

# Part I—The Standards

## INTRODUCTION

The Board of Directors of CAMFT hereby publishes pursuant to the Association Bylaws, a Revised *CAMFT Code of Ethics*. Members of CAMFT are expected to be familiar with and abide by these standards and by applicable California laws and regulations governing the conduct of licensed marriage, and family therapists, supervisors, educators, interns, applicants, students, and trainees. The effective date of these revised standards is June 11, 2011.

The practice of marriage, and family therapy and psychotherapy<sup>i</sup> is both an art and a science. It is varied in its approach, technique, modality, and method of service delivery. These ethical standards are to be read, understood, and utilized as a guide for ethical behavior. The general principles contained in this code of conduct are also used as a basis for the adjudication of ethical issues and/or complaints (both within and outside of CAMFT) that may arise. Ethical behavior must satisfy not only the judgment of the individual marriage and family therapist, but also the judgment of his/her peers, based upon a set of recognized norms.

We recognize that the development of standards is an ongoing process, and that every conceivable situation that may occur cannot be expressly covered by any set of standards. The absence of a specific prohibition against a particular kind of conduct does not mean that such conduct is either ethical or unethical. While the specific wording of these standards is important, the spirit and intent of the principles should be taken into consideration by those utilizing or interpreting this code. The titles to the various sections of these standards are not considered a part of the actual standard. Violations of these standards may be brought to the attention of the CAMFT Ethics Committee, in writing, at CAMFT's administrative office, 7901 Raytheon Road, San Diego, CA 92111-1606, or at such other address as may be necessary because of a change in location of the administrative office.

## 1 Responsibility to Patients<sup>ii</sup>

Marriage and family therapists<sup>iii</sup> advance the welfare of families and individuals, respect the rights of those persons seeking their assistance, and make reasonable efforts to ensure that their services are used appropriately.

- 1.1 **NON-DISCRIMINATION:** Marriage and family therapists do not condone or engage in discrimination, or refuse professional service to anyone on the basis of race, gender, gender identity, gender expression, religion, national origin, age, sexual orientation, disability, socioeconomic, or marital status. Marriage and family therapists make reasonable efforts to accommodate patients who have physical disabilities.
- 1.1.1 **HISTORICAL AND SOCIAL PREJUDICE:** Marriage and family therapists are aware of and do not perpetuate historical and social prejudices when diagnosing and treating patients because such conduct may lead to misdiagnosing and pathologizing patients.
- 1.2 **DUAL RELATIONSHIPS-DEFINITION:** Marriage and family therapists are aware of their influential position with respect to patients, and they avoid exploiting the trust and dependency of such persons. Marriage and family therapists therefore avoid dual relationships<sup>iv</sup> with patients that are reasonably likely to impair professional judgment or lead to exploitation. A dual relationship occurs when a therapist and his/her patient engage in a separate and distinct relationship either simultaneously with the therapeutic relationship, or during a reasonable period of time following the termination of the therapeutic relationship. Not all dual relationships are unethical, and some dual relationships

cannot be avoided. When a concurrent or subsequent dual relationship occurs, marriage and family therapists take appropriate professional precautions to ensure that judgment is not impaired and that no exploitation occurs.

