

NAADAC, the Association for Addiction Professionals
NCC AP: The National Certification Commission for Addiction Professionals
CODE OF ETHICS
Effective 1.1.2021

PRINCIPLES	
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INTRODUCTION TO NAADAC/NCC AP ETHICAL STANDARDS	
i-1	<p>NAADAC and NCC AP recognize that their members, certified counselors, and other service providers live and work in many diverse communities. NAADAC shall have the responsibility to create a Code of Ethics that shall be relevant for ethical deliberation and guidance. The terms “addiction professionals” and “providers” shall include and refer to NAADAC Members, certified or licensed counselors offering addiction-specific services, and other service providers along the continuum of care from prevention through recovery. “Client” shall include and refer to individuals, couples, partners, families, or groups, depending on the setting.</p>
i-2	<p>The NAADAC Code of Ethics was written to reflect the ideals and govern the conduct of NAADAC and its members, and shall be the accepted standard of conduct for NAADAC members and addiction professionals certified by the National Certification Commission for Addiction Professionals. The NAADAC Code of Ethics shall be a statement of the values of the addictions profession, and the guide for making ethical clinical decisions. When an ethics complaint is filed with NAADAC, the complaint shall be evaluated by consulting the NAADAC Code of Ethics. This Code shall also be utilized by state certification boards and educational institutions to evaluate the behaviors of addiction professionals and to guide the certification process.</p>
i-3	<p>In addition to identifying specific ethical standards, NAADAC shall recommend consideration of the following when making ethical decisions:</p> <ol style="list-style-type: none"> 1. Autonomy: To allow each person the freedom to choose their own destiny. 2. Obedience: The responsibility to observe and obey legal and ethical directives. 3. Conscientious Refusal: The responsibility to refuse to carry out directives that are illegal and/or unethical. 4. Beneficence: To help others. 5. Gratitude: To pass along the good that we receive to others. 6. Competence: To possess the necessary skills and knowledge to treat the clientele in a chosen discipline and to remain current with treatment modalities, theories and techniques. 7. Justice: Fair and equal treatment; to treat others in a just and fair manner. 8. Stewardship: To use available resources in a judicious and conscientious manner; to give back 9. Honesty and Candor: To tell the truth in all dealing with clients, colleagues, business associates and the community
PRINCIPLE I: THE COUNSELING RELATIONSHIP	

I-1 Client Welfare	Addiction professionals shall accept their responsibility to ensure the safety and welfare of their client, and shall act for the good of each client while exercising respect, sensitivity, and compassion. Providers shall treat each client with dignity, honor, and respect, and act in the best interest of each client.
I-2 Informed Consent	Addiction professionals shall ensure that each client shall be fully informed about treatment, and shall provide clients with information in clear and understandable language regarding the purposes, risks, limitations, and costs of treatment services, reasonable alternatives, their right to refuse services, and their right to withdraw consent within time frames established within the consent. Providers shall review with their client, both verbally and in writing, the rights and responsibilities of both the provider and the client. Providers shall have the client attest to their understanding of the information presented in the Informed Consent by signing the Informed Consent document.
I-3 Mandatory Disclosure	<p>Mandatory Disclosure shall include:</p> <ul style="list-style-type: none"> a. explicit explanation as to the nature of all services to be provided and methodologies and theories typically utilized, b. purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services, c. the addiction professional's education, credentials, relevant experience, and approach to counseling, d. confidentiality and explanation of its limits, including duty to warn, e. the role of technology, including boundaries with electronic transmissions and social networking, f. implications of diagnosis and the intended use of tests and reports, g. fees and billing, nonpayment, and policies for collecting nonpayment, h. specifics about clinical supervision and consultation, i. the client's right to refuse services, and j. the client's right to refuse to be treated by a person-in-training, without fear of retribution.
I-4 Limits of Confidentiality	Addiction professionals shall clarify the nature of their relationship with each party, and the limits of confidentiality, at the outset of services when agreeing to provide services to a person at the request or direction of a third party.
I-5 Diversity	Addiction professionals shall respect the diversity of clients and provide culturally-responsive and culturally-sensitive services to all clients.
I-6 Discrimination	Addiction professionals shall not practice, condone, facilitate, or collaborate with any form of discrimination against any client on the basis of race, ethnicity, color, religious or spiritual beliefs, age, gender identification, national origin, sexual orientation or expression, marital status, political affiliation, physical or mental handicap, health condition, housing status, military status, or economic status.

I-7 Legal Competency	Addiction professionals who act on behalf of a client who has been judged legally incompetent or with a representative who has been legally authorized to act on behalf of a client, shall act with the client's best interests in mind, and shall inform the designated guardian or representative of any circumstances which may influence the relationship. Providers shall balance the ethical rights of clients to make choices about their treatment, with their capacity to give consent to receive treatment-related services, and the parental/familial/representative's legal rights and responsibilities to protect the client and make decisions on their behalf.
I-8 Mandated Clients	Addiction professionals who work with clients who have been mandated to counseling and related services, shall discuss legal and ethical limitations to confidentiality. Providers shall explain confidentiality, limits to confidentiality, and the sharing of information for supervision and consultation purposes prior to the beginning of the therapeutic or service relationship. If the client refuses services, the provider shall discuss with the client potential consequences of refusing mandated services, while respecting client autonomy.
I-9 Multiple Therapists	Addiction professionals shall obtain a signed Release of Information (ROI) from the client if the client is working with another substance use or mental health professional. The ROI shall allow the provider to establish a collaborative professional relationship.
I-10 Boundaries	Addiction professionals shall consider the inherent risks and benefits associated with moving the boundaries of a counseling relationship beyond the standard parameters. Providers shall obtain consultation and supervision, and recommendations shall be documented.
I-11 Multiple/Dual Relationships	Addiction professionals shall make every effort to avoid multiple relationships with a client. When a dual relationship is unavoidable, the professional shall take extra care to ensure professional judgment is not impaired and there is no risk of client exploitation. Such relationships shall include, but are not limited to, members of the provider's immediate or extended family, business associates of the professional, or individuals who have a close personal relationship with the professional or the professional's family. When extending these boundaries, providers shall take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that their judgment is not impaired and no harm occurs. Consultation and supervision shall be obtained, and the recommendations shall be documented.
I-12 Prior Relationship	Addiction professionals shall recognize that there are inherent risks and benefits to accepting as a client someone with whom the provider had a prior relationship, which shall include anyone with whom the provider had a casual, distant, or past relationship. Prior to engaging in a counseling relationship with a person from a previous relationship, the provider shall obtain consultation or supervision, and shall document the recommendations. The burden shall be on the provider to ensure that their judgment is not impaired, and that exploitation is not occurring.
I-13 Previous Client	Addiction professionals who are considering initiating any type of professional relationship with a previous client shall seek documented consultation or supervision prior to its initiation.
I-14 Group	Addiction professionals shall clarify who "the client" is, when accepting and working with more than one person as "the client." Providers shall clarify the relationship the provider will have with each person. In group counseling, providers shall take reasonable precautions to protect group members from harm.
I-15 Financial Disclosure	Addiction professionals shall truthfully represent facts to all clients and third-party payers regarding services rendered, and the costs of those services.
I-16 Communication	Addiction professionals shall communicate information in ways that are developmentally and culturally appropriate. Providers shall offer clear and understandable language when discussing issues related to informed consent. Cultural implications of informed consent shall be considered and documented by the provider.
I-17 Treatment Planning	Addiction professionals shall create treatment plans in collaboration with their client. Treatment plans shall be reviewed and revised on an ongoing and intentional basis to ensure their viability and validity.
I-18 Level of Care	Addiction professionals shall provide their client with the highest quality of care. Providers shall use ASAM or other relevant placement criteria, to ensure that clients are appropriately and effectively served.

