NAADAC: The Association for Addiction Professionals
NCC AP: The National Certification Commission for Addiction Professionals
CODE OF ETHICS: Effective Date: 06.01.2025

PRINCIPLES

INTRODUCTION TO NAADAC/NCC AP ETHICAL STANDARDS

This NAADAC/NCC AP Code of Ethics sets forth the ethical standards and expectations for all individuals and organizations involved along the entire continuum of care (prevention, intervention, treatment, and recovery support) specific to addictions and co-occurring disorders. It is recognized that this code is US-centric; however, the tenets apply as a guide where the profession is practiced.

Introduction i-1	NAADAC, the Association for Addiction Professionals and the National Certification Commission for Addiction Professionals (NCC AP) represent professionals who provide services to individuals, couples, partners, families, and communities struggling with substance use and addictive behavior disorders and co-occurring mental health disorders. NAADAC and NCC AP recognize that their members, certified counselors, and other service providers live and work in diverse communities. NAADAC and NCC AP have the responsibility to create a Code of Ethics that is relevant for ethical deliberation and guidance. NAADAC and NCC AP strive to honor the public trust in addiction professionals by setting standards of ethical practice as delineated by this Code. The terms "addiction professionals" and "providers" include and refer to NAADAC members, certified or licensed counselors offering addiction-specific services, and all other service providers along the continuum of care from prevention through recovery. "Client" includes and refers to individuals, couples, partners, families, or groups, depending on the setting.
Introduction i-2	It is important to identify here that the NAADAC/NCC AP National Certified Peer Recovery Support Specialist (NCPRSS) Code of Ethics outlines basic values and principles of peer recovery support practice. This Code serves as a guide for responsibility and ethical standards for NCC AP National Certified Peer Recovery Support Specialists. Peer Recovery Support Specialists perform services respecting boundaries and within the scope of their expertise. They are aware of the limits of their training and capabilities and collaborate with other professionals and Recovery Support Specialists to best meet the needs of the person(s) served. Please refer to Principle X: Peer Support for specific codes.

Introduction i-3		The NAADAC/NCC AP Code of Ethics is written to reflect the ideals that govern the conduct of NAADAC and its members, and is the accepted standard of practice for NAADAC members and addiction professionals certified by NCC AP. The NAADAC/NCC AP Code of Ethics serves as a statement of the values that guide the addiction profession. It is used for making ethical clinical, relationship and business decisions. When an ethics complaint is filed with NAADAC/NCC AP, the complaint is evaluated by consulting this Code of Ethics. This Code may be utilized by state certification and licensing boards, grievance boards, educational institutions, businesses and others to evaluate the behaviors of addiction professionals and to guide their process.
Introduction i-4		In addition to identifying specific ethical standards, NAADAC/NCC AP recommends consideration of the following when making ethical decisions: 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 and precedents. 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, techniques, and ethics. 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.
Introduction i-5		Addiction professionals are responsible for being aware of applicable federal, state and local laws, as well as administrative rules, regulations, and ethical codes, influencing/governing their practice. In the course of their professional duties, addiction professionals may encounter conflicts between NAADAC/NCC AP's Code of Ethics and federal/state/local laws and/or rules. Addiction professionals seek to address these conflicts when they occur, seeking supervision and/or consultation when appropriate. When determining the best course of action when such conflicts arise, addiction professionals first consider what is in the client's best interest, including continuity of care. When conflicts are unresolvable, addiction professionals adhere to the requirements of the law.
PRINCIPLE I: THE COUNSELING RELATIONSHIP		
I-1 Client Welfare		Addiction professionals accept their responsibility to ensure the safety and welfare of their client and act for the good of each client while exercising respect, sensitivity, and compassion. Providers treat each client with dignity, honor, and respect, and act in the best interests of each client.
I-2 Informed Consent		Addiction professionals ensure that the client is fully informed about the services to be provided to them. They provide their client(s) 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 review with their client(s), both verbally and in writing, the rights and responsibilities of the provider, organization, and the client(s). Providers have the client(s) or legal designee (parent; guardian) attest to their understanding of the information presented in the Informed Consent by signing the Mandatory Disclosure/Informed Consent/Consent to Treat document.

I-3 Mandatory Disclosures		Mandatory Disclosures required in the Informed Consent document include: a. the nature of the services to be provided including whether they are evidence-based or promising practices; 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. legal and ethical definitions of privacy and confidentiality, and explanation of its limits, including duty to warn; e. adherence to HIPAA, 42 CFR Part 2 and other applicable laws; f. how services may be delivered (e.g., in-person, online, or hybrid) and the role of technology in service delivery, including the options to use video, phone, email, texting and other platforms; boundaries with electronic transmissions; and the role of social networking; g. the process and implications of diagnosis including the intended use of screeners, assessment tools, tests, and reports; h. fees and billing, nonpayment, processing of cancellations or no-shows, and policies for collecting nonpayment; i. specifics about clinical supervision and consultation; and j. the client's right to participate in treatment planning, refuse services or request a different provider, without fear of retaliation.
I-4 Limits of Confidentiality		Addiction professionals clarify the nature of their relationship with each party, and the legal and ethical limits of confidentiality, at the outset of services.
I-5 Diversity		Addiction professionals respect the diversity of clients and provide culturally responsive and culturally sensitive services. Addiction professionals respect the diversity of other addiction professionals, organizations, community resources, and others they come into contact with professionally.
I-6 Discrimination		Addiction professionals do not practice, condone, facilitate, or collaborate with any form of discrimination or disparity against any client on any basis including race; ethnicity; color; national origin; language, religious or spiritual beliefs; age; gender identification; sexual orientation or expression; marital status; political affiliation; physical, mental or developmental disability; health condition; housing status; military status; or socioeconomic status.
I-7 Legal Competency		Addiction professionals act with the client's best interests in mind and inform the designated guardian or representative (acting on behalf of a client who has been declared legally incompetent or has a representative who has been legally authorized to act on behalf of a client) of any circumstances which may influence the relationship or harm the client. Providers balance the ethical rights of clients to make choices about their treatment, with their capacity to give consent to receive 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 legally mandated to addiction related services, discuss legal and ethical limitations to their privacy and confidentiality. Providers define privacy and confidentiality, the 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 discusses with the client potential consequences of refusing mandated services, while respecting the client's rights to autonomy and self-determination.
I-9 Collaborative Care		Addiction professionals obtain a signed Release of Information (ROI) from the client if the client is working with other addiction, mental health, medical, or any other healthcare professionals. The ROI allows the provider to establish a collaborative professional relationship with the other provider(s) and determines the best avenues for delivering needed services to the client.
I-10 Boundaries		Addiction *professionals* consider the inherent risks and benefits associated with moving or changing the boundaries of a professional relationship beyond the standard parameters. Providers obtain consultation and/or supervision prior to changing the boundaries, and they document the recommendations.

I-11 Multiple/ Dual Relationships		NAADAC and NCC AP recognize that it may be impossible to avoid engaging in a dual relationship with a client, based on community size and other factors. Dual relationships may breach confidentiality, privacy and other professional standards. Addiction professionals make every effort to avoid multiple relationships with a client. When a dual relationship is unavoidable, the professional takes extra care to ensure professional judgment is not impaired and there is no risk of client exploitation. Such relationships 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 boundaries, providers take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that their judgment is not impaired, and no harm occurs. When consultation and/or supervision is obtained, the recommendations are documented.
I-12 Prior Relationship		Addiction professionals recognize that there are inherent risks and benefits to accepting as a client someone with whom the provider had any prior relationship, which includes anyone with whom the provider had a casual, distant, or professional relationship. Prior to engaging in a counseling relationship with a person from a previous relationship, the provider obtains consultation and/or supervision, and documents 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/Current Client Relations		Addiction professionals who are considering initiating any type of professional relationship (e.g., going into business) with a previous or current client seek consultation and/or supervision prior to its initiation, and the recommendations are documented.
I-14 Group		Addiction professionals clarify who "the client" is, when accepting and working with more than one person as "the client." Providers work with a couple or group to clarify the relationship the provider will have with each person and the couple/group as a whole. In group counseling, providers take reasonable precautions to protect group members from harm.
I-15 Financial Disclosure		Addiction professionals truthfully represent facts to all clients and third-party payers regarding services rendered, and the costs of those services. Addiction professionals provide the client(s) with enough information prior to initiating the professional relationship so they can make an informed decision about the costs they may incur for services rendered.
I-16 Communication		Addiction professionals communicate information in ways that are developmentally and culturally appropriate. Providers offer clear and understandable language when discussing issues related to informed consent. The cultural implications of informed consent are considered and documented by the provider. Any difficulties in communication or understanding are documented.
I-17 Treatment Planning		Addiction professionals create treatment plans in collaboration with their client. Treatment plans are reviewed and revised on an ongoing and intentional basis to ensure their viability and validity.
I-18 Level of Care		Addiction professionals provide their client with the highest quality of care. Providers 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 create, maintain, protect, and store required documentation per federal, state, and tribal laws, rules, and organizational policies.
I-20 Advocacy		Addiction professionals are defined by their enduring commitment to professional and ethical excellence. Engagement in service, advocacy, and community and public participation are recognized as responsibilities of the addiction professional to the profession. Addiction professionals advocate on behalf of clients at individual, group, institutional, and community levels. Providers speak out regarding barriers and obstacles that impede access to and/or growth and development of clients. When advocating for a specific client, providers obtain consent prior to engaging in advocacy efforts.