- 1.2.1 UNETHICAL DUAL RELATIONSHIPS: Other acts that would result in unethical dual relationships include, but are not limited to, borrowing money from a patient, hiring a patient, engaging in a business venture with a patient, or engaging in a close personal relationship with a patient. Such acts with a patient’s spouse, partner or family member may also be considered unethical dual relationships.
- 1.2.2 SEXUAL CONTACT: Sexual intercourse, sexual contact or sexual intimacy with a patient, or a patient’s spouse or partner, or a patient’s immediate family member, during the therapeutic relationship, or during the two years following the termination of the therapeutic relationship, is unethical. Should a marriage and family therapist engage in sexual intimacy with a former patient or a patient’s spouse or partner, or a patient’s immediate family member, following the two years after termination or last professional contact, the therapist shall consider the potential harm to or exploitation of the former patient or to the patient’s family.
- 1.2.3 PRIOR SEXUAL RELATIONSHIP: A marriage and family therapist does not enter into a therapeutic relationship with a person with whom he/she has had a sexual relationship or with a partner or the immediate family member of a person with whom he/she has had a sexual relationship.
- 1.3 TREATMENT DISRUPTION: Marriage and family therapists are aware of their professional and clinical responsibilities to provide consistent care to patients and maintain practices and procedures that assure uninterrupted care. Such practices and procedures may include, but are not limited to, providing contact information and specified procedures in case of emergency or therapist absence, conducting appropriate terminations, and providing for a professional will.
- 1.3.1 TERMINATION: Marriage and family therapists use sound clinical judgment when terminating therapeutic relationships and do so in an appropriate manner. Reasons for termination may include, but are not limited to, the patient is not benefiting from treatment; continuing treatment is not clinically appropriate; the therapist is unable to provide treatment due to the therapist’s incapacity or extended absence, or in order to avoid an ethical conflict or problem.
- 1.3.2 ABANDONMENT: Marriage and family therapists do not abandon or neglect patients in treatment. If a therapist is unable or unwilling to continue to provide professional services, the therapist will assist the patient in making clinically appropriate arrangements for continuation of treatment.
- 1.3.3 FINANCIAL GAIN: Marriage and family therapists do not maintain therapeutic relationships solely for financial gain.
- 1.3.4 NON-PAYMENT OF FEES: Marriage and family therapists do not terminate patient relationships for non-payment of fees except when the termination is handled in a clinically appropriate manner.
- 1.4 PATIENT AUTONOMY: Marriage and family therapists respect the right of patients to make decisions and help them to understand the consequences of their decisions. When clinically appropriate, marriage and family therapists advise their patients that decisions on the status of their personal relationships, including dissolution, are the responsibilities of the patient(s).
- 1.4.1 PATIENT CHOICES: Marriage and family therapists respect patient choices and work jointly with patients to develop and review treatment plans that are consistent with patients’ goals and that offer a reasonable likelihood of patient benefit.

- 1.4.2** ELECTRONIC THERAPY: When patients are not physically present (e.g., therapy by telephone or Internet) during the provision of therapy, marriage and family therapists take extra precautions to meet their responsibilities to patients. Prior to utilizing electronic therapy, marriage and family therapists consider the appropriateness and suitability of this therapeutic modality to the patient's needs. When therapy occurs by electronic means, marriage and family therapists inform patients of the potential risks, consequences, and benefits, including but not limited to, issues of confidentiality, clinical limitations, transmission difficulties, and ability to respond to emergencies. Marriage and family therapists ensure that such therapy complies with the informed consent requirements of the California Telemedicine Act.
- 1.5** THERAPIST DISCLOSURES: Marriage and family therapists provide adequate information to patients in clear and understandable language so that patients can make meaningful decisions about their therapy. Marriage and family therapists respect the right of patients to choose whether to enter into or remain in a therapeutic relationship.
- 1.5.1** DISCLOSURE: Where a marriage and family therapist's personal values, attitudes, and/or beliefs are a determinative factor in diagnosing or limiting treatment provided to a client, the marriage and family therapist shall disclose such information to the patient.
- 1.5.2** RISKS AND BENEFITS: Marriage and family therapists inform patients of the potential risks and benefits of therapy when utilizing novel or experimental techniques or when there is a risk of harm that could result from the utilization of any technique.
- 1.5.3** EMERGENCIES/CONTACT BETWEEN SESSIONS: Marriage and family therapists inform patients of the extent of their availability for emergencies and for other contacts between sessions. When a marriage and family therapist is not located in the same geographic area as the patient, he/she shall provide the patient with appropriate resources in the patient's locale for contact in case of emergency.
- 1.5.4** CONSENT FOR RECORDING/OBSERVATION: Marriage and family therapists obtain written informed consent from patients before videotaping, audio recording, or permitting third party observation.
- 1.5.5** LIMITS OF CONFIDENTIALITY: Marriage and family therapists are encouraged to inform patients as to certain exceptions to confidentiality such as child abuse reporting, elder and dependent adult abuse reporting, and patients dangerous to themselves or others.
- 1.5.6** THERAPIST BACKGROUND: Marriage and family therapists are encouraged to inform patients at an appropriate time and within the context of the psychotherapeutic relationship of their experience, education, specialties, and theoretical and professional orientation, and any other information deemed appropriate by the therapist.
- 1.6** EXPLOITATION: Marriage and family therapists do not use their professional relationships with patients to further their own interests and do not exert undue influence on patients.
- 1.7** PATIENT BENEFIT: Marriage and family therapists continually monitor their effectiveness and take steps to improve when necessary. Marriage and family therapists continue therapeutic relationships only so long as it is reasonably clear that patients are benefiting from the relationship.
- 1.8** EMPLOYMENT AND CONTRACTUAL TERMINATIONS: When terminating employment or contractual relationships, marriage and family therapists primarily consider the best interests of the patient when resolving issues of continued responsibility for patient care.
- 1.9** FAMILY UNIT/CONFLICTS: When treating a family unit(s), marriage and family therapists carefully