I-19 Documentation	Addiction professionals and other service providers shall create, maintain, protect, and store required documentation per federal, state, and tribal laws, rules, and organizational policies.
I-20 Advocacy	Addiction professionals shall advocate on behalf of clients at individual, group, institutional, and societal levels. Providers shall speak out regarding barriers and obstacles that impede access to and/or growth and development of clients. When advocating for a specific client, providers shall obtain written consent prior to engaging in advocacy efforts.
I-21 Referrals	Addiction professionals shall recognize that each client is entitled to the full extent of physical, social, psychological, spiritual, and emotional care required to meet their needs. Providers shall refer to culturally and linguistically appropriate resources when a client presents with any impairment that is beyond the scope of the provider's education, training, skills, expertise, and licensure.
I-22 Exploitation	Addiction professionals shall be aware of their influential positions with respect to clients, trainees, and research participants, and shall not exploit the trust and dependency of any client, trainee, or research participant. Providers shall not engage in any activity that violates or diminishes the civil or legal rights of any client. Providers shall not use coercive treatment methods with any client, including threats, negative labels, or attempts to provoke shame or humiliation. Providers shall not impose their personal, religious, or political values on any client. Providers shall not endorse conversion therapy.
I-23 Sexual Relationships	Addiction professionals shall not engage in any form of sexual or romantic relationship with any current or former client, nor shall they accept as a client anyone with whom they have engaged in a romantic, sexual, social, or familial relationship. This prohibition shall include in-person and electronic interactions and/or relationships. Addiction professionals shall be prohibited from engaging in counseling relationships with friends or family members.
I-24 Termination	Addiction professionals shall terminate services with the client when services are no longer required, no longer serve the client's needs, or the provider is unable to remain objective. Counselors shall provide pre-termination counseling and shall offer appropriate referrals as needed. Providers may refer a client, after obtaining and documenting supervision or consultation, when the provider is in danger of harm by the client or by another person with whom the client has a relationship.
I-25 Coverage	Addiction professionals shall make necessary coverage arrangements to accommodate interruptions in services such as vacations, illness, or any unexpected situation.
I-26 Abandonment	Addiction professionals shall not abandon any client in treatment. Providers who anticipate termination or interruption of services to clients shall notify each client promptly, and shall seek transfer, referral, or continuation of services in accordance with each client's needs and preferences.
I-27 Fees	Addiction professionals shall ensure that all fees charged for services are fair, reasonable and commensurate with the services provided and with due regard for clients' ability to pay.
I-28 Self-Referrals	Addiction professionals shall not refer clients to their private practice unless policies at the organization that is the source of the referral allow for self-referrals. When self-referrals are not permitted, clients shall be informed of other appropriate referral resources.
I-29 Commissions	Addiction professionals shall not offer or accept any commissions, rebates, kickbacks, bonuses, or any form of remuneration for referral of a client for professional services, nor engage in fee splitting.
I-30 Enterprises	Addiction professionals shall not use relationships with clients for personal gain or profit.
I-31 Withholding Records	Addiction professionals shall not withhold records they possess that are needed for a client's treatment solely because payment has not been received for past services.
I-32 Withholding Reports	Addiction professionals shall not withhold reports to referral agencies regarding client treatment progress or completion solely because payment has not yet been received in full for services, particularly when those reports are to courts or probation officers who require such information for legal purposes. Reports shall only note that payment has not yet been made, or only partially made, for services rendered.
I-33 Disclosures re: Payments	Addiction professionals shall clearly disclose and explain to each client, prior to the onset of services: (1) costs and fees related to the provision of services, including any charges for cancelled or missed appointments, (2) the use of collection agencies or legal measures for nonpayment, and (3) the procedures for obtaining payment from the client if payment is denied by a third-party payer.

I-34 Regardless of Compensation	Addiction professionals shall provide the same level of professional skill and service to each client without regard to the type or amount of compensation provided by a client or third-party payer.
I-35 Billing for Actual Services	Addiction professionals shall charge only for services actually provided to the client, regardless of any oral or written contract the client has made with the addiction professional or agency.
I-36 Financial Records	Addiction professionals shall maintain accurate and timely clinical and financial records for each client.
I-37 Suspension	Addiction professionals shall give reasonable and written notice to clients of impending suspension of services for nonpayment.
I-38 Unpaid Balances	Addiction professionals shall give timely written notice to clients with unpaid balances of their intent to seek collection by an agency or other legal recourse. When such action is taken, addiction professionals shall not reveal clinical information.
I-39 Bartering	Addiction professionals shall only engage in bartering for professional services when: (1) the client requests it, (2) the relationship is not exploitative, (3) the professional relationship is not distorted, (4) federal and state laws and rules allow for bartering, and (5) a clear written contract is established with agreement on the value of the item(s) bartered for and number of corresponding sessions, prior to the onset of services. Providers shall consider the cultural implications of bartering and discuss relevant concerns with clients. Agreements shall be specified in a written contract. Providers shall obtain supervision or consultation, and shall document the recommendations.
I-40 Gifts	Addiction professionals shall recognize that clients may wish to show appreciation for services by offering gifts. Providers shall take into account the therapeutic relationship, the monetary value of the gift, the client's motivation for giving the gift, and the counselor's motivation for wanting to accept or decline the gift. Providers shall obtain supervision or consultation prior to deciding whether or not to accept or decline a gift, and shall document the recommendations.
I-41 Uninvited Solicitation	Addiction professionals shall not engage in uninvited solicitation of potential clients who are vulnerable to undue influence, manipulation, or coercion.
I-42 Virtual	Addiction professionals shall be prohibited from engaging in a personal or romantic virtual e-relationship with all current and former clients.

PRINCIPLE II: CONFIDENTIALITY AND PRIVILEGED COMMUNICATION

II-1 Confidentiality	Addiction professionals shall understand that confidentiality and anonymity are foundational to addiction treatment, and shall accept the duty to protect the identity and privacy of each client as a primary obligation. Providers shall communicate the parameters of confidentiality in a culturally-sensitive manner.
II-2 Documentation	Addiction professionals shall create and maintain appropriate documentation. Providers shall ensure that records and documentation created in any medium, which shall include, but shall not be limited to cloud, laptop, flash drive, external hard drive, tablet, computer, and paper shall be securely maintained in compliance with HIPAA and 42 CFR Part 2, and that only authorized persons shall have access to documents. Providers shall disclose to clients, within informed consent, how records shall be stored, maintained, and disposed per Federal and state laws and regulations.
II-3 Access	Addiction professionals shall notify the client, during informed consent, about procedures specific to client access to records. Addiction professionals shall provide the client reasonable access to documentation regarding the client upon his/her written request. Providers shall protect the confidentiality of any other persons contained in the records. Providers shall limit access of the client to their records, and provide a summary of the records when there is evidence that full access could cause harm to the client. A treatment summary shall include, and shall be limited to dates of service, diagnoses, treatment plan, and progress in treatment. Providers shall seek supervision or consultation prior to providing the client with documentation and shall document their rationale for releasing or limiting access to records. Providers shall provide assistance and consultation to the client regarding interpretation of counseling records.
II-4 Sharing	Addiction professionals shall engage in ongoing discussions with the client regarding how, when, and with whom information is to be shared.

II-5 Disclosure	Addiction professionals shall not disclose confidential information regarding the identity of a client, nor information that could potentially reveal the identity of a client, without written consent by the client. In situations where the disclosure is mandated or permitted by state and federal law, verbal authorization shall not be sufficient, except in emergencies.
II-6 Privacy	Addiction professionals and the organizations they work for shall ensure that confidentiality and privacy of clients shall be protected by providers, employees, supervisees, students, office personnel, other staff and volunteers.
II-7 Limits of Confidentiality	Addiction professionals, during informed consent, shall disclose the legal and ethical limits of confidentiality and shall disclose the legal exceptions to confidentiality. Confidentiality and limitations to confidentiality shall be reviewed as needed during the counseling relationship. Providers shall review with each client all circumstances where confidential information may be requested, and where disclosure of confidential information may be legally required.
II-8 Imminent Danger	Addiction professionals shall only reveal client identity or confidential information without client consent when a client presents a clear and imminent danger to themselves or to another person, and only to emergency personnel who are directly involved in reducing the danger or threat. Counselors shall obtain supervision or consultation when unsure about the validity of an exception, and shall document the recommendations.
II-9 Courts	Addiction professionals who are ordered to release confidential and/or privileged information by a court shall obtain written, informed consent from the client, shall take steps to prohibit the disclosure, or shall have the disclosure limited as narrowly as possible because of potential harm to the client or counseling relationship.
II-10 Essential Only	Addiction professionals shall release only essential information when circumstances require the disclosure of confidential information.
II-11 Multidisciplinary Care	Addiction professionals shall inform the client when the provider is a participant in a multidisciplinary care team providing coordinated services to the client. The client shall have the right to ask who the members of the team are and what information is being shared.
II-12 Locations	Addiction professionals shall discuss confidential client information only in locations where they are reasonably certain they can protect client privacy.
II-13 Payers	Addiction professionals shall obtain client authorization prior to disclosing any information to third party payers (i.e., Medicaid, Medicare, insurance payers, private payers).
II-14 Encryption	Addiction professionals shall use encryption and other necessary precautions to ensure that information being transmitted electronically or in other medium remains confidential.
II-15 Deceased	Addiction professionals shall protect the confidentiality of deceased clients by upholding legal mandates and documented preferences of the client.
II-16 All Parties	Addiction professionals, who provide group, family, or couples therapy, shall describe the roles and responsibilities of all parties, limits of confidentiality, and the inability to guarantee that confidentiality will be maintained by all parties.
II-17 Minors and Others	Addiction professionals shall protect the confidentiality of any information received when counseling minor clients or adult clients who lack the capacity to provide voluntary informed consent, regardless of the medium, in accordance with federal and state laws, and organization policies and procedures. Parents, guardians, and appropriate third parties shall be informed regarding the role of the provider and the limits of confidentiality in the counseling relationship.
II-18 Storage and Disposal	Addiction professionals shall create and/or abide by Federal and state laws and organizational policies and procedures regarding the storage, transfer, and disposal of confidential client records. Providers shall maintain client confidentiality in all mediums and forms of documentation.
II-19 Video Recording	Addiction professionals shall obtain informed consent and Releases of Information prior to videotaping, audio recording, or permitting third party observation of any client interaction or group therapy session. Clients shall be fully informed regarding recordings, which shall include, but shall not be limited to the purpose, who shall have access, and the storage, and disposal of recordings prior to recording.