I-21 Referrals		Addiction professionals recognize that each client is entitled to the full extent of physical, social, psychological, spiritual, and emotional care required to meet their needs. Providers 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, licensure, and clinical supervision. Providers shall 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. Refusals to serve or accept referrals are not acceptable as a result of discriminatory beliefs and practices, perceived or actual.
I-22 Exploitation		Addiction professionals are aware of their influential positions with respect to clients, trainees, supervisees, and research participants, and do not exploit the trust and dependency of any client, trainee, supervisee, or research participant. Providers do not engage in any activity that violates or diminishes the civil or legal rights of any client, trainee, supervisee, or research participant. Providers do not use coercive treatment methods with any person in their care, including threats, negative labels, bullying, or attempts to provoke shame or humiliation. Providers do not impose their personal, religious, or political values on any client.
I-23 Relationships		Addiction professionals do not engage in any form of intimate (sexual or romantic) relationship with any current or former client, nor do they accept as a client anyone with whom they have engaged in a romantic, sexual, social, or familial relationship. This prohibition includes in-person and electronic (e-relationship)/virtual/social media interactions and/or relationships with any/all current and former clients. Addiction professionals are prohibited from engaging in counseling relationships with friends or family members.
I-24 Termination		Addiction professionals 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. Professionals offer appropriate referrals as needed.
I-25 Coverage		Addiction professionals make necessary arrangements for coverage and crisis management, to accommodate interruptions in services due to events including but not limited to vacations, illnesses, or unexpected situations.
I-26 Abandonment		Addiction professionals do not abandon any client. Providers who anticipate termination or interruption of services to clients notify each client promptly, and seek transfer, referral, or continuation of services in accordance with each client's needs and preferences.
I-27 Fees		Addiction professionals ensure that all fees charged for services are fair, reasonable and commensurate with the services provided and with due regard for the clients' ability to pay.
I-28 Self-Referrals		Addiction professionals do not refer clients to their own private practice, unless policies at the organization that is the source of the referral allow for and approve such self-referrals. When self-referrals are not permitted, clients are informed of other appropriate referral resources. The standard of practice is to provide the client with one to three referral choices, whenever possible, specific to their needs.
I-29 Commissions		Addiction professionals do not offer or accept any commissions, rebates, kickbacks, bonuses, or any other form of remuneration for referral of a client for professional services, nor engage in fee splitting.
I-30 Enterprises		Addiction professionals do not use relationships with clients for personal gain or profit.
I-31 Withholding Records		Addiction professionals do 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 do 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 for emergent medical treatment or to courts or probation officers who require such information for legal purposes. Documentation and reports note that payment has not yet been made, or only partially made, for services rendered.
I-33 Disclosures: Payments		Addiction professionals 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 procedures for obtaining payment from the client if payment is denied by a third-party payer, and (3) the use of collection agencies or legal measures for nonpayment.
I-34 Equitable Services		Addiction professionals 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 Services		Addiction professionals charge only for services actually provided and documented to the client, regardless of any oral or written contract the client has made with the addiction professional or agency.
I-36 Records		Addiction professionals maintain accurate and timely clinical and financial records for each client.
I-37 Suspension		Addiction professionals give timely written notice to clients of impending suspension of services or service interruption for nonpayment.
I-38 Unpaid Balances		Addiction professionals 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 do not reveal clinical information to the debt collectors or legal professionals.
I-39 Bartering		Addiction professionals 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, state, tribal, and local 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 consider the cultural implications of bartering and discuss relevant concerns with clients. Agreements are specified in a written contract. Providers obtain supervision and/or consultation, and document the recommendations, prior to engaging in bartering.
I-40 Gifts		Addiction professionals recognize that clients may wish to show appreciation for services by offering gifts. Providers consider 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. The client's cultural understanding of gift giving is always taken into consideration. Providers obtain supervision and/or consultation prior to deciding whether to accept or decline a gift other than food and document the recommendations.
I-41 Uninvited Solicitation		Addiction professionals do not solicit referrals to treatment nor accept items, gifts, money, or services from a client, potential client, or another agency.
I-42 Conversion Therapy		Addiction professionals do not engage in nor endorse conversion therapy.

PRINCIPLE II: CONFIDENTIALITY AND PRIVILEGED COMMUNICATION		
II-1 Confidentiality		Addiction professionals understand that privacy, confidentiality and anonymity are foundational to addiction treatment and recovery support and accept the duty to protect the identity and privacy of each client as a primary obligation. Providers communicate the parameters of confidentiality in a culturally sensitive manner. All client information and documentation are legally and ethically protected; addiction professionals only access information that is within their scope of "need to know."
II-2 Documentation		Addiction professionals create and maintain appropriate documentation. Providers ensure that records and documentation created in any medium, which includes, but shall not be limited to cloud, laptop, flash drive, external hard drive, tablet, computer, and paper are securely maintained in compliance with HIPAA and 42 CFR Part 2, and that only authorized persons have access to documents. Providers disclose to clients, within the informed consent, how records shall be stored, maintained, and disposed of per federal and state laws and regulations.
II-3 Access		Addiction professionals notify the client, during informed consent, about procedures specific to client access to records. Addiction professionals provide the client reasonable access to documentation regarding the client upon their written request. Providers protect the confidentiality of any other persons contained in the records. Providers 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 or others. A treatment summary includes, and is limited to, dates of service, diagnoses, treatment plan, and progress in treatment. Providers seek supervision or consultation prior to providing the client with documentation and document their rationale for releasing or limiting access to records. Providers provide assistance and consultation to the client regarding interpretation of counseling records.
II-4 Sharing		Addiction professionals engage in ongoing discussions with the client regarding how, when, and with whom information is to be shared.
II-5 Disclosure		Addiction professionals do 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 is not sufficient, except in emergencies.
II-6 Privacy		Addiction professionals and the organizations they work for ensure that confidentiality and privacy of clients is protected by providers, employees, supervisees, students, office personnel, other staff, other clients, visitors, and volunteers.
II-7 Limits of Confidentiality		Addiction professionals, during informed consent, disclose the legal and ethical limits of confidentiality and disclose the legal exceptions to confidentiality. Confidentiality and limitations to confidentiality are reviewed as needed during the counseling relationship. Providers review with each client those circumstances where confidential information may be requested, and where disclosure of confidential information may be legally required.
II-8 Imminent Danger		Addiction professionals reveal client identity or confidential information without client consent only when a client presents a clear and imminent danger to themselves or others or has a medical emergency, and only to emergency personnel who are directly involved in the medical emergency or to reduce danger or threat. Counselors obtain supervision and/or consultation when unsure about the validity of an exception and document the recommendations.
II-9 Essential Only		Addiction professionals release only essential or "need to know" information when circumstances require the disclosure of confidential information.

II-10 Multidisciplinary Care		Addiction professionals inform the client when the provider is a participant in a multidisciplinary care team providing coordinated services to the client. The client has the right to ask who the members of the team are and what information is being shared.
II-11 Locations		Addiction professionals discuss confidential client information only in locations where they are reasonably certain they can protect client privacy and not be overheard. Addiction professionals protect the information visibility (i.e., on paper; screen monitors mobile phones, tablets, and computer/laptop screens).
II-12 Payers		Addiction professionals obtain client authorization prior to disclosing any information to third party payers (i.e., public and private insurance payers including Medicare, Tricare, and Medicaid and private payers including grants and other funders).
II-13 Encryption		Addiction professionals use encryption and other precautions to ensure that information being transmitted electronically or in another medium (emails, texts, etc.) remains confidential.
II-14 Deceased		Addiction professionals protect the confidentiality of deceased clients by upholding legal mandates.
II-15 All Parties		Addiction professionals providing group, family, or couples therapy, describe the roles and responsibilities of all parties, limits of confidentiality, and the inability to guarantee that confidentiality will be maintained by all parties. Information regarding group, family, or couples therapy cannot be released without signed ROIs from all parties.
II-16 Minors and Others		Addiction professionals 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 organizational policies and procedures. Parents, guardians, and appropriate third parties are informed regarding the role of the provider and the limits of confidentiality in the professional relationship.
II-17 Storage and Disposal		Addiction professionals abide by federal and state laws and legal and ethical organizational policies and procedures regarding the creation, storage, transfer, and disposal of confidential client records. Providers maintain client confidentiality in all mediums and forms of documentation.
II-18 Recording Live Sessions		Addiction professionals obtain informed consent and a signed Release of Information prior to recording e-therapy, videotaping live sessions, audio recording, using Artificial Intelligence (AI) or permitting third party observation of any live client interaction or group therapy session. Prior to recording, clients are informed regarding the recordings, which includes, but is not limited to the purpose of the recording, who has access, how the recording will be stored, and the procedures and time frame for disposal of the recording/information.
II-19 Federal Regulations Statement		Addiction professionals ensure that all written information released to others is accompanied by the federal regulations governing such disclosures, a statement prohibiting the re-release of the information provided, and to whom and for what purpose the releases were made. Additionally, addiction professionals maintain a listing of the same information which is available to the client/client representative upon written request.
II-20 Transfer Records		Unless exceptions to confidentiality exist, addiction professionals obtain written permission from clients to disclose or transfer records to legitimate third parties. Providers ensure that receivers of counseling records are made aware of their confidential nature. Addiction professionals ensure that all information released meets the requirements of 42 CFR Part 2, HIPAA, and any other applicable rules or laws. All information released is appropriately marked as confidential. Addiction professionals do not transfer, or release records obtained from another provider or entity.