consider the potential conflict that may arise between the family unit(s) and each individual. Marriage and family therapists clarify, at the commencement of treatment, which person or persons are clients and the nature of the relationship(s) the therapist will have with each person involved in the treatment.

- 1.10 WITHHOLDING RECORDS/NON-PAYMENT: Marriage and family therapists do not withhold patient records or information solely because the therapist has not been paid for prior professional services.
- 1.11 CONSULTATION: When appropriate, marriage and family therapists consult, collaborate with, and refer to physicians, other health care professionals, and community resources in order to improve and protect the health and welfare of the patient.
- 1.12 ADVOCATE WITH THIRD PARTY PAYERS: When appropriate, marriage and family therapists advocate for mental health care they believe will benefit their patients. In appropriate circumstances, they challenge denials of care, or denials of payment for care, by managed care organizations, insurers, or other payers.
- 1.13 TREATMENT ALTERNATIVES: Marriage and family therapists discuss appropriate treatment alternatives with patients. Marriage and family therapists do not limit their discussions of treatment alternatives to what is covered by third-party payers.
- 1.14 POTENTIAL CONFLICTS: Marriage and family therapists carefully consider potential conflicts when providing concurrent or sequential individual, couple, family, and group treatment, and will take reasonable care to avoid or minimize such conflicts.
- 1.15 DOCUMENTING TREATMENT DECISIONS: Marriage and family therapists are encouraged to carefully document in their records when significant decisions are made, e.g., determining reasonable suspicion of child, elder or dependent adult abuse, determining when a patient is a danger to self or others, when making major changes to a treatment plan, or when changing the unit being treated.
- 1.16 NON-THERAPIST ROLES: When marriage and family therapists engage in professional roles other than treatment or supervision (including, but not limited to, managed care utilization review, consultation, coaching, adoption service, or behavior analysis), they act solely within that role and clarify, when necessary to avoid confusion with consumers and employers, how that role is distinguished from the practice of marriage and family therapy.
- 1.17 THIRD PARTY PAYER DISCLOSURES: Marriage and family therapists advise patients of the information that will likely be disclosed when submitting claims to managed care companies, insurers, or other third party payers, such as dates of treatment, diagnosis, prognosis, progress, and treatment plan.

## 2 Confidentiality

Marriage and family therapists have unique confidentiality responsibilities because the “patient” in a therapeutic relationship may be more than one person. The overriding principle is that marriage and family therapists respect the confidences of their patient(s).

- 2.1 DISCLOSURES OF CONFIDENTIAL INFORMATION: Marriage and family therapists do not disclose patient confidences, including the names or identities of their patients, to anyone except a) as mandated by law b) as permitted by law c) when the marriage and family therapist is a defendant in a civil, criminal, or disciplinary action arising from the therapy (in which case patient confidences may only be disclosed in

the course of that action), or d) if there is an authorization previously obtained in writing, and then such information may only be revealed in accordance with the terms of the authorization.