II-20 Recording e-therapy	Addiction professionals shall obtain informed consent and a written Release of Information prior to recording an electronic therapy session. Prior to obtaining informed consent for recording e-therapy, the provider shall obtain supervision or consultation, and shall document the recommendations. Providers shall disclose to clients, in informed consent, how e-records shall be stored, maintained, and disposed, and in what time frame.
II-21 Federal Regulations Statement	Addiction professionals shall ensure that all written information released to others shall be accompanied by a statement identifying the Federal Regulations governing such disclosure, and shall notify clients when a disclosure is made, to whom the disclosure was made, and for what purposes the disclosure was made.
II-22 Transfer Records	Unless exceptions to confidentiality exist, addiction professionals shall obtain written permission from clients to disclose or transfer records to legitimate third parties. Providers shall ensure that receivers of counseling records shall be made aware of their confidential nature. Addiction professionals shall ensure that all information released shall meet requirements of 42 CFR Part 2 and HIPAA. All information released shall be appropriately marked as confidential.
II-23 Written Permission	Addiction professionals who receive confidential information about any past, present, or potential client shall not disclose such information without obtaining written permission from the client allowing such release.
II-24 Multidisciplinary Consultation	Addiction professionals shall not release confidential information to external professionals, which shall include, but shall not be limited to physicians, probation and parole officers, and psychiatrists without first obtaining written consent to release information.
II-25 Health Status	Addiction professionals shall adhere to relevant Federal and state laws concerning the disclosure of a client's health status.
II-26 Storage and Disposal	Addiction professionals shall store, safeguard, and dispose of client records in accordance with Federal and state, accepted professional standards, and in ways which protect the confidentiality of clients.
II-27 Temporary Assistance	Addiction professionals, when serving clients of another agency or colleague during a temporary absence or emergency, shall serve those clients with the same professional consideration and confidentiality as that afforded the professional's own clients.
II-28 Termination	Addiction professionals shall protect client confidentiality in the event of the counselor's termination of practice, incapacity, or death. Providers shall appoint a records custodian when identified as appropriate, in their organizational or private practice policies, in their professional Will, or other document.
II-29 Consultation	Addiction professionals shall share information about a client with a consultant only for professional purposes. Providers shall only release information pertaining to the reason for the consultation. Providers shall protect the client's identity and prevent breaches of the client's privacy. Addiction professionals, when consulting with colleagues or referral sources, shall not share confidential information obtained in clinical or consulting relationships that could lead to identification of the client, unless the provider has obtained prior written consent from the client. Information shall be shared only in appropriate clinical settings and only to the extent necessary to achieve the purposes of the consultation.

PRINCIPLE III: PROFESSIONAL RESPONSIBILITIES AND WORKPLACE STANDARDS

III-1 Responsibility	Addiction professionals shall abide by the NAADAC Code of Ethics. Addiction professionals shall read, understand and follow the NAADAC Code of Ethics and shall adhere to applicable Federal and state laws and regulations.
III-2 Integrity	Addiction professionals shall conduct themselves with integrity. Providers shall maintain integrity in their professional and personal relationships and activities. Providers shall communicate honestly, accurately, and appropriately to clients, peers, and the public, regardless of the communication medium used.
III-3 Discrimination	Addiction professionals shall not engage in, endorse or condone discrimination against prospective or current clients and their families, students, employees, volunteers, supervisees, or research participants based on their race, ethnicity, age, disability, religion, spirituality, gender, gender identity,

	sexual orientation, marital or partnership status, pregnancy, language preference, socioeconomic status, immigration status, active duty or veteran status, or any other basis.
III-4 Nondiscriminatory	Addiction professionals shall provide services that are nondiscriminatory and nonjudgmental. Providers shall not exploit others in their professional relationships. Providers shall maintain appropriate professional and personal boundaries.
III-5 Fraud	Addiction professionals shall not participate in, condone, or be associated with any form of dishonesty, fraud, or deceit.
III-6 Violation	Addiction professionals shall not engage in any criminal activity. Addiction professionals and service providers shall be in violation of this Code and subject to appropriate sanctions, up to and including permanent revocation of their NAADAC membership and NCC AP certification, if they: <ol style="list-style-type: none"> 1. Fail to disclose conviction of any felony to the appropriate regulatory bodies, if requested. 2. Fail to disclose conviction of any misdemeanor related to their qualifications or functions as an addiction professional, to the appropriate regulatory bodies, if requested. 3. Engage in conduct which could lead to conviction of a felony or misdemeanor related to their qualifications or functions as an addiction professional. 4. Are expelled from or disciplined by other professional organizations. 5. Have their licenses or certificates suspended or revoked or are otherwise disciplined by regulatory bodies. 6. Continue to practice addiction counseling while impaired. 7. Continue to identify themselves as a certified or licensed addiction professional after being denied certification or licensure, allowing their certification or license to lapse, or having their certification or license suspended or revoked. 8. Fail to cooperate with the NAADAC or NCC AP Ethics Committees at any point from the inception of an ethics complaint through the completion of all procedures regarding that complaint.
III-7 Harassment	Addiction professionals shall not engage in or condone any form of harassment, including sexual harassment.
III-8 Membership	Addiction professionals shall intentionally differentiate between current, active memberships and former or inactive memberships with NAADAC and other professional associations.
III-9 Credentials	Addiction professionals shall claim and present only those educational degrees conferred upon them by accredited institutions. Providers shall claim and present only those specialized certifications received from a qualified certifying body. Providers shall accurately represent the accreditation status of a specific institution of higher learning or certifying body.
III-10 Credentials	Addiction professionals shall claim and promote only those licenses and certifications that are current and in good standing.
III-11 Accuracy of References	Addiction Professionals and providers shall correct all references to their credentials and affiliations that are false, deceptive, or misleading. Providers shall advocate for accuracy in statements made by self or others about the addiction profession.
III-12 Accuracy of Representation	Addiction professionals shall accurately represent professional qualifications, education, experience, memberships, affiliations or recovery history. Providers shall accept employment only on the basis of existing competencies or explicit intent to acquire the necessary competence.
III-13 Scope of Practice	Addiction professionals shall only provide services within their scope of practice and competency, and shall only offer services that are science-based, evidence-based, and outcome-driven. Providers shall engage in counseling practices that are grounded in rigorous research methodologies. Providers shall maintain adequate knowledge of and adhere to applicable professional standards of practice.
III-14 Boundaries of Competence	Addiction professionals shall only practice within the boundaries of their competence. Competence shall be established through education, training, skills, and supervised experience, state and national professional credentials and certifications, and relevant professional experience.
III-15 Proficiency	Addiction professionals shall seek and develop proficiency through relevant education, training, and supervised experience prior to independently delivering specialty services. Providers shall obtain supervised experience and consultation to ensure the validity of their work and shall protect clients from harm when developing skills in new specialty areas.

