

**ETHICAL STANDARDS AND STANDARDS OF CONDUCT
POLICY**

Introduction

The Ethical Principles and Standards of Conduct serve as a guide for expected behavior of the Center's staff. This includes administrative and clinical personnel, volunteers, and interns. The guide also serves to help clinicians make decisions concerning their professional behavior. The Standards are not absolute, and the fact that a given behavior is not addressed, does not mean that such behavior is either ethical or unethical.

The Standards of Conduct address issues related to respect for rights of individuals, avoidance of exploitative behavior, treatment, privacy, and confidentiality, respect towards other staff members, professional responsibility, and resolution of ethical matters.

The Standards of Conduct are displayed at each facility and are accessible to the consumers at their request.

**SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH VALUES AND
PRINCIPLES**

Principle One: Commitment to Consumers of Mental Health Services and their Families

We reflect our commitment by expressing in our daily work dependability, compassion, empathy, advocacy, and sensitivity.

Principle Two: Commitment to the highest Quality of Clinical Care

We express this commitment by having our actions reflect honesty, fairness, competence, integrity, and diligence.

Principle Three: Commitment to our Coworkers

We value the contributions of every member of the Department of Mental Health team and reflect our commitment to our coworkers in these ways: authority and autonomy, reliability, loyalty, cooperation, and trustworthiness.

Principle Four: Commitment to the Department of Mental Health and the State of SC

As public servants, our commitment must be to the whole agency and to the citizens of our State. We display that commitment through accountability, courage of convictions, creativity, ownership, personal responsibility, professionalism, stewardship, and partnership.

STANDARDS OF CONDUCT

1. Respects for People's Rights

- 1.01 In connection with their work, staff members shall not practice, condone, facilitate or collaborate with any form of discrimination based on race, color, sex, sexual orientation, age, religion, national origin, martial status, political belief, mental or physical disability, or any other preference or personal characteristic, condition or status.
- 1.02 Staff members respect the rights of individuals to privacy, confidentiality, self-determination and autonomy; and in their work, they promote self-sufficiency and independence.
- 1.03 Staff members respect the rights of others to hold values, attitudes, and opinions that differ from their own and in their work; they refrain from imposing their personal values and religious beliefs on the consumer.

2. Avoidance of Exploitative Behavior

- 2.01 Staff members do not engage in any behavior that is exploitative or demeaning with any person who has been nor is a consumer.
- 2.02 To avoid exploitation, staff members refrain from accepting goods, services, or monetary remuneration from consumers in return for services [See also the Center's Policy: *Exploitation of Clients: Gifts to Staff.*]
- 2.03 Staff members refrain from providing direct services to consumers with whom they have a prior non-professional relationship as this may impair their objectivity and may compromise the consumer's confidentiality. In such cases, it is highly recommended that the consumer be referred to another provider. If a consumer cannot be referred elsewhere because of extenuating circumstances, the staff member shall inform and consult with his/her supervisor to ensure that all alternatives are explored and that the case is handled with objectivity.

- 2.04 Staff members provide consumers with accurate and complete information regarding the extent and nature of services available to them and make referrals as appropriate to meet their needs.
- 2.05 Staff members provide consumers with accurate information regarding fees for services before providing any clinical services. [Exceptions include emergency situations, services to children, etc.] Financial limitations are discussed at this time and billing arrangements agreed upon.

3. Treatment

- 3.01 Clinicians perform clinical interventions only within the context of a professional relationship.
- 3.02 Clinicians only provide services for which they are qualified by education, training, or experience.
- 3.03 Every effort will be made toward recognition of individual and cultural differences, and for clinicians to obtain appropriate training, experience, and supervision to ensure that reasonable competence of services is provided.
- 3.04 Clinicians participate in continued education activities to maintain a reasonable level of awareness of current scientific and professional information and competence in their fields of clinical activity and skills they use.
- 3.05 Clinicians do not commit fraud or misrepresent their professional qualifications, experience, education, affiliations, or service performed.
- 3.06 Clinicians do not engage in sexual intimacies with current or former consumers.
- 3.07 Clinicians do not provide services to individuals with whom they have engaged in sexual intimacies.
- 3.08 Clinicians discuss with consumers early in the therapeutic relationship, appropriate issues such as nature and anticipated plan for treatment and confidentiality.
- 3.09 Clinicians obtain appropriate consent to treatment, using language that is understandable to consumers. In circumstances when the consumer is legally incapable of giving informed consent, the clinicians will obtain informed permission from a legally authorized person as allowed by law.