II-21 Written Permission for Re-Release		Addiction professionals who receive confidential information about any past, present, or potential client do not disclose such information without obtaining written permission from the client allowing such release. Re-release of confidential information obtained with permission from another professional or entity, must follow the guidelines set forth by 42 CFR Part 2, HIPAA and any other federal or state laws.
II-22 Multidisciplinary Consultation		Addiction professionals do not release confidential information to external professionals, which includes, but is not limited to, physicians including psychiatrist, probation and parole officers, and other healthcare providers without first obtaining written consent to release information.
II-23 Storage and Disposal		Addiction professionals store, safeguard, and dispose of client records in accordance with Federal and state rules and laws, accepted professional standards, and in ways which protect the confidentiality of clients.
II-24 Temporary Coverage		Addiction professionals, when serving clients of another agency or colleague during a temporary absence or emergency, serve those clients with the same professional consideration and confidentiality as that afforded the professional's own clients.
II-25 Planned Succession For Records		Addiction professionals in private practice protect client confidentiality in the event of the counselor's unplanned absence, planned absence, termination of practice, incapacity, or death. Providers appoint a records custodian in their private practice policies, professional Will, or other document.
II-26 Consultation		Addiction professionals share information about a client's situation with a consultant only for professional purposes. Providers only release information pertaining to the reason for the consultation. Providers protect the client's identity and prevent breaches of the client's privacy. Addiction professionals, when consulting with colleagues or referral sources, do 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 is only shared 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 seek to ensure that the highest quality of services is equitably available to all clients. Addiction professionals abide by and uphold the NAADAC/NCC AP Code of Ethics in the delivery of services anywhere along the continuum of care. Addiction professionals study, understand and adhere to the NAADAC/NCC AP Code of Ethics and also adhere to applicable federal, state and local laws and regulations.
III-2 Integrity		Addiction professionals conduct themselves with integrity. Providers maintain integrity in their professional relationships and activities. Providers communicate honestly, accurately, and appropriately to clients, peers, and the public, regardless of the communication medium used. Providers advocate for accuracy in statements made by self or others about the addiction profession.
III-3 Discrimination		Addiction professionals do not engage in, endorse or condone discrimination against prospective or current clients and their families, students, co-workers, employees, volunteers, supervisees, research participants, or other professionals 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. Addiction professionals actively combat stigma, prejudice, and moral judgment against the dignity and worth of our clients and others.

III-4 Nondiscrimination		Addiction professionals provide services that are nondiscriminatory and nonjudgmental. Providers do not exploit others in their professional relationships. Providers maintain appropriate professional boundaries.
III-5 Fraud		Addiction professionals do not participate in, condone, or associate with any form of dishonesty, fraud, or deceit.
III-6 Violation		Addiction professionals do not engage in any criminal activity. Addiction professionals and service providers are 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: 1. Fail to disclose conviction of any felony to the appropriate regulatory bodies, when requested. 2. Fail to disclose conviction of any misdemeanor related to their qualifications or functions as an addiction professional, to the appropriate regulatory bodies, when 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 or certifying bodies. 6. Practice addiction counseling while impaired. 7. 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 do not engage in or condone any form of harassment, intimidation, or bullying including sexual harassment.
III-8 Membership		Addiction professionals intentionally differentiate between current and former memberships with NAADAC and other professional associations.
III-9 Credentials		Addiction professionals claim and present only those educational degrees conferred upon them by an accredited program and/or institution. Providers claim and present only those specialized certifications received from a qualified certifying body.
III-10 Credentials		Addiction professionals claim and promote only those licenses and certifications that are current and in good standing.
III-11 Accuracy of References		Addiction professionals correct all references to their credentials and affiliations that are false, deceptive, or misleading.
III-12 Accuracy of Representation		Addiction professionals accurately represent professional qualifications, education, experience, memberships, affiliations or recovery history. Providers accept employment only on the basis of existing competencies or explicit intent to acquire the necessary competence.

III-13 Scope of Practice		Addiction professionals provide services within their scope of practice and competency, and only offer services that are research-based, evidence-based, and outcome-driven. Providers maintain knowledge of and adhere to applicable professional standards of practice. In cases where the addiction professional wants to engage in the use of a promising practice, the professional will seek supervision and/or consultation, and informed consent from the client, prior to utilizing the promising practice. They clearly document such actions.
III-14 Boundaries of Competence		Addiction professionals practice within the boundaries of their competence. Competence is established through education, training, skills, and supervised experience; state and national addiction credentials and certifications; and ongoing professional development.
III-15 Proficiency		Addiction professionals seek and develop proficiency through relevant education, training, and supervised experience prior to independently delivering specialty services. Providers obtain ongoing supervised experience and consultation to ensure the validity of their work and protect clients from harm when developing skills in new specialty areas.
III-16 Educational Achievement		Addiction professionals recognize that advanced educational achievement is necessary to provide the level of service clients deserve. Providers accept and acknowledge the need for formal and specialized education and/or training as a vital component of professional development, competency, and integrity.
III-17 Continuing Education		Addiction professionals engage in continuing education and professional development opportunities in order to maintain and enhance their knowledge of research-based scientific developments within the profession. Providers learn and utilize new procedures under supervision relevant to the clients they serve. Providers remain informed regarding best practices for working with diverse populations.
III-18 Self-Monitoring		Addiction professionals continuously self-monitor in order to meet their professional obligations. Providers engage in self-care activities that promote and maintain their physical, psychological, emotional, and spiritual well-being.
III-19 Scientific		Addiction professionals use techniques, procedures, and modalities that have a scientific and empirical foundation. Providers utilize counseling techniques and procedures that are grounded in theory, evidence-based, outcome-driven and/or a research-supported promising practice. Providers do not use techniques, procedures, or modalities that have substantial evidence suggesting harm, even when such services are requested.
III-20 Innovation		Addiction professionals 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 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 obtain and document supervision and/or consultation regarding potential risks to clients prior to presenting innovative treatment options. For example, the use of psychedelics, medical cannabis, and CBD (cannabidiol) are considered emerging innovative practices in need of further scientific research.
III-21 Multicultural Competency		Addiction professionals deliver multiculturally sensitive and inclusive 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 work to educate medical professionals, and other multidisciplinary team members, about substance use disorders, the need for collaboration between primary care, other team members, and SUD providers, and the need to limit the use of mood-altering chemicals for clients in SUD treatment and/or recovery.

III-23 Mood Altering Chemicals		Addiction professionals recognize the need for the use of mood-altering chemicals such as opioids, benzodiazepines, or medically based psychedelics in limited medical situations, and 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 collaborate with other health care professionals in providing a supportive environment for any client who receives treatment and care.
III-25 Multidisciplinary Care		Collaborative multidisciplinary care teams focus on increasing the client's functionality and wellness. Addiction professionals who are members of multidisciplinary care teams work with team members to clarify professional and ethical obligations of the team, and its individual members. If ethical concerns develop as a result of a team decision, providers attempt to resolve the concern within the team first. If resolution cannot be reached within the team, providers obtain and document supervision and/or consultation to address their concerns consistent with client well-being.
III-26 Collegial		Addiction professionals practice collegiality and cooperation in the helping professions. Providers act in good faith towards colleagues and other professionals, and treat colleagues and other professionals with respect, courtesy, honesty, and fairness.
III-27 Collaborative Care		Addiction professionals develop respectful and collaborative relationships with other professionals who are working with a specific client. Providers only offer professional services to a client who is in counseling with another professional, with the knowledge and documented approval of the other professional or following termination of services with the other professional.
III-28 Promising Practices		Addiction professionals who seek to use a promising new practice discuss this promising practice with a supervisor or consultant, and if deemed appropriate then obtain informed consent from the client prior to engaging the promising practice. The addiction professional documents the consultation and ongoing supervision of the use of the promising practice. Every safeguard is employed to protect the client.
III-29 Qualified		Addiction professionals work to promote the practice of addiction counseling by qualified persons and employ individuals who have the appropriate and requisite education, training, skills, licensure and/or certification, and supervised experience. Addiction professionals only refer to qualified persons with the appropriate and requisite education, training, skills, licensure and/or certification, and supervised experience.
III-30 Informative Advocacy		Addiction professionals are aware of society's prejudice and stigma towards people with substance use disorders, and engage in the legislative process, educational institutions, and public forums to educate people about addictive disorders, and advocate for opportunities and choices for clients including access to treatment. Providers advocate for their clients as needed.
III-31 Active Advocacy		Addiction professionals inform the public of the impact of substance use disorders through active participation in civic affairs and community organizations. Providers 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 educate the public about substance use disorders, and work to dispel negative myths, stereotypes, stigmas, and misconceptions about substance use disorders and the people who have them.
III-32 Present Knowledge		Addiction professionals respect the limits of present knowledge in public statements concerning addictions treatment, and report that knowledge accurately, without distortion or misrepresentation to the public and others.

