services, mental health counselors consider the financial status of their clients and locality. In the event that the payment of the mental health counselor's usual fees would create undue hardship for the client, assistance is provided in attempting to find comparable services at an acceptable cost.
3. Mental health counselors ordinarily refrain from accepting goods or services from clients in return for counseling service because such arrangements create inherent potential for conflicts, exploitation and distortion of the professional relationship. Participation in bartering is only used when there is no exploitation, if the client requests it, if a clear written contract is established, and if such an arrangement is an accepted practice among professionals in the community.

M) Pro Bono Service

Mental health counselors contribute to society by devoting a portion of their professional activity to services for which there is little or no financial return.

N) Consulting

Mental health counselors may choose to consult with any other professionally competent person about a client. In choosing a consultant, the mental health counselor should avoid placing the consultant in a conflict of interest situation that would preclude the consultant from being a proper

party to the mental health counselor's effort to help the client.

O) Group Work

1. Mental health counselors screen prospective group counseling/therapy participants. Every effort is made to select members whose needs and goals are compatible with goals of the group, who will not impede the group process, and whose well being will not be jeopardized by the group experience.
2. In the group setting, mental health counselors take reasonable precautions to protect clients from physical and psychological harm or trauma.
3. When the client is engaged in short term group treatment/training programs, i.e. marathons and other encounter type or growth groups, the members ensure that there is professional assistance available during and following the group experience.

P) Termination and Referral

Mental health counselors do not abandon or neglect their clients in counseling. Assistance is given in making appropriate arrangements for the continuation of treatment, when necessary, during interruptions such as vacation and following termination.

Q) Inability to assist clients

If the mental health counselor determines that their services are not beneficial to the client, they avoid entering or terminate immediately a counseling relationship. Mental health counselors are knowledgeable about referral sources and appropriate referrals are made. If clients decline the suggested referral, mental health counselors discontinue the relationship.

R) Appropriate Termination

Mental health counselors terminate a counseling relationship, securing a client's agreement when possible, when it is reasonably clear that the client is no longer benefiting, when services are no longer required, when counseling no longer serves the needs and interests of the client, when clients do not pay fees charged, or when agency or institution limits do not allow provision of further counseling services.

Principle 2 Clients' Rights

The following apply to all consumers of mental health services, including both in- and out-patients and all state, county, local, and private care mental health facilities, as well as clients of mental health practitioners in private practice.

The client has the right:

- A) To be treated with dignity, consideration and respect at all times;
- B) To expect quality service provided by concerned, trained, professional and competent staff;
- C) To expect complete confidentiality within the limits of the law, and to be informed about the legal exceptions to confidentiality; and to expect that no information will be released without the client's knowledge and written consent;
- D) To a clear working contract in which business items, such as time of sessions, payment plans/fees, absences, access, emergency procedures, and third-party reimbursement procedures

are discussed;

E) To a clear statement of the purposes, goals, techniques, rules of procedure and limitations, as well as the potential dangers of the services to be performed, and all other information related to or likely to affect the ongoing mental health counseling relationship;

F) To appropriate information regarding the mental health counselor's education, training, skills, license and practice limitations and to request and receive referrals to other clinicians when appropriate;

G) To full, knowledgeable, and responsible participation in the ongoing treatment plan to the maximum extent feasible;

H) To obtain information about their case record and to have this information explained clearly and directly;

I) To request information and/or consultation regarding the conduct and progress of their therapy;

J) To refuse any recommended services and to be advised of the consequences of this action;

K) To a safe environment free of emotional, physical and sexual abuse;

L) To a client grievance procedure, including requests for consultation and/or mediation; and to file a complaint with the mental health counselor's supervisor, and/or the appropriate credentialing body; and

M) To a clearly defined ending process, and to discontinue therapy at any time.

Principle 3 Confidentiality

Mental health counselors have a primary obligation to safeguard information about individuals obtained in the course of practice, teaching, or research. Personal information is communicated to others only with the person's written consent or in those circumstances where there is clear and imminent danger to the client, to others or to society. Disclosure of counseling information is restricted to what is necessary, relevant and verifiable.