- 2.2** SIGNED AUTHORIZATIONS—RELEASE OF INFORMATION: When there is a request for information related to any aspect of psychotherapy or treatment, each member of the unit receiving such therapeutic treatment must sign an authorization before a marriage and family therapist will disclose information received from any member of the treatment unit.
- 2.3** ELECTRONIC MEDIA: Marriage and family therapists are aware of the possible adverse effects of technological changes with respect to the dissemination of patient information, and take care when disclosing such information. Marriage and family therapists are also aware of the limitations regarding confidential transmission by Internet or electronic media and take care when transmitting or receiving such information via these mediums.
- 2.4** MAINTENANCE OF PATIENT RECORDS—CONFIDENTIALITY: Marriage and family therapists store, transfer, transmit, and/or dispose of patient records in ways that protect confidentiality.
- 2.5** EMPLOYEES—CONFIDENTIALITY: Marriage and family therapists take appropriate steps to ensure, insofar as possible, that the confidentiality of patients is maintained by their employees, supervisees, assistants, and volunteers.
- 2.6** USE OF CLINICAL MATERIALS—CONFIDENTIALITY: Marriage and family therapists use clinical materials in teaching, writing, and public presentations only if a written authorization has been previously obtained in accordance with 2.1 d), or when appropriate steps have been taken to protect patient identity.
- 2.7** GROUPS—CONFIDENTIALITY: Marriage and family therapists, when working with a group, educate the group regarding the importance of maintaining confidentiality, and are encouraged to obtain written agreement from group participants to respect the confidentiality of other members of the group.

### **3** Professional Competence and Integrity

Marriage and family therapists maintain high standards of professional competence and integrity.

- 3.1** CONVICTION OF CRIME: Marriage and family therapists are in violation of this Code and subject to termination of membership, or other appropriate action, if they: a) are convicted of a crime substantially related to their professional qualifications or functions; b) are expelled from or disciplined by other professional organizations; c) have licenses or certificates that are lapsed, suspended, or revoked or are otherwise disciplined by regulatory bodies; d) if they continue to practice when they are no longer competent to practice because they are impaired due to physical or mental causes or the abuse of alcohol or other substances; or e) fail to cooperate with the Association or the Ethics Committee at any point from the inception of an ethical complaint through the completion of all proceedings regarding that complaint.
- 3.2** FINANCIAL INCENTIVES: Marriage and family therapists avoid contractual arrangements that provide financial incentives to withhold or limit medically/psychologically necessary care.
- 3.3** PATIENT RECORDS: Marriage and family therapists create and maintain patient records, whether written, taped, computerized, or stored in any other medium, consistent with sound clinical practice.
- 3.4** PROFESSIONAL ASSISTANCE: Marriage and family therapists seek appropriate professional assistance for their personal problems or conflicts that impair work performance or clinical judgment.

- 3.5 STAYING CURRENT: Marriage and family therapists remain abreast of developments in their field through educational activities or clinical experiences. Marriage and family therapists, when acting as teachers, supervisors, and researchers, stay abreast of changes in the field, maintain relevant standards of scholarship, and present accurate information.
- 3.6 CULTURAL SENSITIVITY: Marriage and family therapists actively strive to identify and understand the diverse cultural backgrounds of their clients by gaining knowledge, personal awareness, and developing sensitivity and skills pertinent to working with a diverse client population.
- 3.7 THERAPIST VALUES: Marriage and family therapists make continuous efforts to be aware of how their cultural/racial/ethnic identities, values, and beliefs affect the process of therapy. Marriage and family therapists do not exert undue influence on the choice of treatment or outcomes based on such identities, values and beliefs.
- 3.8 HARASSMENT OR EXPLOITATION: Marriage and family therapists do not engage in sexual or other harassment or exploitation of patients, students, supervisees, employees, or colleagues.
- 3.9 SCOPE OF COMPETENCE: Marriage and family therapists take care to provide proper diagnoses of mental and emotional disorders or conditions and do not assess, test, diagnose, treat, or advise on problems beyond the level of their competence as determined by their education, training, and experience. While developing new areas of practice, marriage and family therapists take steps to ensure the competence of their work through education, training, consultation, and/or supervision.
- 3.10 PATIENT SEEING TWO THERAPISTS: Marriage and family therapists do not generally provide professional services to a person receiving treatment or therapy from another psychotherapist, except by agreement with such other psychotherapist or after the termination of the patient's relationship with the other psychotherapist.
- 3.11 ELECTRONIC SERVICES: Marriage and family therapists provide services by Internet or other electronic media to patients located only in jurisdictions where the therapist may lawfully provide such services.
- 3.12 RESEARCH FINDINGS: Marriage and family therapists take reasonable steps to prevent the distortion or misuse of their clinical and research findings.
- 3.13 PUBLIC STATEMENTS: Marriage and family therapists, because of their ability to influence and alter the lives of others, exercise care when making public their professional recommendations and opinions through testimony or other public statements.
- 3.14 LIMITS OF PROFESSIONAL OPINIONS: Marriage and family therapists do not express professional opinions about an individual's mental or emotional condition unless they have treated or conducted an examination of the individual, or unless they reveal the limits of the information upon which their professional opinions are based, with appropriate cautions as to the effects of such limited information upon their opinions.