III-16 Educational Achievement	Addiction professionals shall recognize that advanced educational achievement shall be necessary to provide the level of service clients deserve. Providers shall accept and acknowledge the need for formal and specialized education as a vital component of professional development, competency, and integrity.
III-17 Continuing Education	Addiction professionals shall engage in continuing education and professional development opportunities in order to maintain and enhance knowledge of research-based scientific developments within the profession. Providers shall learn and utilize new procedures relevant to the clients they serve, under supervision. Providers shall remain informed regarding best practices for working with diverse populations.
III-18 Self-Monitoring	Addiction professionals shall continuously self-monitor in order to meet their professional obligations. Providers shall engage in self-care activities that promote and maintain their physical, psychological, emotional, and spiritual well-being.
III-19 Scientific	Addiction professionals shall use techniques, procedures, and modalities that have a scientific and empirical foundation. Providers shall utilize counseling techniques and procedures that are grounded in theory, evidence-based, outcome-driven and/or a research-supported promising practice. Providers shall not use techniques, procedures, or modalities that have substantial evidence suggesting harm, even when such services are requested.
III-20 Innovation	Addiction professionals shall discuss with clients and document the potential risks, benefits and ethical concerns prior to using developing or innovative techniques, procedures, or modalities with a client. Providers shall minimize any potential risks or harm when using developing and/or innovative techniques, procedures, or modalities, and document the steps taken to minimize risks. Providers shall obtain and document supervision and/or consultation regarding potential risks to clients prior to presenting innovative treatment options.
III-21 Multicultural Competency	Addiction professionals shall deliver multiculturally-sensitive counseling and other services by gaining knowledge specific to multiculturalism, increasing awareness of the diverse cultural identifications of clients, developing cultural humility, displaying an attitude favorable to differences, and increasing skills pertinent to being culturally-sensitive.
III-22 Primary Care	Addiction professionals shall work to educate medical professionals about substance use disorders, the need for collaboration between primary care and SUD providers, and the need to limit the use of mood-altering chemicals for clients in SUD treatment and/or recovery.
III-23 Medical Professionals	Addiction professionals shall recognize the need for the use of mood-altering chemicals in limited medical situations, and shall work to educate medical professionals to limit, monitor, and closely supervise the administration of such chemicals when their use is necessary.
III-24 Collaborative Care	Addiction professionals shall collaborate with other health care professionals in providing a supportive environment for any client who receives prescribed medication.
III-25 Multidisciplinary Care	Collaborative multidisciplinary care teams shall be focused on increasing the client's functionality and wellness. Addiction professionals who are members of multidisciplinary care teams shall work with team members to clarify professional and ethical obligations of the team as a whole, and its individual members. If ethical concerns develop as a result of a team decision, providers shall attempt to resolve the concern within the team first. If resolution cannot be reached within the team, providers shall obtain and document supervision and/or consultation to address their concerns consistent with client well-being.
III-26 Collegial	Addiction professionals shall be aware of the need for collegiality and cooperation in the helping professions. Providers shall act in good faith towards colleagues and other professionals, and shall treat colleagues and other professionals with respect, courtesy, honesty, and fairness.
III-27 Collaborative Care	Addiction professionals shall develop respectful and collaborative relationships with other professionals who are working with a specific client. Providers shall not offer professional services to a client who is in counseling with another professional, except with the knowledge and documented approval of the other professional, or following termination of services with the other professional.

III-28 Qualified	Addiction professionals shall work to promote the practice of addiction counseling by qualified persons and shall only employ individuals who have the appropriate and requisite education, training, licensure and/or certification, and supervised experience.
III-29 Advocacy	Addiction professionals shall be aware of society's prejudice and stigma towards people with substance use disorders, and shall willingly engage in the legislative process, educational institutions, and public forums to educate people about addictive disorders, and shall advocate for opportunities and choices for our clients. Providers shall advocate for their clients as needed.
III-30 Advocacy	Addiction professionals shall inform the public of the impact of substance use disorders through active participation in civic affairs and community organizations. Providers shall act to ensure that all persons, especially the disadvantaged, have access to the opportunities, resources, and services required to treat and manage their disorders. Providers shall educate the public about substance use disorders, and shall work to dispel negative myths, stereotypes, and misconceptions about substance use disorders and the people who have them.
III-31 Present Knowledge	Addiction professionals shall respect the limits of present knowledge in public statements concerning addictions treatment, and shall report that knowledge accurately, without distortion or misrepresentation to the public and others.
III-32 Organizational vs. Private	Addiction professionals shall distinguish clearly between statements made and actions taken as a private individual, and statements made and actions taken as a representative of an agency, group, organization, or the addiction profession.
III-33 Public Comments NAADAC	Addiction professionals shall make no public comments disparaging NAADAC or the addictions profession, substance use disorders, the legislative process, or any person involved in the legislative process. The term "public comments" shall include, but shall not be limited to any and all forms of oral, written, and electronic communication.
III-34 Development	Addiction professionals shall actively participate in local, state and national associations that promote professional development.
III-35 Policy	Addiction professionals shall support the formulation, development, enactment, and implementation of public policy and legislation concerning the addiction profession and our clients.
III-36 Parity	Addiction professionals shall work for parity in insurance coverage for substance use disorders as primary medical disorders.
III-37 Impairment	Addiction professionals shall recognize the effect of impairment on professional performance and shall seek appropriate professional assistance for any personal problems or conflicts that may impair work performance or clinical judgment. Providers shall continuously monitor themselves for signs of physical, psychological, social, and emotional impairment. Providers, with the guidance of supervision or consultation, shall obtain appropriate assistance in the event they are professionally impaired. Providers shall abide by statutory mandates specific to professional impairment when addressing one's own impairment.

III-38 Impairment	Addiction professionals shall offer and provide assistance as needed to peers, coworkers, and supervisors who are demonstrating professional impairment, and shall intervene to prevent harm to clients. Providers shall abide by statutory mandates specific to reporting the professional impairment of peers, coworkers, and supervisors.
III-39 Referrals	Addiction professionals shall not refer clients, nor recruit colleagues or supervisors, from their places of employment or professional affiliations to their private practice without prior documented authorization. Providers shall offer multiple referral options to clients when referrals are necessary. Providers shall obtain supervision or consultation to address any potential or real conflicts of interest, and shall document the recommendations.
III-40 Termination	Addiction professionals shall create a written plan, policy or professional Will for addressing situations involving the provider's incapacitation, termination of practice, retirement, or death. Addiction professionals or agencies shall develop policies regarding continuation of services upon the incapacitation, termination, retirement or death of the provider.
III-41 Representation	Addiction professionals and organizations offering education, trainings, seminars, and workshops shall accurately and honestly represent their NAADAC-approved education provider status. Providers and organizations shall meet all requirements set forth by NAADAC prior to promoting their active provider status.
III-42 Promotion	Addiction professionals shall ensure that promotions and advertisements concerning workshops, trainings, seminars and products that they have developed for use in the delivery of services are accurate and provide ample information so consumers can make informed choices. Providers shall not use their counseling, teaching, training or supervisory relationships to deceptively promote their products or training events.
III-43 Testimonials	Addiction professionals who solicit testimonials from former clients or any other persons shall discuss with clients the implications of, and potential concerns, regarding testimonials, prior to obtaining written permission for the use of specific testimonials.
III-44 Reports	Addiction professionals shall accurately, honestly and objectively report professional activities and judgments to appropriate third parties, which shall include, but shall not be limited to courts, probation/parole, insurance organizations and providers, recipients of evaluation reports, referral sources, professional organizations, regulatory agencies, regulatory boards, and ethics committees.
III-45 Advice	Addiction professionals, when offering advice or comments using any platform, which shall include, but shall not limited to presentations and lectures, demonstrations, printed articles, mailed materials, television or radio programs, video or audio recordings, technology-based applications, or other media shall ensure that their statements are based on academic, research, and evidence-based, outcome-driven literature and practice. The advice or comments shall be consistent with the NAADAC Code of Ethics.
III-46 Dual Relationship	Addiction professionals who are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings shall clarify role expectations and the parameters of confidentiality with all parties involved.
III-47 Illegal Practices	Addiction professionals who become aware of inappropriate, illegal, discriminatory, and/or unethical policies, procedures and practices at their agency, organization, or practice shall alert their employers. When there is potential for harm to clients or limitations on the effectiveness of services, providers shall seek supervision and/or consultation to determine appropriate next steps and further action. Providers and supervisors shall not harass or terminate an employee or colleague who has acted in a responsible and ethical manner to expose inappropriate employer/employee policies, procedures and/ or practices.
III-48 Supervision	Addiction professionals who act in the role of supervisor or consultant, shall ensure that they have appropriate resources and competencies prior to providing supervisory or consultation services. Supervisors or consultants shall provide appropriate referrals to resources when requested or needed.
III-49 Supervision	Addiction professionals who offer supervisory or consultation services shall review with the consultee/supervisee, both verbally and in writing, the rights and responsibilities of both the supervisor/consultant and supervisee/consultee. Providers shall inform all parties involved about the purpose, costs, risks and benefits, and the limits of confidentiality of the services to be provided.
III-50 Credit	Addiction professionals shall give appropriate credit to the authors or creators of all materials used in the course of their work. Providers shall not plagiarize another person's work.

