

**Oregon Association of Acupuncture and Oriental Medicine
Code of Ethics**

(A modification of the national model)

Background

The Oregon Acupuncture Association (OAA) Ethics and Practice Standards Committee members researched many codes of ethics. They selected the AOM (Acupuncture and Oriental Medicine) Model Code that was developed by a joint effort of two major AOM organizations, the Association of Acupuncture and Oriental Medicine (AAOM) and the Acupuncture and Oriental Medicine Alliance (AOM Alliance). The committee made suggested modifications to suit the OAA, including some information specific to Oregon Licensed Acupuncturists (L.Ac.'s) and guidelines from the Oregon Medical Board (OMB). It was brought to the membership at the April 8, 2006, membership meeting with feedback received. The committee consisting of Carol Griesmeyer, Roger Lore, Donna Stewart, Ella Roggow, Maggie Zadikov, and Liane Owens met on July 24, 2006, and further amended the text to reflect membership concerns and create a document that truly will represent our ethical and professional practice in the state of Oregon. Additional minor amendments based on input from the March 23, 2007, meeting of the Acupuncture Advisory Committee of the OMB have also been made. Following the unification of the two state acupuncture organizations- the Acupuncture and Oriental Medicine Society of Oregon (AOMSO) and the Oregon Acupuncture Association (OAA) on September 14, 2008, this code has been modified to reflect the new names of two organizations- the Oregon Association of Acupuncture and Oriental Medicine (OAAOM) and the Oregon Medical Board (OMB), originally known as the Board of Medical Examiners(BME).

Definition of terms "Should, shall & must":

- "Should" implies recommendation
- "Shall" states legal requirement
- "Must" means a legal requirement with strong repercussions if not followed

Within the rules, the verbs "shall" and "must" are used in a mandatory sense, while the verb "should" or "may" is used in the sense that it is good practice and something that a practitioner should strive towards, but is not mandatory.

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49 **Code of Ethical Practice for Oregon Practitioners of**
50 **Acupuncture and Oriental Medicine**

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52 **Preamble**

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54 This document refers to the practice of Acupuncture and Oriental Medicine.
55 It is not meant to supersede or conflict with any state or federal law.
56 Practitioners shall be cognizant of applicable state laws and comply with them in all
57 material respects.
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60 **Practitioner Responsibilities**

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62 A practitioner of Acupuncture and Oriental Medicine is a medical professional who is
63 educated and trained to fulfill the high mission of healing, by assisting patients in
64 maintenance and enhancement of their own health. To accomplish this result, the
65 practitioner shall maintain him or herself so as to best serve and to provide treatment
66 within the scope of practice.

67 The practitioner shall have the well being of the patient as the principal goal. The hallmark
68 of the practitioner is service and dedication to healing. The practitioner shall be mindful of
69 ethical duties toward the patient, the public, and the profession.

70 The following Code is set up in three parts:

- 71 1. Commitment to the Patient
72 2. Commitment to the Public
73 3. Commitment to the Profession.
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76 **COMMITMENT TO THE PATIENT**
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78 The primary duty of the practitioner is to the patient, whose best interests the practitioner
79 must always hold first and foremost. In this respect, the following duties arise:
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81 **Rule 1.1 Competence**
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83 (a) The practitioner shall be educated and trained to provide competent acupuncture and
84 Oriental Medicine (AOM) health care in partnership with the patient. The practitioner
85 shall limit his or her practice to those areas in which the practitioner has acquired
86 competence within the scope of practice of the practitioner's license.
87

88 (b) The practitioner shall maintain lifelong professional learning.
89

90 (c) When a practitioner determines that a matter is beyond his or her professional
91 competence and experience, the practitioner shall consult with or refer the patient to a
92 practitioner with more specialized experience in order to better serve the clinical needs of
93 the patient, in accordance with the provisions of Rule 1.4.
94

95 (d) The practitioner shall act in a way to protect and promote the safety or the health of the
96 patient following regulatory guidelines for blood-borne pathogens and use Universal
97 Precautions and shall follow precepts of Clean Needle Technique as defined by the
98 NCCAOM.