## 4 Supervisor, Student, and Supervisee Responsibilities

Marriage and family therapists do not exploit the trust and dependency of students and supervisees.

- 4.1 DUAL RELATIONSHIPS: Marriage and family therapists are aware of their influential position with respect to students and supervisees, and they avoid exploiting the trust and dependency of such



persons. Marriage and family therapists therefore avoid dual relationships that are reasonably likely to impair professional judgment or lead to exploitation. Provision of therapy to students or supervisees is unethical. Provision of marriage and family therapy supervision to clients is unethical. Sexual intercourse, sexual contact or sexual intimacy and/or harassment of any kind with students or supervisees is unethical. Other acts which could result in unethical dual relationships include, but are not limited to, borrowing money from a supervisee, engaging in a business venture with a supervisee, or engaging in a close personal relationship with a supervisee. Such acts with a supervisee's spouse, partner or family member may also be considered unethical dual relationships.

- 4.2 COMPETENCE OF SUPERVISEES: Marriage and family therapists do not permit students, employees, or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience, competence, or unlicensed status.
- 4.3 MAINTAINING SKILLS OF SUPERVISORS: Marriage and family therapists who act as supervisors are responsible for maintaining the quality of their supervision skills and obtaining consultation or supervision for their work as supervisors whenever appropriate.
- 4.4 KNOWLEDGE OF SUPERVISORS: Supervisors and educators are knowledgeable about supervision, relevant laws and regulations, and the practice of marriage and family therapy. Supervisors and educators are knowledgeable about and abide by the laws and regulations governing the conduct of supervisors and supervisees.
- 4.5 CHANGES IN LAWS AND ETHICS: Supervisors and supervisees are aware of and stay abreast of changes in professional and ethical standards and legal requirements, and supervisors ensure that their supervisees are aware of professional and ethical standards and legal responsibilities.
- 4.6 CULTURAL DIVERSITY: Supervisors and educators are aware of and address the role that culture and diversity issues play in the supervisory relationship, including, but not limited to, evaluating, terminating, disciplining, or making decisions regarding supervisees or students.
- 4.7 POLICIES AND PROCEDURES: Supervisors and educators create policies and procedures that are clear and that are disclosed to supervisees and students at the commencement of supervision or education.
- 4.8 PERFORMANCE APPRAISALS: Supervisors and educators provide supervisees with periodic performance appraisals and evaluative feedback throughout the supervisory relationship and identify and address the limitations of supervisees and students that might impede their performance.
- 4.9 BUSINESS PRACTICES: Supervisors follow lawful business practices and employer policies when employing and/or supervising interns, trainees, applicants, and associates.
- 4.10 PERFORMANCE ASSISTANCE: Supervisors and educators guide supervisees and students in securing assistance when needed for the supervisee to maintain or improve performance, such as personal psychotherapy, additional education, training, or consultation.
- 4.11 DISMISSAL: Supervisors shall document their decisions to dismiss supervisees.
- 4.12 REVIEW OF TRAINEE AGREEMENTS: Supervisors are aware of and review any trainee agreements with qualified educational institutions.
- 4.13 PATIENTS ARE PATIENTS OF EMPLOYER: Supervisees understand that the patients seen by them are the patients of their employers.