A) At the outset of any counseling relationship, mental health counselors make their clients aware of their rights in regard to the confidential nature of the counseling relationship. They fully disclose the limits of, or exceptions to, confidentiality, and/or the existence of privileged communication, if any.

B) All materials in the official record shall be shared with the client, who shall have the right to decide what information may be shared with anyone beyond the immediate provider of service and be informed of the implications of the materials to be shared.

C) Confidentiality belongs to the clients. They may direct the mental health counselor, in writing, to release information to others. The release of information without the consent of the client may only take place under the most extreme circumstances. The protection of life, as in the case of suicidal or homicidal clients, exceeds the requirements of confidentiality. The protection of a child, an elderly person, or a person not competent to care for themselves from physical or sexual

abuse or neglect requires that a report be made to a legally constituted authority. The mental health counselor complies with all state and federal statutes concerning mandated reporting of suicidality, homicidality, child abuse, incompetent person abuse and elder abuse. The protection of the public or another individual from a contagious condition known to be fatal also requires action that may include reporting the willful infection of another with the condition.

The mental health counselor (or staff member) does not release information by request unless accompanied by a specific release of information or a valid court order. Mental health counselors will comply with the order of a court to release information but they will inform the client of the receipt of such an order. A subpoena is insufficient to release information. In such a case, the counselor must inform his client of the situation and, if the client refuses release, coordinate between the client's attorney and the requesting attorney so as to protect client confidentiality and one's own legal welfare.

In the case of all of the above exceptions to confidentiality, the mental health counselor will release only such information as is necessary to accomplish the action required by the exception.

D) The anonymity of clients served in public and other agencies is preserved, if at all possible, by withholding names and personal identifying data. If external conditions require reporting such information, the client shall be so informed.

E) Information received in confidence by one agency or person shall not be forwarded to another person or agency without the client's written permission.

F) Service providers have the responsibility to ensure the accuracy and to indicate the validity of data shared with their parties.

G) Case reports presented in classes, professional meetings, or publications shall be so disguised that no identification is possible unless the client or responsible authority has read the report and agreed in writing to its presentation or publication.

H) Counseling reports and records are maintained under conditions of security, and provisions are made for their destruction when they have outlived their usefulness. Mental health counselors ensure that all persons in his or her employ, volunteers, and community aides maintain privacy and confidentiality.

I) Mental health counselors who ask that an individual reveal personal information in the course of interviewing, testing or evaluation, or who allow such information to be divulged, do so only after making certain that the person or authorized representative is fully aware of the purposes of the interview, testing or evaluation, and of the ways in which the information will be used.

J) Sessions with clients may be taped or otherwise recorded only with their written permission or the written permission of a responsible guardian. Even with a guardian's written consent, one should not record a session against the expressed wishes of a client. Such tapes shall be destroyed when they have outlived their usefulness.

K) Where a child or adolescent is the primary client, or the client is not competent to give consent, the interests of the minor or the incompetent client shall be paramount. Where appropriate, a parent(s) or guardian(s) may be included in the counseling process. The mental health counselor must still take measures to safeguard the client's confidentiality.

L) In work with families, the rights of each family member should be safeguarded. The provider of service also has the responsibility to discuss the contents of the record with the parent and/or

child, as appropriate, and to keep separate those parts, which should remain the property of each family member.

M) In work with groups, the rights of each group member should be safeguarded. The provider of service also has the responsibility to discuss the need for each member to respect the confidentiality of each other member of the group. He must also remind the group of the limits on and risk to confidentiality inherent in the group process.

N) When using a computer to store confidential information, mental health counselors take measures to control access to such information. When such information has outlived its usefulness, it should be deleted from the system.