III-33 Professional Statements		Addiction professionals 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-34 Public Comments		Addiction professionals make no public or private 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" include but are not limited to any and all forms of oral, written, and electronic communication.
III-35 Professional Development		Addiction professionals actively participate in local, state and national associations that promote professional development.
III-36 Support Policy		Addiction professionals support the formulation, development, enactment, and implementation of public policy and legislation concerning the addiction profession and our clients.
III-37 Promote Parity		Addiction professionals work for parity in insurance coverage for substance use disorders as primary medical disorders.
III-38 Addressing Impairment		Addiction professionals recognize the effect of impairment on professional performance and seek appropriate professional assistance for any personal problems or conflicts that may impair work performance or clinical judgment. Providers continuously monitor themselves for signs of physical, psychological, social, and emotional impairment, including burnout. Providers, with the guidance of supervision or consultation, obtain appropriate assistance in the event they are professionally impaired and unable to safely practice. Providers abide by statutory mandates specific to professional impairment when addressing one's own impairment.
III-39 Assistance for Impairment		Addiction professionals offer and provide assistance as needed to peers, coworkers, and supervisors who are demonstrating professional impairment, and intervene to prevent harm to clients. Providers abide by statutory mandates specific to reporting the professional impairment of peers, coworkers, and supervisors.
III-40 Referrals		Addiction professionals do 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 offer multiple referral options to clients when referrals are necessary. Providers obtain supervision or consultation to address any potential or real conflicts of interest and document the recommendations.

III-41 Closing Practice		Addiction professionals create a written plan, policy or professional Will for addressing situations involving the Provider's incapacitation, termination of practice, retirement, or death. Addiction professionals and organizations develop policies regarding continuation of services upon the incapacitation, termination, retirement or death of the provider. Providers notify their clients, when possible, that there has been or will be a change of practice.
III-42 Representation		Addiction professionals and organizations offering education, trainings, seminars, and workshops accurately and honestly represent their NAADAC-approved education provider status. Providers and organizations meet all requirements set forth by NAADAC prior to promoting their active provider status.
III-43 Promotion		Addiction professionals ensure that promotions and advertisements concerning workshops, trainings, seminars and products that they have developed are accurate and provide ample information so consumers can make informed choices. Providers do not use their counseling, teaching, training or supervisory relationships to deceptively promote their products or training events.
III-44 Testimonials		Addiction professionals who solicit testimonials from former clients or any other persons discuss with clients the implications of, and potential concerns, regarding testimonials, prior to obtaining written permission for the use of specific testimonials.
III-45 Reports		Addiction professionals accurately and objectively report professional activities and judgments to appropriate third parties, which include, but is not limited to courts, probation/parole, insurance organizations and providers, recipients of evaluation reports, referral sources, professional organizations, regulatory agencies and boards, and ethics committees. Professionals only release necessary and required information.
III-46 Professional Comments		Addiction professionals, when offering comments or guidance using any platform, which include, but are 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 ensure that their statements are based on academic, research, and evidence-based, outcome-driven literature and practice. Further, the comments and guidance are consistent with the NAADAC/NCC AP Code of Ethics.
III-47 Role Expectations		Addiction professionals who are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings clarify role expectations and the parameters of confidentiality with all parties involved.
III-48 Addressing Illegal Practices		Addiction professionals who become aware of inappropriate, illegal, discriminatory, and/or unethical policies, procedures and practices at their agency, organization, or practice alert their employers. When there is potential for harm to clients or limitations on the effectiveness of services, providers seek supervision and/or consultation to determine appropriate next steps and further action. Providers and supervisors do not harass, threaten, bully, 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-49 Seeking Ongoing Supervision/ Consultation		Addiction professionals, throughout their professional career, seek ongoing clinical supervision and/or consultation in order to ensure the professionalism of the services they deliver.
III-50 Credit		Addiction professionals give appropriate credit to the authors or creators of all materials used in the course of their work. Providers do not plagiarize another person's work.
PRINCIPLE IV: WORKING IN A CULTURALLY DIVERSE WORLD		
Introduction		Cultural diversity extends to include and is not limited to race, ethnicity, age, gender identity, sexual orientation, educational attainment, employment status, visible disabilities, invisible disabilities (e.g., hard of hearing, deafness, mental illness), military active duty or veteran status, marital status, and parenting status. Most clients identify with multiple cultural groups, which are taken into consideration throughout the counseling relationship.
IV-1 Respect		Addiction professionals are knowledgeable and aware of diverse cultural, societal, and individual role differences amongst the clients they serve in a diversity of settings along the continuum of care. Providers offer services that demonstrate appropriate respect for the fundamental rights, dignity and worth of all clients.
IV-2 Cultural Humility		Addiction professionals demonstrate cultural humility. Providers maintain an interpersonal perspective that is other-oriented and accepting of the cultural identities of the other person, which include, but are not limited to clients, colleagues, peers, employees, employers, volunteers, supervisors, and supervisees.
IV-3 Meanings		Addiction professionals are willing to discuss the diverse cultural meanings associated with confidentiality and privacy. Providers are willing to discuss differing opinions regarding the disclosure of information with client(s), colleagues and supervisor(s).
IV-4 Personal Beliefs		Addiction professionals develop an understanding of their own personal, professional, and cultural values and beliefs. Providers recognize which personal and professional values may be in alignment with or in conflict with the values and needs of the client. Providers do not use cultural or value differences as a reason to engage in discrimination or deny service. Providers obtain supervision and/or consultation to address areas of difference and to decrease bias, judgment and micro-aggressions, and document the recommendations.
IV-5 Heritage		Addiction professionals practice cultural humility, and accept the values, norms, and cultural heritage of their clients. Providers do not impose their values and/or beliefs on the client.

IV-6 Credibility		Addiction professionals practice cultural humility, and are credible, capable, and trustworthy. Providers use a cultural humility framework to consider diversity of values, interactional styles, and cultural expectations.
IV-7 Roles		Addiction professionals respect the roles of family members, social supports, and community structures, hierarchies, values and beliefs within the client's culture. Providers consider the impact of adverse social, environmental, and political factors in assessing concerns and designing interventions.
IV-8 Methodologies		Addiction professionals only use methodologies, skills, and practices that are evidence-based and outcome-driven for the populations being served. Providers obtain ongoing professional development opportunities to develop specialized knowledge and understanding of the groups they serve. Providers obtain the necessary knowledge and training to maintain humility and sensitivity when working with clients of diverse backgrounds.
IV-9 Advocacy		Addiction professionals advocate for the needs of the diverse populations they serve.
IV-10 Recruitment		Addiction professionals 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 provide and advocate for the provision of services that meet the special needs of clients, including linguistic diversity and disabilities.
IV-12 Consideration of 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, act with the client's best interests in mind, and inform the designated guardian or representative of any circumstances which may influence the relationship. Providers 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.
IV-13 Culturally Driven Needs		Addiction professionals recognize that conventional counseling styles may not meet the needs of all clients. Providers discuss with the client how to determine the best manner in which to service the client. Providers obtain supervision and consultation when working with individuals with specific culturally driven needs and document the recommendations.

PRINCIPLE V: ASSESSMENT, EVALUATION AND INTERPRETATION		
V-1 Assessment		Addiction professionals use assessments (which include screening tools and assessment instruments/models) appropriately within the counseling process. Providers consider the clients' personal and cultural contexts when assessing and evaluating a client. Providers develop and/or use appropriate mental health, substance use disorder, and other relevant assessments tools.
V-2 Validity - Reliability		Addiction professionals 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 are trained in the construct being measured and the specific instrument being used prior to using its technology- based application.
V-3 Validity		Addiction professionals consider the validity, reliability, psychometric limitations, and appropriateness of instruments when selecting assessments. Additionally, providers determine the literacy and appropriateness for self-administered tools, e.g., determining if the client can read and comprehend the material, and/or operate the computer. Providers use data from evidence-based resources including assessment tools and/or instruments to form conclusions, diagnoses, and recommendations.
V-4 Explanation		Addiction professionals explain to clients the nature and purposes of each assessment and the intended use of results, prior to administration of the assessment. Providers offer explanations in terms and language that the client or other legally authorized persons can understand.
V-5 Administration		Addiction professionals provide an appropriate environment, free from distractions, for the administration of assessments. Providers ensure that technologically administered assessments are functioning appropriately and providing accurate results.
V-6 Cultural Influences		Addiction professionals recognize and understand that culture influences the manner in which clients' concerns are defined, experienced and expressed. Providers are aware of historical traumas and social prejudices in the misdiagnosis and pathologizing of specific individuals and groups. Providers develop awareness of prejudices and biases within self and others and address such biases in themselves or others. Providers consider the client's cultural experiences when diagnosing and planning for mental health and substance use disorder assessments and treatment.
V-7 Diagnosing		Addiction professionals provide proper diagnosis of mental health and substance use disorders, within their scope of practice, training, and licensure/certification. Assessment techniques used to determine client placement for care are carefully selected and appropriately used.
V-8 Results		Addiction professionals consider the client's welfare, explicit understandings, and any previous agreements, regarding the use of and dissemination of findings, in determining when and how to provide assessment results.