- 4.14 KNOWLEDGE OF LAWS AND REGULATIONS: Supervisees have a responsibility to be knowledgeable about relevant laws and regulations pertaining to the license and practice of marriage and family therapy.
- 4.15 MAINTAIN REGISTRATIONS: Supervisees maintain registrations when required by law and/or regulation and function within this limited role as permitted by the licensing law and/or regulations.

## 5 Responsibility to Colleagues

Marriage and family therapists treat and communicate with and about colleagues in a respectful manner and with, courtesy, fairness, and good faith, and cooperate with colleagues in order to promote the welfare and best interests of patients.

- 5.1 RESPECT CONFIDENCE OF COLLEAGUES: Marriage and family therapists respect the confidences of colleagues that are shared in the course of their professional relationships.
- 5.2 IMPAIRED COLLEAGUES: Marriage and family therapists are encouraged to assist colleagues who are impaired due to substance abuse, emotional problems, or mental illness.
- 5.3 FRIVOLOUS COMPLAINTS: Marriage and family therapists do not file or encourage the filing of ethics or other complaints that they know, or reasonably should know, are frivolous.
- 5.4 SOLICITING OTHER THERAPISTS' PATIENTS: Marriage and family therapists do not agree to see or solicit the clients of other therapists or encourage clients to leave other therapists, except as addressed in Section 3.10.

## 6 Responsibility to Research Participants

Researchers respect the dignity and protect the welfare of participants in research and are aware of federal and state laws and regulations and professional standards governing the conduct of research.

- 6.1 SAFEGUARDS: Researchers are responsible for making careful examinations of ethical acceptability in planning studies. To the extent that services to research participants may be compromised by participation in research, researchers seek the ethical advice of qualified professionals not directly involved in the research and observe safeguards to protect the rights of research participants.
- 6.2 DIMINISHED CONSENT WHEN RECEIVING SERVICES: Researchers requesting participants' involvement in research inform them of all aspects of the research that might reasonably be expected to influence willingness to participate. Researchers are especially sensitive to the possibility of diminished consent when participants are also receiving clinical services, have impairments which limit understanding and/or communication, or when participants are children.
- 6.3 DUAL RELATIONSHIPS WITH RESEARCH PARTICIPANTS: Researchers respect participants' freedom to decline participation in or to withdraw from a research study at any time. This obligation requires special thought and consideration when researchers or other members of the research team are in positions of authority or influence over participants. Marriage and family therapists, therefore, make every effort to avoid dual relationships with research participants that could impair professional judgment or increase the risk of exploitation.
- 6.4 CONFIDENTIALITY: Information obtained about a research participant during the course of a research



project is confidential unless there is an authorization previously obtained in writing. When the possibility exists that others, including family members, may obtain access to such information, this possibility, together with the plan for protecting confidentiality, is explained.

## 7 Responsibility to the Profession

Marriage and family therapists respect the rights and responsibilities of professional colleagues and participate in activities that advance the goals of the profession.

- 7.1 ACCOUNTABLE TO STANDARDS OF PROFESSION: Marriage and family therapists remain accountable to the standards of the profession when acting as members or employees of organizations.
- 7.2 PUBLICATION CREDIT: Marriage and family therapists assign publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication.
- 7.3 AUTHORS—CITING OTHERS: Marriage and family therapists who are the authors of books or other materials that are published or distributed appropriately cite persons to whom credit for original ideas is due.
- 7.4 AUTHORS—ADVERTISING BY OTHERS: Marriage and family therapists who are the authors of books or other materials published or distributed by an organization take reasonable steps to ensure that the organization promotes and advertises the materials accurately.
- 7.5 PRO BONO SERVICES: Marriage and family therapists are encouraged to participate in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return.
- 7.6 DEVELOPING PUBLIC POLICY: Marriage and family therapists are concerned with developing laws and regulations pertaining to marriage and family therapists that serve the public interest, and with altering such laws and regulations that are not in the public interest.
- 7.7 FAILURE TO COOPERATE WITH COMMITTEE: Marriage and family therapists cooperate with the Ethics Committee and truthfully represent facts to the Ethics Committee. Failure to cooperate with the Ethics Committee is itself a violation of these standards.