99
100 (e) A practitioner shall refrain from the practice of acupuncture when suffering from
101 physical or mental impairment that affects the ability to practice safely.

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103 (f) The practitioner should engage a lifestyle of self-care that optimizes his or her ability to
104 care for patients.

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106

107 **Rule 1.2 Communication with Patients**

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109 (a) A practitioner shall competently perform an evaluation.

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111 (b) A practitioner shall conduct an interview designed to obtain a **relevant** medical history
112 from the patient.

113

114 (c) A practitioner shall provide a report of findings with a treatment plan and advise the
115 patient about any treatment and its possible effects. The practitioner shall obtain, in
116 advance and in writing, informed consent to the practice of acupuncture as described.

117

118 (d) The practitioner shall not advise additional treatments when the practitioner, using
119 reasonable professional judgment, determines that the treatment is of no further value.

120

121 (e) The practitioner shall comply with all regulations regarding patient privacy and
122 security to the extent applicable.

123

124 (f) The practitioner shall continue to communicate with the patient during treatment
125 sessions about the purpose of the acupoints or other procedures, comfort level,
126 clarification and make changes according to patient response.

127

128 (g) Where a patient is under the care of another health practitioner, the practitioner shall
129 advise the patient whether in his or her professional judgment continued treatment by the
130 practitioner is advisable or appropriate while the patient is under the care of another
131 health care practitioner.

132

133 (h) If the practitioner is also licensed or educated and trained in some other health-care
134 modality, and if State law so permits, he or she may practice the other modality on a
135 patient, but only with the explicit informed consent of the patient, and in accordance with
136 State law concerning that other modality.

137

138 (i) The practitioner shall not misrepresent his or her academic or licensure credentials,
139 experience, or affiliations with any group or institutions.

140

141 (j) An acupuncturist shall clearly indicate that he/she is an acupuncturist to individuals
142 being treated. The acupuncturist shall wear a name tag with the designation
143 "Acupuncturist" thereon when practicing in a hospital or clinic setting where other health
144 care providers practice. Acupuncturists are not required to wear name tag in a private
145 practice setting.

146
147 **Rule 1.3 Confidentiality**

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149 (a) The practitioner shall follow all applicable state and federal regulations regarding
150 patient confidentiality.

151
152 (b) The practitioner may have in attendance in the treatment room a person who is not on
153 the practitioner's staff, e.g., an intern, a visiting consultant, or a student observer, only
154 with the consent of the patient after the patient has been fully informed of who the person
155 is. The practitioner shall also ensure that the visitor is fully informed of the duty of
156 confidentiality concerning the identity of the patient, the diagnosis and the treatment. --
157 This does not apply to group treatment settings.

158
159 (c) Appropriate draping & positioning of patient so as to adequately perform treatment
160 but maintain patient's privacy and level of comfort shall be maintained throughout any
161 treatment session.

162 If the patient requests a chaperone, accommodations should be arranged or appropriate
163 referral to another practitioner shall be made.

164
165 **Rule 1.4 Referrals**

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167 (a) When, in the professional judgment of the practitioner, it is for the well-being of the
168 patient to be diagnosed or treated by another practitioner, the patient should be referred to
169 another practitioner. The practitioner shall document in the patient's chart that a referral
170 has been made and to whom.

171
172 (b) Should the patient at any time suggest or inquire about the advisability of consulting
173 with, or seeking diagnosis or treatment from another health-care practitioner of any
174 modality, the practitioner shall furnish the patient with his or her professional judgment.

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176 **Rule 1.5 Personal Relationships with Patients**

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178 (a) A practitioner shall not undertake or evaluate a patient with whom the practitioner has
179 an ongoing immediate family or other close relationship unless the practitioner has
180 concluded that the relationship will not prevent the practitioner from being objective in
181 the evaluation and treatment of that patient. If the practitioner is not able to be sufficiently
182 objective, the practitioner shall refer the patient to another practitioner in accordance with
183 the provisions of Rule 1.4.