PRINCIPLE IV: WORKING IN A CULTURALLY-DIVERSE WORLD	
IV-1 Respect	Addiction professionals shall be knowledgeable and aware of diverse cultural, individual, societal, and role differences amongst the clients they serve in a diversity of settings along the continuum of care. Providers shall offer services that demonstrate appropriate respect for the fundamental rights, dignity and worth of all clients.
IV-2 Cultural Humility	Addiction professionals shall demonstrate cultural humility. Providers shall maintain an interpersonal perspective that is other-oriented and accepting of the cultural identities of the other person, which shall include, but shall not be limited to (clients, colleagues, peers, employees, employers, volunteers, supervisors, and supervisee.
IV-3 Meanings	Addiction professionals shall be willing to discuss the diverse cultural meanings associated with confidentiality and privacy. Providers shall be willing to discuss differing opinions regarding the disclosure of information with client(s) and supervisor(s).
IV-4 Personal Beliefs	Addiction professionals shall develop an understanding of their own personal, professional, and cultural values and beliefs. Providers shall recognize which personal and professional values may be in alignment with or in conflict with the values and needs of the client. Providers shall not use cultural or values differences as a reason to engage in discrimination. Providers shall obtain supervision and/or consultation to address areas of difference and to decrease bias, judgment, and micro-aggressions, and shall document the recommendations.
IV-5 Heritage	Addiction professionals shall practice cultural humility, and shall accept the values, norms, and cultural heritage of their clients. Providers shall not impose his or her values and/or beliefs on the client.
IV-6 Credibility	Addiction professionals shall practice cultural humility, and shall be credible, capable, and trustworthy. Providers shall use a cultural humility framework to consider diversity of values, interactional styles, and cultural expectations.
IV-7 Roles	Addiction professionals shall respect the roles of family members, social supports, and community structures, hierarchies, values and beliefs within the client's culture. Providers shall consider the impact of adverse social, environmental, and political factors in assessing concerns and designing interventions.
IV-8 Methodologies	Addiction professionals shall only use methodologies, skills, and practices that are evidence-based and outcome-driven for the populations being served. Providers shall obtain ongoing professional development opportunities to develop specialized knowledge and understanding of the groups they serve. Providers shall obtain the necessary knowledge and training to maintain humility and sensitivity when working with clients of diverse backgrounds.
IV-9 Advocacy	Addiction professionals shall advocate for the needs of the diverse populations they serve.
IV-10 Recruitment	Addiction professionals shall engage in and advocate for the recruitment and retention of professionals and service providers who represent diverse cultural groups.
IV-11 Special Needs	Addiction professionals shall provide and advocate for the provision of services that meet the special needs of clients, including linguistic diversity and disabilities.
IV-12 Culturally-Driven Needs	Addiction professionals shall recognize that conventional counseling styles may not meet the needs of all clients. Providers shall discuss with the client how to determine the best manner in which to service the client. Providers shall obtain supervision and consultation when working with individuals with specific culturally-driven needs, and shall document the recommendations.
PRINCIPLE V: ASSESSMENT, EVALUATION AND INTERPRETATION	
V-1 Assessment	Addiction professionals shall use assessments appropriately within the counseling process. Providers shall consider the clients' personal and cultural contexts when assessing and evaluating a client. Providers shall develop and/or use appropriate mental health, substance use disorder, and other relevant assessments tools.
V-2 Validity - Reliability	Addiction professionals shall utilize only those assessment instruments whose validity and reliability have been established for the population being tested, and for which they have received adequate training in administration and interpretation. Counselors who use technology-assisted test interpretations shall be trained in the construct being measured and the specific instrument being used prior to using its technology-based application.

V-3 Validity	Addiction professionals shall consider the validity, reliability, psychometric limitations, and appropriateness of instruments when selecting assessments. Providers shall use data from several relevant assessment tools and/or instruments to form conclusions, diagnoses, and recommendations.
V-4 Explanation	Addiction professionals shall explain to clients the nature and purposes of each assessment and the intended use of results, prior to administration of the assessment. Providers shall offer explanations in terms and language that the client or other legally authorized person can understand.
V-5 Administration	Addiction professionals shall provide an appropriate environment, free from distractions, for the administration of assessments. Providers shall ensure that technologically-administered assessments are functioning appropriately and providing accurate results.
V-6 Cultural Influences	Addiction professionals shall recognize and understand that culture influences the manner in which clients' concerns are defined and experienced. Providers shall be aware of historical traumas and social prejudices in the misdiagnosis and pathologizing of specific individuals and groups. Providers shall develop awareness of prejudices and biases within self and others and shall address such biases in themselves or others. Providers shall consider the client's cultural experiences when diagnosing and planning for mental health and substance use disorder treatment.
V-7 Diagnosing	Addiction professionals shall provide proper diagnosis of mental health and substance use disorders, within their scope and licensure. Assessment techniques used to determine client placement for care shall be carefully selected and appropriately used.
V-8 Results	Addiction professionals shall consider the client's welfare, explicit understandings, and previous agreements in determining when and how to provide assessment results.
V-9 Misusing Results	Addiction professionals shall not misuse assessment results and interpretations. Providers shall respect the client's right to know the results, interpretations and diagnoses made and shall provide results, interpretations, and diagnoses in a manner that is understandable and does not cause harm. Providers shall adopt practices that prevent others from misusing assessment results and interpretations.
V-10 Normed Population	Addiction professionals shall select and use, with caution, assessment tools and techniques normed on populations other than that of the client. Providers shall obtain supervision or consultation when using assessment tools that are not normed to the client's cultural identities, and shall document the recommendations.
V-11 Referral	Addiction professionals shall provide specific and relevant data about the client, when referring a client to a third party for assessment or evaluation, to ensure that appropriate instruments are used.
V-12 Security	Addiction professionals shall maintain the integrity and security of tests and assessment data, thereby addressing legal and contractual obligations. Providers shall not reproduce or modify published assessments, or parts thereof, without written permission from the publisher. Providers shall give credit to the developer and/or publisher of the test or assessment.
V-13 Forensic	Addiction professionals who conduct a forensic evaluation shall inform the client, verbally and in writing, that the current relationship is for the specific purpose of forensic evaluation, and that the evaluation shall not be therapeutic. Entities or individuals who shall receive the evaluation report shall be identified prior to conducting the evaluation. Providers performing forensic evaluations shall obtain written consent from those being evaluated, or from their legal representative, unless a court orders the evaluation to be conducted without the written consent of the individual being evaluated. Informed written consent shall be obtained from a parent or guardian prior to evaluation, when the child or adult lacks the capacity to give voluntary consent.
V-14 Forensic	Addiction professionals conducting forensic evaluations shall provide verifiable objective findings based on the data gathered during the assessment/evaluation process and review of records. Providers shall offer unbiased professional opinions based on the data gathered and analysis performed.
V-15 Dual Relationships	Addiction professionals shall not perform a forensic evaluation on current or former clients, spouses or partners of current or former clients, or the clients' family members. Providers shall not provide counseling to the individuals who they forensically evaluate. Providers shall avoid potentially harmful dual relationships with the family members, romantic partners, and close friends of individuals they forensically evaluate.

PRINCIPLE VI: E-THERAPY, E-SUPERVISION, AND SOCIAL MEDIA

VI-i Introduction	Addictions professionals are witnessing an expansion of available technologies that offer opportunities for electronic and distance delivery of care, billing services and client record storage, transfer and maintenance. Providers shall be current on related technologies and understand their application. Providers shall consider the potential benefits and risks for harm to clients in exposure to specific technologies or in having confidential information stored and/or transmitted electronically. Examples of potential benefits of using e-delivery for counseling services shall include, but shall not be limited to: (a) reducing geographical barriers, (b) provision of services to those with physical or psychological disorders, and (c) working with individuals and families who would not take advantage of traditional services. Examples of potential limitations of using e-delivery for counseling services shall include, but shall not be limited to: (a) concerns about maintaining confidentiality, (b) challenges associated with developing a therapeutic alliance, (c) inability to assess nonverbal communication, (d) determining and resolving practice and licensure jurisdiction concerns, and (e) assessment and provision of emergency services.
VI-1 Definition	“E-Therapy” and “E-Supervision” shall refer to the provision of services by an addiction professional using technology, electronic devices, and HIPAA-compliant resources. Electronic platforms shall include, but shall not be limited to: land-based and mobile communication devices, fax machines, webcams, computers, laptops, tablets, flash drives, external hard drives, and cloud storage. E-therapy and e-supervision shall include but shall not be limited to the following delivery platforms: tele-therapy, real-time video-based therapy and services, emails, texting, chatting and instant messaging. Providers and clinical supervisors shall be aware of the unique challenges created by electronic forms of communication and the use of available technology, and shall take steps to ensure that the provision of e-therapy and e-supervision is as safe and confidential as possible.
VI-2 Competency	Addiction professionals who choose to engage in the use of technology for e-therapy, distance counseling, and e-supervision shall pursue specialized knowledge and competency regarding the technical, ethical, and legal considerations specific to technology, social media, and distance counseling. Providers shall be trained and current in their knowledge of e-therapy technologies and techniques.
VI-3 Informed Consent	Addiction professionals, who are offering an electronic platform for e-therapy, distance counseling/case management, and/or e-supervision shall provide an Electronic/Technology Informed Consent, which shall explain the right of each client and supervisee to be fully informed about services delivered through technological mediums, and shall provide each client/supervisee with information in clear and understandable language regarding the purposes, risks, limitations, and costs of treatment services, reasonable alternatives, their right to refuse service delivery through electronic means, and their right to withdraw consent at any time. Providers shall review with the client/supervisee, both verbally and in writing, the rights and responsibilities of both providers and clients/supervisees. Providers shall have the client/supervisee attest to their understanding of the parameters covered by the Electronic/Technology Informed Consent by signing the Electronic/Technology Informed Consent. Providers who obtain initial Consent by verbal attestation shall follow up in a timely manner with a written, signed, and dated, document.
VI-4 Informed Consent	Addiction professionals shall execute thorough e-therapy informed consent prior to starting technology-based services. A technology-based informed consent discussion shall include, but shall not be limited to: <ul style="list-style-type: none"> • contact information of the client, counselor/provider and supervisor; • e-therapy is not always an appropriate substitute or replacement for face-to-face counseling; • all of the procedures that apply to delivery of in-person services shall apply to the e-delivery of services; • duty to warn and mandatory reporting laws that shall apply to all counseling services, including e-therapy; • confidential and privacy rules and laws, and exceptions to those rules and laws; • issues related to security and privacy of information, and potential for hacking or other unauthorized viewing; • access to counseling services and to technology assistance to use e-therapy; • benefits and limitations of engaging in the use of distance counseling, technology, and/or social media; • potential misunderstandings due to limited visual and auditory cues; • potential for confusion often present in e-delivery of services; • response time to asynchronous communication (emails, texts, chats, etc.); • possibility of technology failure and alternate methods of service delivery; • emergency protocols to follow; • procedures for when the counselor is not available; • consideration of time zone differences; • policy regarding recording of sessions by either party; • cultural and/or language differences that may affect delivery of services; • possible denial of insurance benefits; and • social media policy.