- 3.10 When services are provided to several persons who have a relationship with each other, clinicians clarify at the beginning of treatment, or when appropriate, which individuals are consumers and the roles that the clinicians have with each person.
- 3.11 Whenever clinicians are required to perform potentially conflictive roles (legal proceedings, consultations with another service provider, etc.) they clarify the extent of confidentiality and role expectations to avoid compromising their relationship with the consumers.
- 3.12 In ending the professional relationship, clinicians do not abandon consumers. Clinicians who anticipate the end or interruption of services to consumers notify them promptly and seek their transfer, referral, or continuation of services in relation to the consumers' needs and preferences.

Termination of professional relationships occur when it is clear that the consumer no longer needs services, is not benefiting from, or is harmed by continued services.

4. Privacy and Confidentiality

- 4.01 Clinicians respect the privacy of the consumers and hold in confidence information obtained in the course of their professional services except as mandated or permitted by the law for a valid reason. These reasons include, but are not limited to:
 - a. Consultation with another professional on behalf of the consumer
 - b. Duty to warn or to protect the consumer or others from harm
 - c. Physical and sexual abuse and/or molestation
 - d. Statutory requirements such as court orders
- 4.02 Staff members refrain from discussing, in a public place, any information, administrative or clinical, which pertains to the consumer and will make all effort to protect the identity of the consumer when referring to or about him/her.
- 4.03 Clinicians discuss, at the outset of services, the limitations of confidentiality as applicable and the foreseeable use of the information generated through their services.
- 4.04 Clinicians obtain informed consent of consumers before taping, recording, or permitting third-party observations of their activities. Such consent shall be documented in the medical record.
- 4.05 Clinicians make provisions for the maintenance of confidentiality of records.

- 4.06 Clinicians recognize that ownership of records and data is governed by legal principles, and they take the necessary measures so that records and data remain available to the extent needed to serve the best interest of the consumers.

5. Respects Towards Other Staff Members

- 5.01 Staff members do not engage in any form of harassment or demeaning behavior. Harassment refers to deliberate, repeated comments, gestures, or physical contacts that are annoying and unwanted by the recipient.
- 5.02 Staff members treat colleagues and coworkers with respect, courtesy, and fairness and must afford the same professional courtesy to other professionals.


6. Professional Responsibility

- 6.01 Clinicians maintain professional standards of conduct and refrain from exhibiting behavior that may compromise their professional responsibilities or reduce the public's trust in their professional and/or in the Charleston/Dorchester Mental Health Center.
- 6.02 Clinicians are aware of their professional responsibilities in the community and their compliance with the law and social policy that serve the best interest of their consumers.
- 6.03 Clinicians do not use their public position for any form of financial gain or private work and their private work cannot interfere with, compromise, or diminish the good community standing of the Charleston/Dorchester Community Mental Health Center.

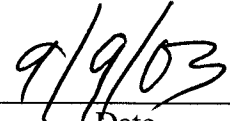
7. Resolving Ethical Issues

- 7.01 Staff members have the obligation and responsibility to be familiar with the South Carolina Department of Mental Health Ethics Directives and Guidelines.
- 7.02 Staff members have the obligation to be familiar with the stipulations of the Charleston/Dorchester Community Mental Health Center Ethics Principles and Standards of Conduct.

7.03 When a staff member believes that a violation of the Ethics Code has occurred, it is his/her responsibility to report that violation to his/her supervisor. In all cases, the supervisor of the staff person believed to have committed the violation shall be informed. That supervisor shall consult with his/her supervisor. Where possible, corrective action shall be taken to rectify the violation. In any violation deemed to be "serious," the Center Director shall be expeditiously informed in writing on an "Adverse Incident" form. The reporting supervisor shall err on the side of reporting to the Director when in doubt about whether a violation is "serious." Where appropriate, disciplinary action shall be taken against the offending staff person.



Thomas G. Hiels, Ph.D.,
Executive Director



Date
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