Principle 4 Utilization of Assessment Techniques

A) Test Selection

1. In choosing a particular test, mental health counselors should ascertain that there is sufficient evidence in the test manual of its applicability in measuring a certain trait or construct. The manual should fully describe the development of the test, the rationale, and data pertaining to item selection and test construction. The manual should explicitly state the purposes and applications for which the test is intended, and provide reliability and validity data about the test. The manual should furthermore identify the qualifications necessary to properly administer and interpret the test.
2. In selecting a particular combination of tests, mental health counselors need to be able to justify the logic of those choices.
3. Mental health counselors should employ only those tests for which they judge themselves competent by training, education, or experience. In familiarizing themselves with new tests, counselors thoroughly read the manual and seek workshops, supervision, or other forms of training.
4. Mental health counselors avoid using outdated or obsolete tests, and strive to remain current regarding test publication and revision.
5. Tests selected for individual testing must be appropriate for that individual in that appropriate norms exist for variables such as age, gender, and race. The test form must fit the client. If the test must be used in the absence of available information regarding the above subsamples, the limitations of generalizability should be duly noted.

B) Test Administration

1. Mental health counselors should faithfully follow instructions for administration of a test in order to ensure standardization. Failure to consistently follow test instructions will result in test error and incorrect estimates of the trait or behavior being measured.
2. Tests should only be employed in appropriate professional settings or as recommended by instructors or supervisors for training purposes. It is best to avoid giving tests to relatives, close friends or business associates, in that doing so constructs a dual professional/personal relationship, which is to be avoided.
3. Mental health counselors should provide the test taker with appropriate information regarding the reason for assessment, the approximate length of time required, and to whom the report will be distributed. Issues of confidentiality must be addressed, and the client must be given the opportunity to ask questions of the examiner prior to beginning the procedure.
4. Care should be taken to provide an appropriate assessment environment in regard to temperature, privacy, comfort, and freedom from distractions.

5. Information should be solicited regarding any possible handicaps, such as problems with visual or auditory acuity, limitations of hand/eye coordination, illness, or other factors. If the disabilities cannot be accommodated effectively, the test may need to be postponed or the limitations of applicability of the test results noted in the test report.
6. Professionals who supervise others should ensure that their trainees have sufficient knowledge and experience before utilizing the tests for clinical purposes.
7. Mental health counselors must be able to document appropriate education, training, and experience in areas of assessment they perform.

C) Test Interpretation

1. Interpretation of test or test battery results should be based on multiple sources of convergent data and an understanding of the tests' foundations and limits.
2. Mental health counselors must be careful not to make conclusions unless empirical evidence is present to justify the statement. If such evidence is lacking, one should not make diagnostic or prognostic formulations.
3. Interpretation of test results should take into account the many qualitative influences on test-taking behavior, such as health, energy, motivation, and the like. Description and analysis of alternative explanations should be provided with the interpretations.
4. One should not make firm conclusions in the absence of published information that establishes a satisfactory degree of test validity, particularly predictive validity.
5. Multicultural factors must be considered in test interpretation and diagnosis, and formulation of prognosis and treatment recommendations.
6. Mental health counselors should avoid biased or incorrect interpretation by assuring that the test norms reference the population taking the test.
7. Mental health counselors are responsible for evaluating the quality of computer software interpretations of test data. Mental health counselors should obtain information regarding validity of computerized test interpretation before utilizing such an approach.
8. Supervisors should ensure that their supervisees have had adequate training in interpretation before entrusting them to evaluate tests in a semi-autonomous fashion.
9. Any individual or organization offering test scoring or interpretation services must be able to demonstrate that their programs are based on sufficient and appropriate research to establish the validity of the programs and procedures used in arriving at interpretations. The public offering of an automated test interpretation service will be considered a professional-to-professional consultation. The formal responsibility of the consultant is to the consultee, but his or her ultimate and overriding responsibility is to the client.
10. Mental health counselors who have the responsibility for making decisions about clients or policies based on test results should have a thorough understanding of counseling theory, assessment techniques, and test research.
11. Mental health counselors do not represent computerized test interpretations as their own and clearly designate such computerized results.