V-9 Misusing Results		Addiction professionals do not misuse assessment results and interpretations. Providers respect the client's right to know the results, interpretations and diagnoses made and provide results, interpretations, and diagnoses in a manner that is understandable and does not cause harm. Providers adopt practices that prevent others from misusing assessment results and interpretations.
V-10 Normed Population		In the event that the addiction professional is unable to locate an assessment tool that has been normed on the client's cultural identities, the provider may select and use, with caution, assessment tools and techniques normed on populations other than that of the client. Providers obtain supervision or consultation when using assessment tools that are not normed to the client's cultural identities and document the recommendations.
V-11 Referral		Addiction professionals 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/models/methods are used.
V-12 Security		Addiction professionals maintain the integrity and security of tests and assessment data, thereby addressing legal and contractual obligations. Providers do not reproduce or modify published assessments, or parts thereof, without written permission from the publisher. Providers give credit to the developer and/or publisher of the test or assessment.
V-13 Forensic		Addiction professionals who conduct a forensic evaluation inform the client, verbally and in writing, that the current relationship is for the specific purpose of forensic evaluation, and that the evaluation is not therapeutic. Entities or individuals who receive the evaluation report are identified prior to conducting the evaluation. Providers performing forensic evaluations 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 is 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 provide verifiable objective findings based on the data gathered during the assessment/ evaluation process and review of records. Providers offer unbiased professional opinions based on the data gathered and analysis performed.
V-15 Dual Relationships		Providers avoid potentially harmful dual relationships with the family members, romantic partners, and close friends of individuals they forensically evaluate. Addiction professionals do not perform a forensic evaluation on current or former clients, spouses or partners of current or former clients, or the clients' family members. Providers do not provide counseling to the individuals who they forensically evaluate.

PRINCIPLE VI: USE OF E-THERAPY, E-SUPERVISION, ARTIFICIAL INTELLIGENCE (AI) AND SOCIAL MEDIA		
Introduction		Addictions professionals are witnessing an expansion of available technologies that offer opportunities for electronic and distance delivery of care, monitoring, billing services and client record augmentation, storage, transfer and maintenance. Providers are current on related technologies and understand their application and use within their respective practice setting. Providers consider the potential benefits and risks for harm to clients in exposure to specific technologies or in having confidential information recorded, transcribed, stored and/or transmitted electronically. Examples of potential benefits of using e-delivery for counseling services include but are not 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 or could not take advantage of traditional services. Examples of potential limitations of using e-delivery for counseling services include but are not 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" refer to the provision of services by an addiction professional using technology, electronic devices, and HIPAA- compliant resources. Electronic platforms include but are not limited to: land-based and mobile communication devices, facsimile/fax machines, webcams, computers, laptops, tablets, flash drives, external hard drives, and cloud storage. E-therapy and e-supervision include but are not limited to the following synchronistic delivery platforms: tele-therapy, real-time video-based therapy and services, emails, texting, chatting and instant messaging. Providers and clinical supervisors are aware of the unique challenges created by electronic forms of communication and the use of available technology and take steps to ensure that the provision of e-therapy and e-supervision is as safe and confidential as possible. **Defining artificial intelligence:** Artificial intelligence (AI) refers to any technology capable of performing complex tasks that historically only a human could do, such as recording, reasoning, making decisions, or solving problems. AI technology includes analyzing and proposing actions on client data, often with the goal of predicting a particular outcome.
VI-2 Competency		Addiction professionals who choose to engage in the use of technology for e-therapy, distance counseling, and e-supervision pursue specialized knowledge and competency regarding the technical, ethical, and legal considerations specific to technology, social media, and distance counseling. Providers are trained and current in their knowledge of e-therapy technologies, techniques and security. Addiction professionals only provide e-services in those states or jurisdictions where they are registered, certificated and/or licensed.
VI-3 Informed Consent		Addiction professionals offering an electronic platform for e-therapy, distance counseling/case management, and/or e-supervision provide an Electronic/Technology Informed Consent. The consent explains the rights of the client(s) and supervisee(s) to be fully informed about services delivered through technological mediums and provide each client/supervisee with information in clear and understandable language. The explanation includes information regarding the purposes, risks, limitations, and costs of treatment services, reasonable alternatives, their right to refuse service delivery through electronic means, security measures and their right to withdraw consent at any time. Providers review with the client/supervisee, both verbally and in writing, the rights and responsibilities of both providers and clients/supervisees. Providers 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 document the verbal attestation and follow up in a timely manner with a written, signed, and dated, document.

VI-4 e-Therapy Informed Consent		Addiction professionals execute thorough e-therapy informed consent prior to starting technology-based services. A technology-based informed consent discussion includes, but is not limited to: a. contact information of the client, counselor/provider and supervisor, b. stating that e-therapy is not always an appropriate substitute or replacement for face-to-face counseling, c. all of the procedures that apply to delivery of in-person services apply to the e-delivery of services, d. duty to warn and mandatory reporting laws that apply to all counseling services, including e-therapy, e. confidential and privacy rules and laws, and exceptions to those rules and laws, f. issues related to security and privacy of information, and potential for hacking or other unauthorized viewing, g. access to counseling services and to technology assistance to use e-therapy, h. benefits and limitations of engaging in the use of distance counseling, technology, and/or social media, i. potential misunderstandings due to limited visual and auditory cues, j. potential for confusion often present in e-delivery of services, k. response time to asynchronous communication (emails, texts, chats, etc.), l. possibility of technology failure and alternate methods of service delivery, m. emergency protocols to follow, n. procedures for when the counselor is not available, o. consideration of time zone differences, p. policy regarding recording of sessions by either party, q. cultural and/or language differences that may affect delivery of services, r. possible denial of insurance benefits, and s. social media policy.
VI-5 Verification		Addiction professionals who engage in the use of electronic platforms for the delivery of services 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 includes but is not limited to a minimum of one of the following: picture identification (ids), code words, numbers, graphics, or other nondescript identifiers.
VI-6 Licensing Laws		Addiction professionals comply with relevant licensing/credentialing 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 are entirely dependent upon the location where the client/supervisee receives services. Providers, during informed consent, notify their clients/supervisees of the legal rights and limitations governing the practice of counseling/supervision across state lines or international boundaries. Providers advise clients that mandatory reporting and related ethical requirements such as duty to warn/notify are governed by the jurisdiction where the client/supervisee is receiving services.
VI-7 State & Federal Laws		Providers utilizing technology, social media, and distance counseling within their practice are subject to the federal and state laws and regulations in the state where the client/supervisee is located during the actual delivery of services. Providers seek consultation from the state where they are practicing and also the state(s) where the client(s) is located regarding the delivery of e-services across state lines.
VI-8 Non-Secured		Addiction professionals are aware that electronic means of communication are not secure, and 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 inform clients, students, or supervisees of the limitations and risks regarding confidentiality associated with electronic delivery, including that electronic exchanges may become part of clinical, academic, or professional records. Providers ensure that clinical discussions are not overheard by others outside of the room where the services are provided. Providers conduct internet-based counseling on HIPAA-compliant servers.

VI-9 Assess Benefit Potential		Addiction professionals assess and document the client/supervisee's ability to benefit from and engage in e-therapy services. Providers 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 including available connectivity. Providers 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 Safeguards		Providers use current encryption standards within their websites and for technology-based communications. Providers take reasonable precautions to ensure the confidentiality of information transcribed, transmitted and stored through any electronic means.
VI-11 Multidisciplinary Care Coordination		Addiction professionals discuss with the client that optimal clinical management of the client may depend on coordination of care between a multidisciplinary care team. Providers 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 Develop Local Resources		Addiction professionals are 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 maintain a professional relationship with their clients/supervisees. Providers 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 are aware of the unique risks for boundary crossings associated with the e-delivery of services.
VI-14 Capability		Addiction professionals determine whether the client/supervisee is 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 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 verify that clients/ supervisees understand the purpose and operation of technology applications and follow up with clients/supervisees to correct potential concerns, explore appropriate use and assess subsequent steps.
VI-15 Missing Cues		Addiction professionals 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 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 are aware of the inherent dangers of electronic health records. Providers inform clients/supervisees of the benefits and risks of using AI to document sessions and maintaining records in a cloud-based file management system and discuss the fact that nothing that is electronically saved on a Cloud is totally secure and confidential. Providers ensure that Cloud-based file management is encrypted, secured, and HIPAA-compliant. Providers use encryption programs when transmitting client information to protect confidentiality.
VI-17 Records		Addiction professionals maintain electronic records in accordance with relevant state and federal laws and statutes. Providers inform clients on how records will be documented and maintained electronically and/or physically, which included, but is not 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 provide electronic links to relevant licensure and certification boards and professional membership organizations (i.e., NAADAC), in order to provide a means to protect the client's/supervisee's rights by providing a way to address ethical concerns.
VI-19 Friends		Addiction professionals do 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, create separate professional and personal web pages, and profiles, which clearly distinguish between the professional and personal virtual presence.
VI-20 Contemplating Use of AI		Addiction professionals who use or are contemplating using AI (artificial intelligence) face numerous ethical considerations to be assessed and addressed related to informed consent and client autonomy; privacy and confidentiality; transparency; client misdiagnosis; client abandonment; client surveillance; and algorithmic bias and unfairness.
VI-21 Social Media		Addiction professionals 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 clearly explain their policies and procedures specific to the use of social media in clinical relationships with the client/supervisee. Providers respect the client's/supervisee's rights to privacy on social media, and do not investigate the client/supervisee without prior written consent.
PRINCIPLE VII: SUPERVISION, CONSULTATION AND EDUCATION		
VII-1 Responsibility		Addiction professionals who teach and provide clinical supervision accept the responsibility of enhancing professional development of students and supervisees by providing accurate and current information, timely feedback and evaluations, constructive consultation, and monitor services by supervisees.
VII-2 Training		Addiction professionals complete clinical supervision training prior to providing clinical supervision to students or other professionals and continue to pursue continuing education in both counseling and supervision.
VII-3 Resources & Competencies		Addiction professionals who act in the role of supervisor or consultant, ensure that they have the appropriate resources and competencies prior to providing supervisory or consultation services. Supervisors or consultants provide appropriate referrals to resources when requested or needed.
VII-4 Code of Ethics		Supervisors and supervisees, including interns and students, are responsible for knowing and following the NAADAC and NCC AP Code of Ethics.
VII-5 Supervision		Addiction professionals who offer supervisory or consultation services review with the consultee/supervisee, both verbally and in writing, the rights and responsibilities of both the supervisor/consultant and supervisee/consultee. Providers inform all parties involved about the purpose, costs, risks and benefits, and the limits of confidentiality of the services to be provided.