VI-5 Verification	Addiction professionals who engage in the use of electronic platforms for the delivery of services shall take reasonable steps to verify the client's/ supervisee's identity prior to engaging in the e-therapy relationship and throughout the therapeutic relationship. Verification shall include, but shall not be limited to a minimum of one of the following: picture ids, code words, numbers, graphics, or other nondescript identifiers.
VI-6 Licensing Laws	Addiction professionals shall comply with relevant licensing laws in the jurisdiction where the provider/clinical supervisor is physically located when providing care and where the client/supervisee is located when receiving care. Emergency management protocols shall be entirely dependent upon the location where the client/supervisee receives services. Providers, during informed consent, shall notify their clients/supervisees of the legal rights and limitations governing the practice of counseling/supervision across state lines or international boundaries. Providers shall advise clients that mandatory reporting and related ethical requirements such as duty to warn/notify shall be governed by the jurisdiction where the client/supervisee is receiving services.
VI-7 State & Federal Laws	Addiction professionals utilizing technology, social media, and distance counseling within their practice shall be subject to state and Federal laws and regulations governing the counselor's practicing location. Providers utilizing technology, social media, and distance counseling within their practice shall be subject to laws and regulations in the client's/supervisee's state of residency, and shall be subject to laws and regulations in the state where the client/supervisee is located during the actual delivery of services.
VI-8 Non-Secured	Addiction professionals shall be aware that electronic means of communication are not secure, and shall inform clients, students, and supervisees that remote services using electronic means of delivery cannot be entirely secured or confidential. Providers who provide services via electronic technology shall fully inform each client, student, or supervisee of the limitations and risks regarding confidentiality associated with electronic delivery, including the fact that electronic exchanges may become part of clinical, academic, or professional records. Providers shall ensure that clinical discussions cannot be overheard by others outside of the room where the services are provided. Providers shall conduct internet-based counseling on HIPAA-compliant servers.
VI-9 Assess	Addiction professionals shall assess and document the client/supervisee's ability to benefit from and engage in e-therapy services. Providers shall consider the client/supervisee's cognitive capacity and maturity, past and current diagnoses, communications skills, level of competence using technology, and access to the necessary technology. Providers shall consider geographical distance to the nearest emergency medical facility, efficacy of client's support system, the client's current medical and behavioral health status, the client's current or past difficulties with substance abuse, and the client's history of violence or self-injurious behavior.
VI-10 Transmission	Providers shall use current encryption standards within their websites and for technology-based communications. Providers shall take reasonable precautions to ensure the confidentiality of information transmitted and stored through any electronic means.
VI-11 Multidisciplinary Care	Addiction professionals shall discuss with the client that optimal clinical management of the client may depend on coordination of care between a multidisciplinary care team. Providers shall explain to the client that the provider may need to develop collaborative relationships with local community professionals, such as the client's local primary care provider and local emergency service providers, as this would be critical in case of emergencies.
VI-12 Local Resources	Addiction professionals shall be familiar with in-person mental health resources in the client's geographic location, should the provider exercise clinical judgment to make a referral for additional substance abuse, mental health, or other appropriate services.
VI-13 Boundaries	Addiction professionals shall maintain a professional relationship with their clients/supervisees. Providers shall discuss, establish and maintain professional therapeutic boundaries with clients/supervisees regarding the appropriate use and application of technology, and the limitations of its use within the counseling/supervisory relationship. Providers shall be aware of the unique risks for boundary crossings associated with the e-delivery of services.

VI-14 Capability	Addiction professionals shall determine whether the client/supervisee shall be physically, intellectually, emotionally, linguistically and functionally capable of using e-therapy platforms and whether e-therapy/e-supervision is appropriate for the needs of the client/supervisee. Providers and clients/supervisees shall agree on the means of e-therapy/ e-supervision to be used and the steps to be taken in case of a technology failure. Providers shall verify that clients/supervisees understand the purpose and operation of technology applications and follow up with clients/supervisees to correct potential concerns, discover appropriate use, and assess subsequent steps.
VI-15 Missing Cues	Addiction professionals shall acknowledge the differences between non-verbal and verbal cues in face-to-face and electronic communication, and how these could influence the counseling/supervision process. Providers shall discuss with their client/supervisee how to prevent and address potential misunderstandings arising from the lack of visual cues and voice inflections when communicating electronically.
VI-16 Records	Addiction professionals shall be aware of the inherent dangers of electronic health records. Providers shall inform clients/supervisees of the benefits and risks of maintaining records in a cloud-based file management system and discuss the fact that nothing that is electronically saved on a Cloud is secure and confidential. Providers shall ensure that Cloud-based file management shall be encrypted, secured, and HIPAA-compliant. Providers shall use encryption programs when transmitting client information to protect confidentiality.
VI-17 Records	Addiction professionals shall maintain electronic records in accordance with relevant state and federal laws and statutes. Providers shall inform clients on how records will be maintained electronically and/or physically, which shall include, but shall not be limited to, the type of encryption and security used to store the records and the length of time storage of records shall be maintained.
VI-18 Links	Addiction professionals who provide e-therapy services and/or maintain a professional website shall provide electronic links to relevant licensure and certification boards and professional membership organizations (i.e., NAADAC), to protect the client's/supervisee's rights and address ethical concerns.
VI-19 Friends	Addiction professionals shall not accept client "friend" requests on social networking sites or via email. Providers who choose to maintain a professional and personal presence for social media use, shall create separate professional and personal web pages, and profiles, which shall clearly distinguish between the professional and personal virtual presence.
VI-20 Social Media	Addiction professionals shall clearly explain to their clients/supervisees, as part of informed consent, the benefits, inherent risks, including lack of confidentiality, and necessary boundaries surrounding the use of social media. Providers shall clearly explain their policies and procedures specific to the use of social media in clinical relationships with the client/supervisee. Providers shall respect the client's/supervisee's rights to privacy on social media, and shall not investigate the client/supervisee without prior consent.