D) Test Reporting

1. Mental health counselors should write reports in a clear fashion, avoiding excessive jargon or clinical terms that are likely to confuse the lay reader.
2. Mental health counselors should strive to provide test results in as positive and nonjudgmental manner as possible.
3. Mindful that one's report reflects on the reputation of oneself and one's profession, reports are carefully proofread so as to be free of spelling, style, and grammatical errors as much as is possible.
4. Clients should be clearly informed about who will be allowed to review the report and, in the absence of a valid court order, must sign appropriate releases of information permitting such release. Mental health counselors must not release the report or findings in the absence of the aforementioned releases or order.

5. Mental health counselors are responsible for ensuring the confidentiality and security of test reports, test data, and test materials.
6. Mental health counselors must offer the client the opportunity to receive feedback about the test results, interpretations, and the range of error for such data.
7. Transmissions of test data or test reports by fax or e-mail must be accomplished in a secure manner, with guarantees that the receiving device is capable of providing a confidential transmission only to the party who has been permitted to receive the document.
8. Mental health counselors should train his or her staff to respect the confidentiality of test reports in the context of typing, filing, or mailing them.
9. Mental health counselors (or staff members) do not release a psychological evaluation by request unless accompanied by a specific release of information or a valid court order. A subpoena is insufficient to release a report. In such a case, the counselor must inform his/her client of the situation and, if the client refuses release, coordinate between the client's attorney and the requesting attorney so as to protect client confidentiality and one's own legal welfare.

Principle 5 Pursuit of Research Activities

Mental health counselors who conduct research must do so with regard to ethical principles. The decision to undertake research should rest upon a considered judgment by the individual counselor about how best to contribute to counseling and to human welfare. Mental health counselors carry out their investigations with respect for the people who participate and with concern for their dignity and welfare.

1. The ethical researcher seeks advice from other professionals if any plan of research suggests a deviation from any ethical principle of research with human subjects. Such deviation must still protect the dignity and welfare of the client and places on the researcher a special burden to act in the subject's interest.
2. The ethical researcher is open and honest in the relationship with research participants.
 - a) The ethical researcher informs the participant of all features of the research that might be expected to influence willingness to participate and explains to the participant all other aspects about which the participant inquires.
 - b) Where scientific or human values justify delaying or withholding information, the investigator acquires a special responsibility to assure that there are no damaging consequences for the participants.
 - c) Following the collection of the data, the ethical researcher must provide the participant with a full clarification of the nature of the study to remove any misconceptions that may have arisen.
 - d) As soon as possible, the participant is to be informed of the reasons for concealment or deception that are part of the methodological requirements of a study.
 - e) Such misinformation must be minimized and full disclosure must be made at the conclusion of all research studies.
 - f) The ethical researcher understands that failure to make full disclosure to a research participant gives added emphasis to the researcher's abiding responsibility to protect the welfare and dignity of the participant.
3. The ethical researcher protects participants from physical and mental discomfort, harm and danger. If the risks of such consequences exist, the investigator is required to inform the participant of that fact, secure consent before proceeding, and take all possible measures to minimize the distress.
4. The ethical researcher instructs research participants that they are free to withdraw their consent and from participation at any time.
5. The ethical researcher understands that information obtained about research participants

- during the course of an investigation is confidential. When the possibility exists that others may obtain access to such information, the participant must be made aware of the possibility and the plans for protecting confidentiality as a part of the procedure for obtaining informed consent.
6. The ethical researcher gives sponsoring agencies, host institutions, and publication channels the same respect and opportunity for informed consent that they accord to individual research participants.
 7. The ethical researcher is aware of his or her obligation to future research workers and ensures that host institutions are given feedback information and proper acknowledgement.

Principle 6 Consulting

A) Mental health counselors acting as consultants must have a high degree of self-awareness of their own values, knowledge, skills and needs in entering a helping relationship that involves human and/or organizational change. The focus of the consulting relationship should be on the issues to be resolved and not on the personal characteristics of those presenting the consulting issues.

B) Mental health counselors should develop an understanding of the problem presented by the client and should secure an agreement with the consultation client, specifying the terms and nature of the consulting relationship.

C) Mental health counselors must be reasonably certain that they and their clients have the competencies and resources necessary to follow the consultation plan.