VII-6 Supervision Contract		Clinical supervisors provide the supervisee with a written supervision contract that will act as informed contract. Supervisors inform the supervisee about how the supervision process influences their professional development. The supervision contract is an integral part of creating and developing the supervisory relationship. The Supervision Contract includes, but is not be limited to the following items: a. Definition of clinical supervision b. Scope of practice of the clinical supervisor c. Format and scheduling of supervision d. Confidentiality of client information e. Methods of supervision (approaches used) f. Types (individual, group, in-person observation, e-supervision, audio and video tapes) g. Expectations and responsibilities of each person h. Accountability and evaluation i. Documentation and file audits

		j. Fees and no-show policies k. Conflict resolution l. Client notification – supervisee shall inform clients that they are in supervision and the parameters of supervision m. Duration and termination of the supervisory relationship n. All parties adhere to all applicable regulatory and state and Federal regulations and laws o. All parties adhere to NAADAC Code of Ethics p. Expectations regarding liability insurance q. Notification of expectation regarding a clinical emergency or when a duty to warn event occurs with a client r. Notifying immediately of an expectation regarding a grievance, sanction, or lawsuit filed against the supervisee
VII-7 Consultation Contract		Addiction professionals providing consultation services provide the service recipient/contractee (individual or organization) a written contract outlining services to be provided and financial arrangements. Consultants are subject matter experts or otherwise qualified by education, experience or both to perform the services proposed in the consulting contract. The Contract includes, but is not be limited to the following items: a. Definition/Explanation/Scope of services to be provided by the consultant. b. Related timetable/schedule for services to be provided. c. Confidentiality of proprietary information for consultant and contractor. d. Methods of fulfilling the contract/deliverables. e. Expectations and responsibilities of each party. f. Documentation and file ownership and retention, if applicable. g. Fees and/or payment mechanism. h. Conflict resolution. i. Duration and termination of the relationship. j. Parties adhere to applicable regulatory and state and Federal regulations and laws including client privacy, if applicable. k. Parties adhere to NAADAC Code of Ethics. l. Expectations regarding liability or other insurance requirements. m. Notifying immediately regarding of a grievance, sanction, or lawsuit being filed against the consultant or contractor.
VII-8 Clinical Crisis		Clinical supervisors communicate to the supervisee, during supervision informed consent, procedures for handling client/clinical crises. Supervisors communicate and document alternate procedures in the event the supervisee is unable to establish contact with the supervisor during a client/clinical crisis.

VII-9 Due Process		Clinical supervisors inform supervisees of policies and procedures to which supervisors shall adhere. Supervisors inform supervisees regarding the mechanisms for due process appeal of supervisor actions.
VII-10 Multiculturalism and Diversity		Clinical supervisors address the role of multiculturalism in the supervisory relationship between supervisor and supervisee. Supervisors offer didactic learning content and experiential opportunities related to multiculturalism and cultural humility throughout their programs. Clinical supervisors recognize and value the diverse talents and abilities that supervisees bring to their training experience.

VII-11 Boundaries		Clinical supervisors intentionally develop respectful and relevant professional relationships and maintain appropriate boundaries with supervisees in all venues. Supervisors are accurate and honest in their assessments of supervisees. Clinical supervisors clearly define and maintain ethical professional, personal, and social boundaries with their supervisees.
VII-12 Intimate Relationships		Supervisors do not enter into a romantic/sexual/non-professional relationship with current supervisees, whether in-person or electronically.
VII-13 Monitor		Clinical supervisors monitor the services provided by supervisees. Supervisors monitor client welfare. Supervisors monitor supervisee performance and professional development. Supervisors instruct and guide supervisees as they prepare to serve a diverse client population. Supervisors read, know, understand, adhere to, and promote the NAADAC/NCC AP Code of Ethics.
VII-14 Assessment		Clinical supervisors ensure the proper use of screening and assessment tools and interview techniques by persons under their supervision.
VII-15 Treatment		Site supervisors and educators assume the primary obligation of assisting students to acquire ethics, knowledge, and skills necessary to treat substance use, addictive and behavioral health disorders.
VII-16 Report Impairment		Supervisees monitor themselves for signs of physical, psychological, and/or emotional impairment. Supervisees obtain supervision and refrain from providing professional services while impaired. Supervisees notify their supervisor and/or institutional program of the impairment and obtain appropriate guidance and assistance.
VII-17 Inform Clients		Supervisees disclose to clients their status as students and supervisees and provide an explanation as to how their status affects the limits of confidentiality. Supervisees disclose to clients contact information for the clinical supervisor. Supervisees obtain Informed consent in writing and include the client's right to refuse to be treated by a person-in-training.
VII-18 Self Disclosures		Supervisees obtain and document clinical supervision or consultation prior to disclosing personal addiction and recovery information with a client. Supervisees only make disclosures about their personal history to a client for the benefit of the client and their work, and disclosures shall not be made to benefit the supervisee.
VII-19 Observation Expectation		Clinical supervisors provide and document all supervision sessions with the supervisee. Supervisors regularly observe the supervisee in session using live observations or audio or video tapes. Supervisors provide ongoing feedback regarding the supervisee's performance with clients and within the organization/practice. Supervisors regularly schedule sessions to formally evaluate and direct the supervisee.

VII-20 Profession Gatekeepers		Clinical supervisors are aware of their responsibilities as the addiction profession's gatekeepers. Supervisors, through ongoing evaluation, monitor supervisee limitations that might impede performance. Supervisors 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 obtain supervision-of-supervision and/or consultation and document their decisions to dismiss or refer the supervisee for assistance.
VII-21 Education		Site supervisors and educators 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. Site supervisors and educators ensure that program content and instruction are based on the most current knowledge and information available in the addiction's profession. Site supervisors and educators promote the use of those modalities and techniques that have an empirical or scientific foundation. Site supervisors and educators provide education and training in an ethical manner, adhering to the NAADAC/NCC AP 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 serve as professional role models demonstrating appropriate behaviors.
VII-22 Evaluation		Site supervisors and educators ensure that students' performances are evaluated in a fair and respectful manner, and on the basis of clearly stated criteria.
VII-23 Dual Relationships		Site supervisors and educators avoid dual relationships and/or non-academic relationships with students, interns, and supervisees. Clinical Supervisors shall not supervise relatives, romantic or sexual partners, or personal friends (e.g., someone they have known previously and developed a personal relationship with), nor develop romantic, sexual, or personal relationships with students or supervisees. Consultation with a third party is obtained, and recommendations are documented prior to engaging in a dual supervisory relationship.
VII-24 e-Supervision		Clinical supervisors who use technology in supervision (e-supervision), shall be competent in the use of specific technologies. Supervisors discuss with the supervisee the risks and benefits of using e-supervision. Supervisors determine how to utilize specific protections, which include, but not be limited to encryption necessary for protecting the confidentiality of information transmitted through any electronic means. Supervisors and supervisees are aware that confidentiality is not guaranteed when using technology as a communication and delivery platform. Clinical supervisors discuss with the supervisee and document issues unique to the use of distance supervision as necessary.
VII-25 Harassment		Clinical supervisors do not condone or participate in any form of harassment, including sexual harassment, bullying or exploitation, of current or previous supervisees.
VII-26 Termination		Clinical supervisors discuss policies and procedures for terminating a supervisory relationship in the supervision informed consent.
VII-27 Personal Counseling		Clinical supervisors do not provide counseling services to the supervisee. Supervisors assist the supervisee by providing referrals to appropriate services separate of the supervisor's and the supervisee's employing agencies, upon request.