## 8 Responsibility to the Legal System

Marriage and family therapists recognize their role in the legal system and their duty to remain objective and truthful.

- 8.1 TESTIMONY: Marriage and family therapists who give testimony in legal proceedings testify truthfully and avoid making misleading statements.
- 8.2 EXPERT WITNESSES: Marriage and family therapists who act as expert witnesses base their opinions and conclusions on appropriate data, and are careful to acknowledge the limits of their data or conclusions in order to avoid providing misleading testimony or reports.
- 8.3 CONFLICTING ROLES: Whenever possible, marriage and family therapists avoid performing conflicting

roles in legal proceedings and disclose any potential conflicts. At the outset of the service to be provided and as changes occur, marriage and family therapists clarify role expectations and the extent of confidentiality to prospective clients, to the courts, or to others as appropriate.

- 8.4 DUAL ROLES: Marriage and family therapists avoid providing both treatment and evaluations for the same clients or treatment units in legal proceedings such as child custody, visitation, dependency, or guardianship proceedings, unless otherwise required by law or initially appointed pursuant to court order.
- 8.5 IMPARTIALITY: Marriage and family therapists, regardless of their role in a legal proceeding, remain impartial and do not compromise their professional judgment or integrity.
- 8.6 MINORS AND PRIVILEGE: Marriage and family therapists confirm the holder of the psychotherapist patient privilege on behalf of minor clients prior to releasing information or testifying.
- 8.7 OPINIONS ABOUT PERSONS NOT EVALUATED: Marriage and family therapists shall only express professional opinions about clients they have treated or examined. Marriage and family therapists, when expressing professional opinions, specify the limits of the information upon which their professional opinions are based. Such professional opinions include, but are not limited to, mental or emotional conditions or parenting abilities.
- 8.8 CUSTODY EVALUATORS: Marriage and family therapists who are custody evaluators (private or court-based) or special masters provide such services only if they meet the requirements established by pertinent laws, regulations, and rules of court.
- 8.9 CONSEQUENCES OF CHANGES IN THERAPIST ROLES: Marriage and family therapists inform the patient or the treatment unit of any potential consequences of therapist-client role changes. Such role changes include, but are not limited to, child's therapist, family's therapist, couple's therapist, individual's therapist, mediator, evaluator, and special master.
- 8.10 FAMILIARITY WITH JUDICIAL AND ADMINISTRATIVE RULES: Marriage and family therapists, when assuming forensic roles, are or become familiar with the judicial and administrative rules governing their roles.

## 9 Financial Arrangements

Marriage and family therapists make financial arrangements with patients and supervisees that are understandable, and conform to accepted professional practices and legal requirements.

- 9.1 PAYMENT FOR REFERRALS: Marriage and family therapists do not offer or accept payment for referrals, whether in the form of money or otherwise.
- 9.2 FINANCIAL EXPLOITATION: Marriage and family therapists do not financially exploit their patients.
- 9.3 DISCLOSURE OF FEES: Marriage and family therapists disclose, in advance, their fees and the basis upon which they are computed, including, but not limited to, charges for canceled or missed appointments and any interest to be charged on unpaid balances, at the beginning of treatment and give reasonable notice of any changes in fees or other charges.
- 9.4 COLLECTING ON UNPAID BALANCES: Marriage and family therapists give reasonable notice to

patients with unpaid balances of their intent to sue or to refer for collection. Whenever legal action is taken, therapists will avoid disclosure of clinical information. Whenever unpaid balances are referred to collection agencies, therapists will exercise care in selecting collection agencies and will avoid disclosure of clinical information.

- 9.5 BARTER: Marriage and family therapists ordinarily refrain from accepting goods, services, or other non-monetary remuneration from patients in return for professional services. Such arrangements often create conflicts and may lead to exploitation or distortion of the professional relationship.
- 9.6 THIRD-PARTY PAYERS: Marriage and family therapists represent facts regarding services rendered and payment for services fully and truthfully to third-party payers and others.

## 10 Advertising

Marriage and family therapists who advertise do so appropriately. Their advertising enables consumers to choose professional services based upon accurate information.