D) Mental health counselors should encourage adaptability and growth toward self-direction. Mental health counselors should avoid becoming a decision-maker or substitute for the client.

E) When announcing consultant availability for services, mental health counselors conscientiously adhere to professional standards.

F) Mental health counselors keep all proprietary information confidential.

G) Mental health counselors avoid conflicts of interest in selecting consultation clients.

Professional Issues

Principle 7 Competence

The maintenance of high standards of professional competence is a responsibility shared by all mental health counselors in the best interests of the public and the profession. Mental health counselors recognize the boundaries of their particular competencies and the limitations of their expertise. Mental health counselors only provide those services and use only those techniques for which they are qualified by education, techniques or experience. Mental health counselors maintain knowledge of relevant scientific and professional information related to the services they render, and they recognize the need for on-going education.

- A) Mental health counselors accurately represent their competence, education, training and experience.
- B) As teaching professionals, mental health counselors perform their duties based on careful preparation in order that their instruction is accurate, up to date and educational.
- C) Mental health counselors recognize the need for continued education and training in the area of cultural diversity and competency. Mental health counselors are open to new procedures and sensitive to the diversity of varying populations and changes in expectations and values over time.
- D) Mental health counselors and practitioners recognize that their effectiveness depends in part upon their ability to maintain sound and healthy interpersonal relationships. They are aware that any unhealthy activity would compromise sound professional judgement and competency. In the event that personal problems arise and are affecting professional services, they will seek competent professional assistance to determine whether they should limit, suspend or terminate services to their clients.
- E) Mental health counselors have a responsibility both to the individual who is served and to the institution within which the service is performed to maintain high standards of professional conduct. Mental health counselors strive to maintain the highest level of professional services offered to the agency, organization or institution in providing the highest caliber of professional services. The acceptance of employment in an institution implies that the mental health counselor is in substantial agreement with the general policies and principles of the institution. If, despite concerted efforts, the member cannot reach an agreement with the employer as to acceptable standards of conduct that allows for changes in institutional policy conducive to the positive growth and development of counselors, then terminating the affiliation should be seriously considered.
- G) Ethical behavior among professional associates, mental health counselors and non-mental health counselors is expected at all times. When information is possessed that raises serious doubts as to the ethical behavior of professional colleagues, whether association members or not, the mental health counselor is obligated to take action to attempt to rectify such a condition. Such action shall utilize the institution's channels first and then utilize procedures established by the state licensure board.
- H) Mental health counselors are aware of the intimacy of the counseling relationship, maintain a healthy respect for the integrity of the client, and avoid engaging in activities that seek to meet the mental health counselor's personal needs at the expense of the client. Through awareness of the negative impact of both racial and sexual stereotyping and discrimination, the member strives to ensure the individual rights and personal dignity of the client in the counseling relationship.

Principle 8 Professional Relationships

Mental health counselors act with due regard for the needs and feelings of their colleagues in counseling and other professions. Mental health counselors respect the prerogatives and obligations of the institutions or organizations with which they associate.

- A) Mental health counselors understand how related professions complement their work and make full use of other professional, technical, and administrative resources that best serve the interests of consumers. The absence of formal relationships with other professional workers does not relieve mental health counselors from the responsibility of securing for their clients the best

possible professional services; indeed, this circumstance presents a challenge to the professional competence of mental health counselors, requiring special sensitivity to problems outside their areas of training, and foresight, diligence, and tact in obtaining the professional assistance needed by clients.

B) Mental health counselors know and take into account the traditions and practices of other professional groups with which they work and cooperate fully with members of such groups when research, services and other functions are shared, or in working for the benefit of public welfare.

C) Mental health counselors treat professional colleagues with the same dignity and respect afforded to clients. Professional discourse should be free of personal attacks.

D) Mental health counselors strive to provide positive conditions for those they employ and to spell out clearly the conditions of such employment. They encourage their employees to engage in activities that facilitate their further professional development.