VII-28 Endorsement		Clinical supervisors only recommend supervisees for completion of an academic or training program, employment, certification and/or licensure when the supervisees demonstrate qualification for such endorsement. Clinical supervisors do not endorse any supervisees who the supervisor believes to be impaired or who demonstrates they are unable to provide appropriate clinical services or the supervisor has not had direct observation/involvement.
PRINCIPLE VIII: ADDRESSING ETHICAL CONCERNS		
VIII-1 Code of Ethics		Addiction professionals adhere to and uphold the NAADAC/NCC AP Code of Ethics and are knowledgeable regarding established policies and procedures for handling concerns related to unethical behavior, at both the state and national levels. Addiction professionals hold other providers to the same ethical and legal standards and are willing to take appropriate action to ensure that these standards are upheld. Providers resolve ethical dilemmas with direct and open communication among all parties involved and obtain supervision and/or consultation when necessary. Providers incorporate ethical practice into their daily professional work. Providers engage in ongoing professional development regarding ethical and legal issues in counseling and/or other provisions of service or care. Providers are aware that client welfare and trust depend on a high level of professional conduct by all involved.
VIII-2 Endorsement		Addiction professionals abide by and endorse the NAADAC/NCC AP Code of Ethics and other applicable ethics codes from professional organizations or certification and licensure bodies of which they are members. Providers do not 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 utilize and document, when appropriate, an ethical decision-making model when faced with an ethical dilemma. A viable ethical decision-making model includes, but is not 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 or thorough understanding of the facts associated or impacting the complaint/case presented; (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/NCC AP Ethics Committee has jurisdiction over all complaints filed against any person holding or applying for NAADAC membership or NCC AP certification.
VIII-5 Investigations		The NAADAC/NCC AP Ethics Committee has authority to conduct investigations into alleged misconduct, issue rulings/findings, and invoke disciplinary action in any instance of misconduct by an addiction professional who is within NAADAC's/NCC AP's jurisdiction. All parties to an investigation will maintain confidentiality of the process and findings.
VIII-6 Participation		Addiction professionals are required to cooperate with the implementation of the NAADAC/NCC AP 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 is a violation of the NAADAC/NCC AP Code of Ethics.
VIII-7 Cooperation		Addiction professionals assist in the process of enforcing the NAADAC/NCC AP Code of Ethics. Providers, clinical supervisors, and employers cooperate with discovery, exploration, proceedings, and requirements of the NAADAC/NCC AP Ethics Committee, ethics committees of other professional associations, and/or licensing and certification boards having jurisdiction over those charged with a violation. All parties who are part of an ethics complaint, including NAADAC/NCC AP, maintain confidentiality at all stages of the complaint process.

VIII-8 Confidentiality		The Ethics Committee for NAADAC/NCC AP will maintain confidentiality of the ethical process. The Complainant and Respondent, and all other parties involved, maintain confidentiality. Information is shared only on a strict need-to-know basis.

VIII-9 Organizational Conflict		In the event that ethical responsibilities conflict with organizational policies and procedures, state and/or federal laws, regulations, and/or other governing legal authority, addiction professionals seek and document supervision and/or consultation. Providers determine the nature of the conflict and discuss the conflict with their supervisor or other relevant person and express their commitment to the NAADAC/NCC AP Code of Ethics. Providers attempt to work through the appropriate organizational channels to address their concerns.
VIII-10 Informal Resolution		Addiction professionals who have concerns that another provider has not met the appropriate standards of practice/ethical standards (and where no harm has occurred to a client) will attempt to address their concern informally with the other provider, if feasible, provided such action does not violate the confidentiality rights of any client. Informal resolution can also occur at the supervisory level by discussing the concerns with the clinical supervisor.
VIII-11 Violations with Harm		Addiction professionals 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/NCC AP. Providers 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/NCC AP Ethics Committee, Hearing Panels, Executive Committee, Boards of Directors, Membership Committees, Officers, and Staff are not a Respondent in a complaint filed as a result of any decision, action, or exercise of discretion arising directly from their conduct or involvement in carrying out official responsibilities.
VIII-13 Consultation		Addiction professionals obtain and document consultation and direction from supervisors, consultants, or the NAADAC/NCC AP Ethics Committee when uncertain about whether a particular situation or course of action may be in violation of the NAADAC/NCC AP Code of Ethics. Providers consult with persons who are knowledgeable about ethical behaviors, the NAADAC/NCC AP Code of Ethics, and legal requirements specific to the situation.
VIII-14 Retaliation		Addiction professionals do not initiate, participate in, or encourage the filing of an ethics or grievance complaint as a means of retaliation against another person. Providers do not intentionally disregard or ignore the facts of a situation.

PRINCIPLE IX: RESEARCH AND PUBLICATION

IX-1 Research		Research and publication are encouraged as a means for addiction professionals to contribute to the knowledge base and skills within the addictions and behavioral health professions. Research is conducted and published to contribute to the evidence-based and outcome-driven practices that guide and enhance the profession. Research and publication provide an understanding of what practices lead to health, wellness, and functionality. Researchers and addiction professionals are inclusive by minimizing bias and respecting diversity when designing, executing, analyzing, and publishing their research.
IX-2 Participation		Addiction professionals support the efforts of researchers by participating in research whenever possible. Researchers obtain consent from all participants prior to participation.

IX-3 Consistent		Researchers 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 human research.
IX-4 Confidentiality		Researchers are 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 is confidential.

IX-5 Independent Research		Researchers, who are conducting independent research without governance by an institutional review board, are 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 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 generally accepted practices.
IX-7 Participant Welfare		Researchers are responsible for their participants' welfare. Researchers exercise reasonable precautions throughout the study to avoid causing physical, intellectual, emotional, or social harm to participants. Researchers take reasonable measures to honor all commitments made to research participants. Researchers are trauma informed.
IX-8 Informed Consent		Researchers defer to an Institutional Review Board (IRB) or Human Subjects Committee to ensure that the appropriate 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 IRB or Committee.
IX-9 Accurate		Researchers commit to the highest standards of scholarship, present accurate information, disclose potential conflicts of interest, and make every effort to prevent the distortion or misuse of their clinical and research findings.
IX-10 Students		Researchers disclose to students and/or supervisees who wish to participate in their research activities that participation in the research does not affect their academic standing or supervisory relationship.
IX-11 Clients		Researchers may conduct research involving clients. Researchers provide an informed consent process allowing clients to freely choose, without intimidation or coercion, whether to participate in the research activities or not. Researchers take necessary precautions to protect clients from adverse consequences if they choose to decline or withdraw from participation.
IX-12 Consents		Researchers 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 to Participants		Once data collection is completed, researchers 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 engage in reasonable actions to avoid causing harm. Prior to delaying or withholding information from a participant, researchers obtain and document the results of supervision or consultation when scientific or human values may justify delaying or withholding information.
IX-14 Reporting Outcomes		Upon completion of data collection and analysis, researchers inform sponsors, institutions, and publication entities regarding the research procedures and outcomes. Researchers ensure that the appropriate entities are given pertinent information and acknowledgment.
IX-15 Transfer Plan		Researchers 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 Describe applicability		Researchers report research findings accurately and without distortion, manipulation, or misrepresentation of data. Researchers describe the extent to which results are applicable to diverse populations.
IX-17 Verification		Researchers do not withhold data from which their research conclusions were drawn from competent professionals seeking to verify substantive claims through reanalysis. Researchers 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, intentionally disguise the identity/deidentify participants in the absence of written authorization from the participants allowing release of their identity.
IX-19 Correcting Errors		Researchers correct errors found in their published research, using a correction erratum or through other appropriate publication avenues.
IX-20 Publication Credits		Addiction professionals who author books, journal articles, or other materials which are published or distributed do not plagiarize or fail to cite persons for whom credit for original ideas or work is due. Providers acknowledge and give recognition, in presentations and publications, to previous work on the topic by self and others. Addiction professionals specifically identify those areas of their published or distributed work that were created using AI.
IX-21 Theft		Addiction professionals regard as theft the use of copyrighted materials without permission from the author, or payment of royalties.
IX-22 e-publishing		Addiction professionals are aware that entering data on the internet, social media sites, or professional media sites constitutes publishing.
IX-23 Advertising		Addiction professionals who author books or other materials distributed by an agency or organization take reasonable precautions to ensure that the organization promotes and advertises the materials accurately and factually.
IX-24 Credit for Contributors		Addiction professionals 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 Recognized		Addiction professionals 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 reserves the right to withhold permission.
IX-26 Submissions and Re-Submissions		Addiction professionals and researchers submit manuscripts for consideration to one journal or publication at a time. Providers and researchers obtain permission from the original publisher prior to submitting manuscripts that may be published in whole or in substantial part in one journal or work by another publisher.
IX-27 Acknowledge Proprietary Rights		Addiction professionals who review material submitted for publication, research, or other scholarly purposes respect the confidentiality and proprietary rights of those who submitted it. Providers who serve as reviewers review materials that are within their scope of competency and review materials without professional or personal bias.