184
185 (b) A practitioner shall follow state rules and regulations regarding sexual conduct with
186 patients and touch patients only in accordance with standard clinical procedures as
187 defined by the scope of practice.

188

189 (c) A practitioner shall not enter into romantic or sexual relations of any type with a
190 patient or patient's significant other, caregiver, or immediate family member while the
191 practitioner-patient relationship continues or for a period of six months following the
192 conclusion of the practitioner-patient relationship.

193

194 **Rule 1.6 Fees**

195

196 (a) Before entering into a practitioner-patient relationship with a new patient, the
197 practitioner shall explain fully to the patient, preferably in writing, the fees expected for
198 service, and any payment policies, including when payment is expected, interest, if any,
199 that will be charged for delayed payment and credit card possibilities. If the practitioner
200 expects payment from the patient without waiting for the insurer (or government
201 program) to pay, the patient should be so advised before any treatment begins. If the
202 practitioner's fees change during the course of treatment, the practitioner or his or her
203 office staff shall advise the patient of that fact before rendering service under the new fee
204 schedule.

205

206 (b) The practitioner shall bill patients or their insurers or government payers only for
207 services actually rendered. Where an insurer or government payer requires that a code
208 number or name identify a service, the practitioner shall furnish that information.

209

210 **Rule 1.7 Practice Coverage**

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212 (a) The practitioner shall act in good faith to make an arrangement with another
213 practitioner to be available for the practitioner's patients during those times when the
214 practitioner is unavailable due to emergencies or extended leave

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216 **Rule 1.8 Insurance Coverage**

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218 (b) At all times, the practitioner should have in force professional liability insurance in an
219 amount deemed by the practitioner to be reasonable, but in no event any less than any
220 minimum required by the state of licensure.

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222 **Rule 1.9 Record Keeping**

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224 (a) The practitioner shall maintain a file on every patient containing consent forms, records
225 of evaluation and treatments administered, regardless of whether compensation is given
226 or received for the services.

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228 (b) Records shall be kept in a legible manner and should be kept for seven (7) years.

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230 (c) All records shall be kept in a secure manner that is in accordance with state and federal
231 laws and regulations.

232

233 (d) Records shall be kept in English.

234

235 (e) Upon written request by the patient, the practitioner shall send a written report to the
236 patient and/or to any health-care practitioner that the patient designates. The written
237 request shall follow the requirements in Oregon state law. (See
238 www.leg.state.or.us/ors/192.html)

239

240 **Rule 1.10 Termination of Practice**

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242 (a) Should the practitioner become impaired, physically or mentally, so as to threaten the
243 safety of his or her patients, he or she shall terminate practice as soon as practicable.

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245 (b) When the practitioner determines that he or she will terminate his or her practice, the
246 practitioner shall give each current patient written notice as far in advance as is
247 practicable.

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249 (c) When a practice is sold, the practitioner shall not attempt to obligate the patient to
250 continue treatment with the purchaser of the practice. If the patient has paid in advance
251 for treatment, upon sale of the practice, the patient shall be reimbursed or credit assigned.
252 Upon written authorization of the patient, the practitioner shall send the patient's file to
253 the practitioner of the patient's choice.

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256 **COMMITMENT TO THE PUBLIC**

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258 **Rule 2.1 Advertisement and Promotion**

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260 (a) The practitioner may advertise his or her practice of Acupuncture and Oriental
261 Medicine. The advertisement shall be with integrity in all respects, setting forth honestly
262 the practitioner's credentials and experience.

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264 (b) Practitioners shall follow state regulations regarding advertising.

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266 **Rule 2.2 License or Registration; Cooperation with Investigations**

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268 (a) When applying for licensure with a state or when registering with a state, the
269 practitioner shall set forth honestly and fully all information concerning his or her
270 education, experience, licensure in other states, discipline (if any) in other states or
271 professions, and any other matter requested. A violation of this duty is a violation of the
272 ethical duty of the practitioner even though in normal course it occurs before licensure is
273 granted.