E) Mental health counselors respect the viability, reputation, and proprietary rights of organizations that they serve. Mental health counselors show due regard for the interest of their present or perspective employers. In those instances where they are critical of policies, they attempt to effect change by constructive action within the organization.

F) In pursuit of research, mental health counselors are to give sponsoring agencies, host institutions, and publication channels the same respect and opportunity for giving informed consent that they accord to individual research participants. They are aware of their obligation to future research workers and insure that host institutions are given feedback information and proper acknowledgement.

G) Credit is assigned to those who have contributed to a publication, in proportion to their contribution.

H) Mental health counselors do not accept or offer referral fees from other professionals.

I) When mental health counselors violate ethical standards, mental health counselors who know firsthand of such activities should, if possible, attempt to rectify the situation. Failing an informal solution, mental health counselors should bring such unethical activities to the attention of the appropriate state licensure board committee on ethics and professional conduct. Only after all professional alternatives have been utilized will mental health counselors begin legal action for resolution.

Principle 9 Supervisee, Student and Employee Relationships

Mental health counselors have an ethical concern for the integrity and welfare of supervisees, students, and employees. They maintain these relationships on a professional and confidential basis. They recognize the influential position they have with regard to both current and former supervisees, students and employees. They avoid exploiting their trust and dependency.

A) Mental health counselors do not engage in ongoing counseling relationships with current supervisees, students and employees.

B) All forms of sexual behavior with supervisees, students and employees are unethical. Further, mental health counselors do not engage in sexual or other harassment of supervisees, students,

employees or colleagues.

C) Mental health counselor supervisors advise their supervisees, students and employees against offering or engaging in or holding themselves out as competent to engage in professional services beyond their training, level of experience and competence.

D) Mental health counselors make every effort to avoid dual relationships with supervisees, students and employees that could impair their judgment or increase the risk of personal or financial exploitation. When a dual relationship can not be avoided, mental health counselors take appropriate professional precautions to make sure that judgment is not impaired. Examples of such dual relationships include, but are not limited to, a supervisee who receives supervision as a benefit of employment, or a student in a small college where the only available counselor on campus is an instructor.

E) Mental health counselors do not disclose supervisee confidences except:

1. To prevent clear and eminent danger to a person or persons.
2. As mandated by law.
 - a) As in mandated child or senior abuse reporting.
 - b) Where the counselor is a defendant in a civil, criminal or disciplinary action.
 - c) In educational or training settings where only other professionals who will share responsibility for the training of the supervisee are present.
 - d) Where there is a waiver of confidentiality obtained in writing prior to such a release of information.

F) Supervisees must make their clients aware in their informed consent statement that they are under supervision and they must provide their clients with the name and credentials of their supervisor.

G) Mental health counselors require their supervisees, students and employees to adhere to the Code of Ethics. Students and supervisees have the same obligations to clients as those required of mental health counselors.

Principle 10 Moral and Legal Standards

Mental health counselors recognize that they have a moral, legal and ethical responsibility to the community and to the general public. Mental health counselors should be aware of the prevailing community standards and the impact of professional standards on the community.

A) To protect students, mental health counselors/teachers will be aware of diverse backgrounds of students and will see that material is treated objectively and fairly to reflect the multicultural community in which they live.

B) Providers of counseling services conform to the statutes relating to such services as established by their state and its regulating professional board(s).

C) As employees, mental health counselors refuse to participate in an employer's practices that are inconsistent with the moral and legal standards established by federal or state legislation regarding the treatment of employees. In particular and for example, mental health counselors will not condone practices that result in illegal or otherwise unjustified discrimination on the basis of

race, sex, religion or national origin in hiring, promotion or training.

D) In providing counseling services to clients, mental health counselors avoid any action that will violate or diminish the legal and civil rights of clients or of others that may be effected by the action.

E) Sexual conduct, not limited to sexual intercourse, between mental health counselors and clients is specifically in violation of this Code of Ethics. This does not, however, prohibit the use of explicit instructional aids including films and videotapes. Such use is within excepted practices of trained and competent sex therapists.