PRINCIPLE VII: SUPERVISION AND CONSULTATION

VII-1 Responsibility	Addiction professionals who teach and provide clinical supervision shall accept the responsibility of enhancing professional development of students and supervisees by providing accurate and current information, timely feedback and evaluations, and constructive consultation.
VII-2 Training	Addiction professionals shall complete clinical supervision training prior to providing clinical supervision to students or other professionals.
VII-3 Code of Ethics	Supervisors and supervisees, including interns and students, shall be responsible for knowing and following the NAADAC and NCC AP Code of Ethics.
VII-4 Informed Consent	<p>Informed consent shall be an integral part of creating and developing the supervisory relationship. The Supervision Contract shall include, but shall not be limited to the following items:</p> <ul style="list-style-type: none"> • Definition of clinical supervision • Scope of practice of the clinical supervisor • Format and scheduling of supervision • Confidentiality of client information • Methods of supervision (approaches used) • Types (individual, group, in-person observation, e-supervision, audio and video tapes) • Expectations and responsibilities of each person • Accountability and evaluation • Documentation and file audits • Fees and no-show policies • Conflict resolution

	<ul style="list-style-type: none"> • Client notification – supervisee shall inform clients that they are in supervision and the parameters of supervision • Duration and termination of the supervisory relationship • All parties shall adhere to all applicable regulatory and state and Federal rules and laws • All parties shall adhere to NAADAC Code of Ethics • Expectations regarding liability insurance • Notification of expectation regarding a clinical emergency or duty to warn event with a client • Notification of expectation regarding a grievance, sanction, or lawsuit filed against the supervisee
VII-5 Informed Consent	Supervisees shall provide the client with a written professional disclosure statement. Supervisees shall inform the client about how the supervision process influences the limits of confidentiality. Supervisees shall inform the client about who shall have access to their clinical records, and when and how these records will be stored, transmitted, or otherwise reviewed.
VII-6 Clinical Crisis	Clinical Supervisors shall communicate to the supervisee, during supervision informed consent, procedures for handling client/clinical crises. Supervisors shall also communicate and document alternate procedures in the event the supervisee is unable to establish contact with the supervisor during a client/clinical crisis.
VII-7 Due Process	Clinical Supervisors shall inform supervisees of policies and procedures to which supervisors shall adhere. Supervisors shall inform supervisees regarding the mechanisms for due process appeal of supervisor actions.
VII-8 Multiculturalism	Clinical Supervisors shall address the role of multiculturalism in the supervisory relationship between supervisor and supervisee. Supervisors shall offer didactic learning content and experiential opportunities related to multiculturalism and cultural humility throughout their programs.
VII-9 Diversity	Clinical Supervisors shall recognize and value the diverse talents and abilities that supervisees bring to their training experience.
VII-10 Boundaries	Clinical Supervisors shall intentionally develop respectful and relevant professional relationships and shall maintain appropriate boundaries with supervisees in all venues. Supervisors shall be accurate and honest in their assessments of supervisees.
VII-11 Boundaries	Clinical Supervisors shall clearly define and maintain ethical professional, personal, and social boundaries with their supervisees. Supervisors shall not enter into a romantic/sexual/non-professional relationship with current supervisees, whether in-person or electronically.
VII-12 Monitor	Clinical Supervisors shall monitor the services provided by supervisees. Supervisors shall monitor client welfare. Supervisors shall monitor supervisee performance and professional development. Supervisors shall instruct and guide supervisees as they prepare to serve a diverse client population. Supervisors shall read, know, understand, adhere to, and promote the NAADAC Code of Ethics.
VII-13 Assessment	Clinical Supervisors shall take reasonable measures to ensure the proper use of assessment techniques by persons under their supervision.
VII 14 Treatment	Educators and site supervisors shall assume the primary obligation of assisting students to acquire ethics, knowledge, and skills necessary to treat substance use and addictive behavioral disorders

VII-15 Impairment	Supervisees shall monitor themselves for signs physical, psychological, and/or emotional impairment. Supervisees shall obtain supervision and refrain from providing professional services while impaired. Supervisees shall notify their institutional program of the impairment, and shall obtain appropriate guidance and assistance.
VII-16 Clients	Supervisees shall disclose to clients their status as students and supervisees, and shall provide an explanation as to how their status affects the limits of confidentiality. Supervisees shall disclose to clients contact information for the Clinical Supervisor. Supervisees shall obtain Informed consent in writing and shall include the client's right to refuse to be treated by a person-in-training.
VII-17 Disclosures	Supervisees shall obtain and document clinical supervision or consultation prior to disclosing personal addiction and recovery information with a client. Supervisees shall only make disclosures to a client for the benefit of the client and their work, and disclosures shall not be made to benefit the supervisee.
VII-18 Observations	Clinical Supervisors shall provide and document regular supervision sessions with the supervisee. Supervisors shall regularly observe the supervisee in session using live observations or audio or video tapes. Supervisors shall provide ongoing feedback regarding the supervisee's performance with clients and within the agency. Supervisors shall regularly schedule sessions to formally evaluate and direct the supervisee.
VII-19 Gatekeepers	Clinical Supervisors shall be aware of their responsibilities as the addiction profession's gatekeepers. Supervisors shall, through ongoing evaluation, monitor supervisee limitations that might impede performance. Supervisors shall assist supervisees in securing timely corrective assistance, including referral of the supervisee to therapy when needed. Supervisors may recommend corrective action or dismissal from training programs, applied counseling settings, and state or voluntary professional credentialing processes when the supervisee is unable to demonstrate that they can provide competent professional services. Supervisors shall obtain supervision-of-supervision and/or consultation, and shall document their decisions to dismiss or refer the supervisee for assistance.
VII-20 Education	Educators and site supervisors shall ensure that their educational and training programs are designed to provide appropriate knowledge and experiences related to addictions that meet the requirements for degrees, licensure, certification, and other program goals.
VII-21 Education	Educators and site supervisors shall provide education and training in an ethical manner, adhering to the NAADAC Code of Ethics, regardless of the teaching platform, which shall include but shall not be limited to traditional, hybrid, and/or online. Educators and site supervisors shall serve as professional role models demonstrating appropriate behaviors.
VII-22 Current	Educators and site supervisors shall ensure that program content and instruction are based on the most current knowledge and information available in the addictions profession. Educators and site supervisors shall only promote the use of those modalities and techniques that have an empirical or scientific foundation.
VII-23 Evaluation	Educators and site supervisors shall ensure that students' performances are evaluated in a fair and respectful manner, and on the basis of clearly stated criteria.
VII-24 Dual Relationships	Educators and site supervisors shall avoid dual relationships and/or non-academic relationships with students, interns, and supervisees.
VII-25 Dual Relationships	Clinical Supervisors shall not supervise relatives, romantic or sexual partners, or personal friends, nor develop romantic, sexual, or personal relationships with students or supervisees. Consultation with a third party shall be obtained, and recommendations shall be documented, prior to engaging in a dual supervisory relationship.
VII-26 e-supervision	Clinical Supervisors who use technology in supervision (e-supervision), shall be competent in the use of specific technologies. Supervisors shall discuss with the supervisee the risks and benefits of using e-supervision. Supervisors shall determine how to utilize specific protections, which shall include, but shall not be limited to encryption necessary for protecting the confidentiality of information transmitted through any electronic means. Supervisors and supervisees shall be aware that confidentiality is not guaranteed when using technology as a communication and delivery platform.

VII-27 Harassment	Clinical Supervisors shall not condone or participate in any form of harassment, including sexual harassment or exploitation, of current or previous supervisees.
VII-28 Distance	Clinical Supervisors shall discuss with the supervisee and document issues unique to the use of distance supervision as necessary.
VII-29 Termination	Clinical Supervisors shall discuss policies and procedures for terminating a supervisory relationship in the supervision informed consent.
VII-30 Counseling	Clinical Supervisors shall not provide counseling services to the supervisee. Supervisors shall assist the supervisee by providing referrals to appropriate services upon request.
VII-31 Endorsement	Clinical Supervisors shall recommend the supervisee for completion of an academic or training program, employment, certification and/or licensure only when the supervisee demonstrates qualification for such endorsement. Clinical Supervisors shall not endorse any supervisees who the Supervisor believes to be impaired or who demonstrates they are unable to provide appropriate clinical services.

PRINCIPLE VIII: RESOLVING ETHICAL CONCERNS

VIII-1 Code of Ethics	Addiction professionals shall adhere to and uphold the NAADAC Code of Ethics and shall be knowledgeable regarding established policies and procedures for handling concerns related to unethical behavior, at both the state and national levels. Addiction professionals shall hold other providers to the same ethical and legal standards and shall be willing to take appropriate action to ensure that these standards shall be upheld. Providers shall resolve ethical dilemmas with direct and open communication among all parties involved and shall obtain supervision and/or consultation when necessary. Providers shall incorporate ethical practice into their daily professional work. Providers shall engage in ongoing professional development regarding ethical and legal issues in counseling. Providers shall be aware that client welfare and trust depend on a high level of professional conduct.
VIII-2 Endorsement	Addiction professionals shall abide by and endorse the NAADAC Code of Ethics and other applicable ethics codes from professional organizations or certification and licensure bodies of which they are members. Providers shall not be able to use lack of knowledge or misunderstanding of an ethical responsibility as a defense against a complaint of unethical conduct.
VIII-3 Decision Making Model	Addiction professionals shall utilize and document, when appropriate, an ethical decision-making model when faced with an ethical dilemma. A viable ethical decision-making model shall include, but shall not be limited to: (a) supervision and/or consultation regarding the concern; (b) consideration of relevant ethical standards, principles, and laws; (c) generation of potential courses of action; (d) deliberation of risks and benefits of each potential course of action; (e) selection of an objective decision based on the circumstances and welfare of all involved; and (f) reflection upon, and re-direction when necessary, after implementing the decision.
VIII-4 Jurisdiction	The NAADAC and NCC AP Ethics Committees shall have jurisdiction over all complaints filed against any person holding or applying for NAADAC membership or NCC AP certification.
VIII-5 Investigations	The NAADAC and NCC AP Ethics Committees shall have authority to conduct investigations, issue rulings, and invoke disciplinary action in any instance of alleged misconduct by an addiction professional.
VIII-6 Participation	Addiction professionals shall be required to cooperate with the implementation of the NAADAC Code of Ethics, and to participate in, and abide by, any and all disciplinary actions and rulings based on the Code. Failure to participate or cooperate shall be a violation of the NAADAC Code of Ethics.
VIII-7 Cooperation	Addiction professionals shall assist in the process of enforcing the NAADAC Code of Ethics. Providers shall cooperate with investigations, proceedings, and requirements of the NAADAC and NCC AP Ethics Committees, ethics committees of other professional associations, and/or licensing and certification boards having jurisdiction over those charged with a violation.
VIII-8 Agency Conflict	Addiction professionals shall seek and document supervision and/or consultation in the event that ethical responsibilities conflict with agency policies and procedures, state and/or federal laws, regulations, and/or other governing legal authority. Supervision and/or consultation shall be obtained and documented to determine the next best steps.
VIII-9 Crossroads	Addiction professionals may find themselves with a dilemma when the demands of an organization where the provider is affiliated poses a conflict with the NAADAC Code of Ethics. Providers shall determine the nature of the conflict and shall discuss the conflict with their supervisor or other relevant person, and shall express their commitment to the NAADAC Code of Ethics. Providers shall attempt to work through the appropriate channels to address their concern.