274

275 (b) The practitioner shall advise the licensure authorities of the state of any material
276 change since the grant of licensure, including but not limited to any discipline received in
277 any other state, any crime of which the practitioner has been convicted, and of any
278 professional malpractice action which the practitioner has lost based on his or her action or
279 lack of action as a practitioner.

280

281 (c) The practitioner shall acquire the written consent of each patient before disclosing the
282 records of that patient during any inquiry. This is unless the request for disclosure shall be
283 accompanied by a duly authorized subpoena of a court or other governmental body. In
284 this case the practitioner shall advise the patient of this fact, if practicable in advance of
285 disclosure.

286
287 (d) The license that the practitioner receives is solely for his or her use. The practitioner
288 shall never allow anyone else to use his or her license or license number in any way for
289 any use.

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291 **Rule 2.3 Staff**

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293 (a) The practitioner may maintain a staff of non-practitioners that assist and aid the
294 practitioner in his or her practice. A non-licensee may not perform any act or service not
295 authorized by law.

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297 (b) The practitioner's staff may have access to patient files and information as is necessary
298 and appropriate to the staff carrying out of their duties, in accordance with the state and
299 federal laws and regulations.

300
301 (c) A practitioner's staff shall be trained and educated in their duties regarding
302 confidentiality, state and local laws and regulations that relate to health and hygiene, and
303 shall be required to follow these laws and regulations.

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305 **Rule 2.4 Non-discrimination**

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307 (a) The practitioner shall not discriminate in hiring staff or in accepting patients on the
308 basis of race, religion, national origin, gender, or sexual orientation and shall always strive
309 to provide the highest quality of care for each patient. The practitioner shall attempt to
310 refer a patient with whom there is a language barrier to a situation where interpretive
311 services are available. This rule does not prevent the practitioner from requiring that any
312 applicant for a staff position fulfill bonafide job requirements.

313
314 **Rule 2.5 Pro-bono Service**

315
316 (a) As the recipient of a license from the state to practice a profession, the practitioner
317 should give some of his or her time to the diagnosis and treatment of persons who are not
318 fortunate enough to have funds, or third-party payers, to pay for treatment. Each
319 practitioner should determine the amount and the form of such service that he or she will
320 render.

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COMMITMENT TO THE PROFESSION

Rule 3.1 Admission to the Profession

(a) When requested to provide a reference for admission to a school of Acupuncture or Oriental Medicine or for licensure in this field, the practitioner shall furnish honest and complete information.

Rule 3.2 Aid to the Disciplinary Process

(a) When requested by a relevant disciplinary authority concerning another practitioner, or by another practitioner under investigation or charge, the practitioner shall cooperate honestly and to the best of his or her ability.

Rule 3.3 Reporting Professional Misconduct

(a) When the practitioner becomes aware of the conduct of another practitioner that may jeopardize the safety and well being of a patient the practitioner shall inform the appropriate governmental authority.

(b) Practitioners shall not engage in frivolous claims against other practitioners.

Rule 3.4 Aid to the Profession

(a) The practitioner should assist, to the best of his or her ability, in the development of the Acupuncture and Oriental Medicine profession, through local, state and national professional organizations, through assisting in teaching and mentoring students, through making appearances to promote the profession before civic, professional and school groups, and by other means available to the practitioner and within the limitations of his or her ability and interest. When called upon, the practitioner should participate in peer review, in inspection and review of schools and colleges in the field, and in other service that will aid the development of the profession, within the limitations of his or her ability and interest.

(b) The practitioner, within the limitations of his or her ability and interest, should aid in the compilation of clinical data in a meaningful manner and in the dissemination of that data.

Rule 3.5 Professional Conduct

(a) The practitioner should treat a fellow acupuncturist with dignity and respect in regard to his or her professional philosophy, even if disparate from the practitioner's own philosophy. Except as is required in Rule 3.3, the practitioner should work through appropriate professional organizations, or in a personal manner with another professional, toward correcting what is considered to be unethical or otherwise inappropriate behavior

373 prior to addressing that behavior in a public forum, while maintaining his or her own
374 personal behavior so as to reflect well on the profession as a whole.

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377 **End of Document**

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