Principle 11 Professional Responsibility

In their commitment to the understanding of human behavior, mental health counselors value objectivity and integrity, and in providing services they maintain the highest standards. They accept responsibility for the consequences of their work and make every effort to ensure that their services are used appropriately.

A) Mental health counselors accept ultimate responsibility for selecting appropriate areas for investigation and the methods relevant to minimize the possibility that their finding will be misleading. They provide thorough discussion of the limitations of their data and alternative hypotheses, especially where their work touches on social policy or might be misconstrued to the detriment of specific age, sex, ethnic, socioeconomic, or other social categories. In publishing reports of their work, they never discard observations that may modify the interpretation of results. Mental health counselors take credit only for the work they have actually done. In pursuing research, mental health counselors ascertain that their efforts will not lead to changes in individuals or organizations unless such changes are part of the agreement at the time of obtaining informed consent. Mental health counselors clarify in advance the expectations for sharing and utilizing research data. They avoid dual relationships that may limit objectivity, whether theoretical, political, or monetary, so that interference with data, subjects, and milieu is kept to a minimum.

B) As employees of an institution or agency, mental health counselors have the responsibility to remain alert to institutional pressures that may distort reports of counseling findings or use them in ways counter to the promotion of human welfare.

C) When serving as members of governmental or other organizational bodies, mental health counselors remain accountable as individuals to the Code of Ethics of the American Mental Health Counselors Association.

D) As teachers, mental health counselors recognize their primary obligation to help others acquire knowledge and skill. They maintain high standards of scholarship and objectivity by presenting counseling information fully and accurately, and by giving appropriate recognition to alternative viewpoints.

E) As practitioners, mental health counselors know that they bear a heavy social responsibility because their recommendations and professional actions may alter the lives of others. They therefore remained fully cognizant of their impact and alert to personal, social, organizational, financial or political situations or pressures that might lead to the misuse of their influence.

F) Mental health counselors provide reasonable and timely feedback to employees, trainees,

supervisors, students, clients, and others whose work they may evaluate.

Principle 12 Private Practice

A) A mental health counselor should assist, where permitted by legislation or judicial decision, the profession in fulfilling its duty to make counseling services available in private settings.

B) In advertising services as a private practitioner, mental health counselors should advertise the services in such a manner so as to accurately inform the public as to services, expertise, profession, and techniques of counseling in a professional manner. Mental health counselors who assume an executive leadership role in the organization shall not permit their name to be used in professional notices during periods when not actively engaged in the private practice of counseling. Mental health counselors advertise the following: highest relevant degree, type and level of certification or license, and type and/or description of services or other relevant information. Such information should not contain false, inaccurate, misleading, partial, out of context, descriptive material or statements.

C) Mental health counselors may join in partnership/corporation with other mental health counselors and/or other professionals provided that each mental health counselor of the partnership or corporation makes clear his/her separate specialties, buying name in compliance with the regulations of the locality.

D) Mental health counselors have an obligation to withdraw from an employment relationship or a counseling relationship if it is believed that employment will result in violation of the Code of Ethics, if their mental capacity or physical condition renders it difficult to carry out an effective professional relationship, or if the mental health counselor is discharged by the client because the counseling relationship is no longer productive for the client.

E) Mental health counselors should adhere and support the regulations for private practice in the locality where the services are offered.

F) Mental health counselors refrain from attempts to utilize one's institutional affiliation to recruit clients for one's private practice. Mental health counselors are to refrain from offering their services in the private sector when they are employed by an institution in which this is prohibited by stated policy that reflects conditions of employment.

Principle 13 Public Statements

Mental health counselors in their professional roles may be expected or required to make public statements providing counseling information or professional opinions; or supply information about the availability of counseling products and services. In making such statements, mental health counselors take into full account the limits and uncertainties of present counseling knowledge and techniques. They represent, as accurately and objectively as possible, their professional qualifications, expertise, affiliations, and functions, as well as those of the institutions or organizations with which the statements may be associated. All public statements, announcements of services, and promotional activities should serve the purpose of providing sufficient information to aid the consumer public in making informed judgements and choices on matters that concern it. When announcing professional counseling services, mental health counselors may describe or explain those services offered but may not evaluate as to their quality

or uniqueness and do not allow for testimonials by implication. All public statements should be otherwise consistent with this Code of Ethics.