PRINCIPLE X: NATIONAL CERTIFIED PEER RECOVERY SUPPORT SPECIALIST (NCPRSS)		
Introduction		Addiction professionals include National Certified Peer Recovery Support Specialists (NCPRSS). NCPRSSs are expected to follow the NAADAC/NCC AP Code of Ethics that corresponds to their activities. In addition, this section outlines the basic ethics, values, and principles of recovery support practices. • NCPRSSs have a responsibility to help persons pursuing recovery achieve their personal recovery goals by promoting self-determination, personal responsibility, and the empowerment inherent in self-directed recovery. NCPRSSs maintain high standards of personal conduct; they conduct themselves in a manner that supports their own recovery and wellbeing. NCPRSSs serve as advocates for the people they serve. NCPRSSs actively protect the professional relationship and boundaries they establish with their client(s). • NCPRSSs do not perform services outside of the boundaries and scope of their expertise, are aware of the limits of their training and capabilities and collaborate with allied disciplines and those involved in the recovery process, to best meet the needs of the person(s) served. NCPRSSs shall preserve an objective and ethical relationship at all times. • This credential does not endorse, suggest or intend that an NCPRSS practice independently. • The NCPRSS works under supervision. • To uphold ethical scope of practice, if the NCPRSS is a family member of a person/loved one in recovery, the NCPRSS works with family members of a person/loved ones in recovery. If the NCPRSS is the person in recovery, they work with the persons in recovery. • Misconduct may result in the suspension of credentials.
X-I Conduct		An NCPRSS: 1. Agrees to participate in a minimum of two (2) clinical/peer supervision sessions per month. Supervision addresses challenging personal issues, behaviors, or conditions that may negatively affect their recovery or the recovery of their clients. 2. Accurately identifies their qualifications, expertise, and certifications. 3. Conducts themselves in accordance with the NAADAC/NCC AP Code of Ethics. 4. Makes public statements or comments that are true and reflect current and accurate information. 5. Remains free from any substances that affect their ability and capacity to perform their duties as a NCPRSS. 6. Recognizes personal issues, behaviors, boundaries, and conditions that may impact their performance as a NCPRSS. 7. Respects and acknowledges the professional efforts and contributions of others and does not declare or imply credit as their own. If involved in research, they give credit to those who contribute to the research. 8. Maintains documentation as required by their organization and local/state/federal rules and laws. Records are documented honestly, stored securely and disposed of per organizational policies. 9. Protects the privacy and confidentiality of persons served in adherence with federal confidentiality, HIPAA laws, local jurisdiction and state laws and regulations. This includes electronic privacy standards (e.g., social media, texting, video conferencing). 10. Uses client contact information in accordance with organizational policy. 11. Agrees to operate an independent practice, only with concurrent supervision. 12. Does not sponsor a person they are in a peer relationship with; nor do they develop a peer relationship with a sponsee.
X-II Conflicts of Interest		NCPRSSs: 1. Disclose any perceived conflict of interest immediately to their supervisor and remove themselves from the peer recovery support specialist relationship as required to end the conflict. 2. Disclose to their supervisor any existing or pre-existing professional, personal, familial, social, or business relationships with person(s) served. They determine, in consultation with their supervisor, whether existing or pre-existing relationships interfere with their ability to provide professional services to the identified person(s). 3. Inform clients of the costs of service as established by the organization and do not charge the persons served beyond fees established. 4. Do not sponsor individuals whom they have previously served or currently serve as a NCPRSS.

X-III Support Specialist/ Client Relationship		An NCPRSS: 1. Clearly explains their role and responsibilities to those they serve. 2. Terminates the relationship with a person(s) served when services appear no longer be of benefit and to respect the rights of the person(s) served to terminate services at their request. 3. Requests a change in their role as a NCPRSS – with their supervisor – when the person being served requests a change. 4. Does not engage in sexual activities or personal relationships with persons served in their role as a NCPRSS, or members of the immediate family of person(s) served. 5. Sets clear, appropriate, and culturally sensitive boundaries with all persons served. 6. Immediately seeks professional supervision and suspends services if at any point they or their supervisor feel they are unable to meet any of these requirements.

PRINCIPLE XI: ETHICS PERTAINING TO MEMBER ORGANIZATIONS

Introduction		Organizations who are members of NAADAC and offer addiction and/or behavioral health services along the continuum of care agree to adhere to the NAADAC/NCC AP Code of Ethics. In addition, this Code delineates ethical practices and guidelines and may be used by federal, state, and local regulatory, licensing, and ethics boards to guide their decision making.
XI-1 Organizational Structure		Organizations offering services for substance use, mental health, and co-occurring disorders have a clearly articulated mission and vision statement, organizational structure, including values and guiding principles that can be shared on request with all stakeholders, including clients.
XI-2 Credentialing & Licensing		Organizations are appropriately qualified, licensed, certified, accredited, and/or credentialed to provide services to their community or clientele by the appropriate state and federal licensing and regulatory bodies. Organizations actively comply with licensing requirements. Organizations employ addiction professionals (clinicians, peers, students, interns, technicians, volunteers, supervisors, administrators, etc.) who are appropriately supervised and credentialed for the services they provide, and who adhere to the relevant Code of Ethics for their credentials and related federal, state and local laws and rules.
XI-3 Policies & Procedures		Organizations create, and routinely review and update policies and procedures related to the services they provide to clients struggling with substance use disorders (SUD), addictive behavior disorders (ABD), and co-occurring mental health disorders (COD). Organizations study their staff, community, and client demographics in order to reduce health inequities and healthcare access disparities. Organizations commit resources to decreasing healthcare inequities and promoting diversity, equity, inclusion, and belonging in their clinical and work settings.
XI-4 Client Focused		Services provided to clients enhance the dignity and worth of the client and protect their human and legal rights. Organizations provide services that are culturally sensitive and culturally responsive. Organizations actively strive to combat the presence of discrimination, prejudice, stigma, and judgment within their organization and advocate against discriminatory practices within all venues that they are actively engaged. Organizations provide services that are trauma sensitive, and trauma informed. Organizations strive to provide services in the primary/native language of the client. Organizations promote person first language.
XI-5 Inclusive Services		Organizations create, and routinely review and update, criteria for admission, treatment, continuing care, and referral for each level of service they provide. Organizations adopt, and routinely review and update, placement criteria (e.g., ASAM placement criteria) that are used indiscriminately with all clients.

XI-6 Holistic Care		Competent treatment services are offered that address the holistic needs of the client (biopsychosocial-spiritual-emotional). Information may be offered to the client's family members, with written consent (ROI) from the client.

XI-7 Client-Centric Care		Clients are actively engaged as collaborators in the treatment planning and decision-making process during the time they are receiving services from the organization.
XI-8 Community Collaborations		Organizations offering addiction services develop relationships with community resources and actively engage in and promote integrative collaborative healthcare.
XI-9 Fees		Fees are equitable, consistent, and transparent. The fee schedule is available to anyone on request. Addiction professionals 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 do not reveal clinical information to the debt collectors or legal professionals.
XI-10 Discriminatory Practices		Discrimination, prejudice, and stigma towards employees, interns, students, clients, client families, volunteers and any other individuals associated with the organization is prohibited. The organization adheres to federal, state, and local anti-discrimination and non-harassment rules and laws.
XI-11 Disabilities		Organizations comply with the provisions of the Americans with Disabilities Act (ADA) and federal, state, and local statues, rules, ordinances, and regulations specific to assisting persons with disabilities or who are differently abled. The organizational environment is trauma sensitive and culturally responsive and honors the human dignity and rights of clients.
XI-12 Brokering, Poaching & Solicitations		Financial or other rewards for client referrals is unethical. Organizations do not engage in client/patient brokering and do not accept money, gifts, or other remuneration for sending or receiving referrals. Clients are not paid or otherwise induced to participate in treatment or recovery support services (this does not include stipends paid for research participation). Organizations do not recruit clients who are actively participating in another program (aka poaching). Organizations do not solicit referrals to treatment nor items, gifts, money, or services from a client, potential client, or another organization.
XI-13 Marketing		Deceptive and/or false advertising or marketing practices are prohibited.
XI-14 Onboarding		An onboarding process is clearly defined for new clinical staff. New clinical staff have the necessary credentials or are working on the necessary credentials for the services they will be providing. Clinical supervision is provided to all clinical staff.
XI-15 Clinical Supervision		Clinical supervisors within an organization adhere to the NAADAC/NCC AP Code of Ethics and are appropriately trained and supervised for the supervision they provide. Clinical supervisors do not have an intimate (sexual, sponsor/sponsee, etc.) or other dual relationship with any of their supervisees. When there is a dual relationship with a supervisee, the supervisor engages in documented consultation and/or supervision of supervision. Clinical supervisors engage in ongoing professional development to improve their supervisory skills and to ensure that their supervisees are engaging in evidence-based, outcome-driven practices with their clients.
XI-16 Concerns & Complaints		Organizations have policies and procedures for addressing employee and client concerns regarding direct care, clinical services, and/or compliance-related issues. A complaint process exists within the organization so clients and employees can inform the organization of their concerns and ethical issues as they are presenting themselves. There is no retaliation for filing a complaint.

XI-17 Training		Ongoing in-services, in house training, and consultations are available to supervisors and supervisees to maintain and develop their scope of practice.
XI-18 Standards of Practice		Organizations ensure that their operations fall within the addictions and co-occurring standards of practice. Standards of practice are communicated to clinical staff through supervision and other opportunities for learning.
XI-19 Gift to Organization		Organizations recognize that clients may wish to show appreciation for services by offering gifts. Organizations consider the therapeutic relationship, the monetary value of the gift, the client's motivation for giving the gift, and the organization's motivation for wanting to accept or decline the gift. The client's cultural understanding of gift giving is taken into consideration. Organizations obtain legal and/or other organizational consultation prior to deciding whether to accept or decline a gift other than food and document the recommendations.
XI-20 Termination, Abandonment & Closing Practice		• Organizations do not abandon any client. • Organizations who anticipate termination or interruption of services to clients notify each client promptly, and seek transfer, referral, or continuation of services in accordance with each client's needs and preferences. • Organizations create a written plan and policy to address situations involving an employee's/clinician's incapacitation, termination of practice, retirement, or death.