VIII-10 Violations without Harm	Addiction professionals who become aware of evidence to suggest that another provider is violating or has violated an ethical standard where no harm has occurred shall attempt to resolve the issue informally with the other provider, if feasible, provided such action does not violate confidentiality rights that may be involved.
VIII-11 Violations with Harm	Addiction professionals shall report unethical conduct or unprofessional modes of practice of which they become aware where the potential for harm exists, or actual harm has occurred, to the appropriate certifying or licensing authorities, state or federal regulatory bodies, and NAADAC. Providers shall obtain supervision/consultation prior to filing a complaint, and document recommendations and the decision regarding filing or not filing a complaint.
VIII-12 Non-Respondent	Members of the NAADAC or NCC AP Ethics Committees, Hearing Panels, Boards of Directors, Membership Committees, Officers, or Staff shall not be named as a respondent under these policies and procedures as a result of any decision, action, or exercise of discretion arising directly from their conduct or involvement in carrying out adjudication responsibilities.
VIII-13 Consultation	Addiction professionals shall obtain and document consultation and direction from supervisors, consultants or the NAADAC Ethics Committee when uncertain about whether a particular situation or course of action may be in violation of the NAADAC Code of Ethics. Providers shall consult with persons who are knowledgeable about ethical behaviors, the NAADAC Code of Ethics, and legal requirements specific to the situation.
VIII-14 Retaliation	Addiction professionals shall not initiate, participate in, or encourage the filing of an ethics or grievance complaint as a means of retaliation against another person. Providers shall not intentionally disregard or ignore the facts of a situation. <i>What type of situation?</i>

PRINCIPLE IX: RESEARCH AND PUBLICATION

IX-1 Research	Research and publication shall be encouraged as a means for addiction professionals to contribute to the knowledge base and skills within the addictions and behavioral health professions. Research shall be conducted and published to contribute to the evidence-based and outcome-driven practices that guide the profession. Research and publication shall provide an understanding of what practices lead to health, wellness, and functionality. Researchers and addiction professionals shall be inclusive by minimizing bias and respecting diversity when designing, executing, analyzing, and publishing their research.
IX-2 Participation	Addiction professionals shall support the efforts of researchers by participating in research whenever possible.
IX-3 Consistent	Researchers shall plan, design, conduct, and report research in a manner that is consistent with relevant ethical principles, federal and state laws, internal review board expectations, institutional regulations, and scientific standards governing research.
IX-4 Confidentiality	Researchers shall be responsible for understanding and adhering to state, federal, agency, institutional policies, and applicable guidelines regarding confidentiality in their research practices. Information obtained about participants during the course of research shall be confidential.
IX-5 Independent	Researchers, who are conducting independent research without governance by an institutional review board, shall be bound by the same ethical principles and Federal and state laws pertaining to the review of their plan, design, conduct, and reporting of research.
IX-6 Protect	Researchers shall obtain supervision and/or consultation and observe necessary safeguards to protect the rights of research participants, especially when the research plan, design and implementation deviates from standard or accepted practices.
IX-7 Welfare	Researchers shall be responsible for their participants' welfare. Researchers shall exercise reasonable precautions throughout the study to avoid causing physical, intellectual, emotional, or social harm to participants. Researchers shall take reasonable measures to honor all commitments made to research participants.
IX-8 Informed Consent	Researchers shall defer to an Institutional Review Board or Human Subjects Committee to ensure that Informed Consent is obtained, research protocols are followed, participants are free of coercion, confidentiality is maintained, and deceptive practices are avoided, except when deception is essential to research protocol and approved by the Board or Committee.

IX-9 Accurate	Researchers shall commit to the highest standards of scholarship, shall present accurate information, shall disclose potential conflicts of interest, and shall make every effort to prevent the distortion or misuse of their clinical and research findings.
IX-10 Students	Researchers shall disclose to students and/or supervisees who wish to participate in their research activities that participation in the research shall not affect their academic standing or supervisory relationship.
IX-11 Clients	Researchers may conduct research involving clients. Researchers shall provide an informed consent process allowing clients to freely choose, without intimidation or coercion, whether to participate in the research activities. Researchers shall take necessary precautions to protect clients from adverse consequences if they choose to decline or withdraw from participation.
IX-12 Consents	Researchers shall provide appropriate explanations regarding the research and obtain applicable consents from a guardian or legally authorized representative prior to working with a research participant who is not capable of giving informed consent.
IX-13 Explanation	Once data collection is completed, researchers shall provide participants with a full explanation regarding the nature of the research in order to remove any misconceptions participants might have regarding the study. Researchers shall engage in reasonable actions to avoid causing harm. Researchers shall obtain and document the results of supervision or consultation when scientific or human values may justify delaying or withholding information, prior to delaying or withholding information from a participant.
IX-14 Outcomes	Upon completion of data collection and analysis, researchers shall inform sponsors, institutions, and publication entities regarding the research procedures and outcomes. Researchers shall ensure that the appropriate entities are given pertinent information and acknowledgment.
IX-15 Transfer Plan	Researchers shall create a written, accessible plan for the transfer of research data to an identified colleague in the event of their incapacitation, retirement, or death.
IX-16 Diversity	Researchers shall report research findings accurately and without distortion, manipulation, or misrepresentation of data. Researchers shall describe the extent to which results are applicable to diverse populations.
IX-17 Verification	Researchers shall not withhold data, from which their research conclusions were drawn, from competent professionals seeking to verify substantive claims through reanalysis. Researchers shall make available sufficient original research information to qualified professionals who wish to replicate or extend the study.
IX-18 Data Availability	Researchers, who supply data, aid in research by another researcher, report research results, or make original data available, shall intentionally disguise the identity of participants in the absence of written authorization from the participants allowing release of their identity.
IX-19 Errors	Researchers shall correct errors found in their published research, using a correction erratum or through other appropriate publication avenues.
IX-20 Publication	Addiction professionals who author books, journal articles, or other materials which are published or distributed shall not plagiarize or fail to cite persons for whom credit for original ideas or work is due. Providers shall acknowledge and give recognition, in presentations and publications, to previous work on the topic by self and others.
IX-21 Theft	Addiction professionals shall regard as theft the use of copyrighted materials without permission from the author, or payment of royalties.
IX-22 e-publishing	Addiction professionals shall be aware that entering data on the internet, social media sites, or professional media sites shall constitute publishing.
IX-23 Advertising	Addiction professionals who author books or other materials distributed by an agency or organization shall take reasonable precautions to ensure that the organization promotes and advertises the materials accurately and factually.
IX-24 Credit	Addiction professionals shall assign publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices.
IX-25 Student Material	Addiction professionals shall seek a student's permission and list the student as lead author on manuscripts or professional presentations, in any medium, that are substantially based on a student's course papers, projects, dissertations, or theses. The student shall reserve the right to withhold permission.

IX-26 Submissions	Addiction professionals and researchers shall submit manuscripts for consideration to one journal or publication at a time. Providers and researchers shall obtain permission from the original publisher prior to submitting manuscripts that shall be published in whole or in substantial part in one journal or published work by another publisher.
IX-27 Proprietary	Addiction professionals who review material submitted for publication, research, or other scholarly purposes shall respect the confidentiality and proprietary rights of those who submitted it. Providers who serve as reviewers shall only review materials that are within their scope of competency and shall review materials without professional or personal bias.