- 10.1 ACCURACY REGARDING QUALIFICATIONS: Marriage and family therapists accurately represent their competence, education, training, and experience relevant to their professional practice to patients and others.
- 10.2 ASSURING ACCURACY: Marriage and family therapists take reasonable steps to assure that advertisements and publications, whether in directories, announcement cards, newspapers, radio, television, Internet or any other media, are formulated to accurately convey information to the public.
- 10.3 FICTITIOUS/OTHER NAMES: Marriage and family therapists do not use a name that could mislead the public concerning the identity, responsibility, source, and status of those practicing under that name, and do not hold themselves out as being partners or associates of a firm if they are not.
- 10.4 FALSE, MISLEADING, OR DECEPTIVE: Marriage and family therapists do not use any professional identification, including but not limited to: a business card, office sign, letterhead, telephone, or association directory listing, Internet, or any other media, if it includes a statement or claim that is false, fraudulent, misleading, or deceptive. A statement is false, fraudulent, misleading, or deceptive if it a) contains a material misrepresentation of fact; b) fails to state any material fact necessary to make the statement, in light of all circumstances, not misleading; or c) is intended to or is likely to create an unjustified expectation.
- 10.5 CORRECTIONS: Marriage and family therapists correct, wherever possible, false, misleading, or inaccurate information and representations made by others concerning the therapist's qualifications, services, or products.
- 10.6 SOLICITATION OF TESTIMONIALS: Marriage and family therapists do not solicit testimonials from patients.
- 10.7 EMPLOYEE—ACCURACY: Marriage and family therapists make certain that the qualifications of persons in their employ are represented in a manner that is not false, misleading, or deceptive.
- 10.8 SPECIALIZATIONS: Marriage and family therapists may represent themselves as either specializing or having expertise within a limited area of marriage and family therapy, but only if they have the education, training, and experience that meets recognized professional standards to practice in that specialty area.

- 10.9** ADVERTISING OF CAMFT MEMBERSHIP: CAMFT clinical, associate, and prelicensed members may identify such membership in CAMFT in public information or advertising materials, but they must clearly and accurately represent whether they are clinical, associate, or prelicensed members.
- 10.10** USE OF “CAMFT”: Marriage and family therapists may not use the initials CAMFT following their name in the manner of an academic degree.
- 10.11** USE OF CAMFT LOGO: Marriage and family therapists may use the CAMFT logo only after receiving permission in writing from the Association. Permission will be granted by the Association to CAMFT members in good standing in accordance with Association policy on the use of CAMFT logo. The Association (which is the sole owner of its name, logo, and the abbreviated initials CAMFT) may grant permission to CAMFT committees and chartered chapters in good standing, operating as such, to use the CAMFT logo. Such permission will be granted in accordance with Association policy on use of the CAMFT logo.
- 10.12** CAMFT MEMBERSHIP: Marriage and family therapists, when publicizing their membership in CAMFT, do not do so in a manner that implies organizational endorsement of their activities.

Violations of these standards may be brought to the attention of the CAMFT Ethics Committee, in writing, mailed to CAMFT’s administrative office at 7901 Raytheon Road, San Diego, CA 92111-1606, or at such other address as may be necessary because of a change in location of the administrative office.

#### References

- i. The terms psychotherapy, therapy and counseling are used interchangeably throughout the *CAMFT Code of Ethics*.
- ii. The word “patient,” as used herein, is synonymous with such words as “client,” “consumer,” or “counselee.”
- iii. The term “marriage and family therapist,” as used herein, is synonymous with the term “licensed marriage, family and child counselor,” and is intended to cover registered interns and trainees performing marriage and family therapy services under supervision.
- iv. The term “dual relationships” as used herein, is synonymous with the term “multiple relationships.”
- v. The term “supervisee” includes interns, trainees, and applicants for the license.

*All known dates of ethical standards revisions: 6/11, 1/11, 9/09, 7/08, 5/02, 4/97, 4/92, 10/87, 9/78, and 3/66.*

*CAMFT Code of Ethics PART I (THE STANDARDS) AND PART II (THE PROCEDURES)* is a publication of the California Association of Marriage and Family Therapists, headquartered in San Diego, California.