Principle 14 Internet On-Line Counseling

Mental health counselors engaged in delivery of services that involves the telephone, teleconferencing and the Internet in which these areas are generally recognized, standards for preparatory training do not yet exist. Mental health counselors take responsible steps to ensure the competence of their work and protect patients, clients, students, research participants and others from harm.

A) Confidentiality

Mental health counselors ensure that clients are provided sufficient information to adequately address and explain the limitations of computer technology in the counseling process in general and the difficulties of ensuring complete client confidentiality of information transmitted through electronic communications over the Internet through on-line counseling. Professional counselors inform clients of the limitations of confidentiality and identify foreseeable situations in which confidentiality must be breached in light of the law in both the state in which the client is located and the state in which the professional counselor is licensed. Mental health counselors shall become aware of the means for reporting and protecting suicidal clients in their locale. Mental health counselors shall become aware of the means for reporting homicidal clients in the client's jurisdiction.

B) Mental Health Counselor Identification

Mental health counselors provide a readily visible notice advising clients of the identities of all professional counselor(s) who will have access to the information transmitted by the client. Mental health counselors provide background information on all professional communications, including education, licensing and certification, and practice information.

C) Client Identification

Professional counselors identify clients, verify identities of clients, and obtain alternative methods of contacting clients in emergency situations.

D) Client Waiver

Mental health counselors require clients to execute client waiver agreements stating that the client acknowledges the limitations inherent in ensuring client confidentiality of information transmitted through on-line counseling and acknowledge the limitations that are inherent in a counseling process that is not provided face-to-face. Limited training in the area of on-line counseling must be explained and the client's informed consent must be secured.

E) Electronic Transfer of Client Information

Mental health counselors electronically transfer client confidential information to authorized third-party recipients only when both the professional counselor and the authorized recipient have "secure" transfer and acceptance communication capabilities; the recipient is able to effectively protect the confidentiality of the client's confidential information to be transferred; and the informed written consent of the client, acknowledging the limits of confidentiality, has been obtained.

F) Establishing the On-Line Counseling Relationship

1. Appropriateness of On-line Counseling

Mental health counselors develop an appropriate in-take procedure for potential clients to

determine whether on-line counseling is appropriate for the needs of the client. Mental health counselors warn potential clients that on-line counseling services may not be appropriate in certain situations and, to the extent possible, inform the client of specific limitations, potential risks, and/or potential benefits relevant to the client's anticipated use of on-line counseling services. Mental health counselors ensure that clients are intellectually, emotionally, and physically capable of using on-line counseling services, and of understanding the potential risks and/or limitations of such services.

2. **Counseling Plans**

Mental health counselors develop individual on-line counseling plans that are consistent with both the client's individual circumstances and the limitations of on-line counseling. Mental health counselors who determine that on-line counseling is inappropriate for the client should avoid entering into or immediately terminate the on-line counseling relationship and encourage the client to continue the counseling relationship through a traditional alternative method of counseling.

3. **Boundaries of Competence**

Mental health counselors provide on-line counseling services only in practice areas within their expertise. Mental health counselors do not provide services to clients in states where doing so would violate local licensure laws or regulations.

G) Legal Considerations

Mental health counselors confirm that the provision of on-line services are not prohibited by or otherwise violate any applicable state or local statutes, rules, regulations or ordinances, codes of professional membership organizations and certifying boards, and/or codes of state licensing boards.

Principle 15 Resolution of Ethical Problems

Neither the American Mental Health Counselors Association, its Board of Directors, nor its National Committee on Ethics investigate or adjudicate ethical complaints. In the event a member has his or her license suspended or revoked by an appropriate state licensure board, the AMHCA Board of Directors may then act in accordance with AMHCA's National By-Laws to suspend or revoke his or her membership.

Any member so suspended may apply for reinstatement upon the reinstatement of his or her licensure.