



Whidbey Island Holistic Health Association

CODE OF ETHICS

Whidbey Island Holistic Health Association (WIHHA) is an organization of healthcare professionals and others united to promote, educate and support the performance and philosophy of holistic healthcare as an exemplary practice, which seeks optimal integration of body, mind, emotion and spirit.

Members of WIHHA have responsibilities first and foremost to patients/clients, as well as to other healthcare professionals, society and to self. The specifications of a Code of Ethics enable WIHHA to clarify to members and to those served by WIHHA members the nature of the ethical responsibilities held in common by the membership. This Code of Ethics establishes principles that define the ethical and professional behavior of the WIHHA members. All members of WIHHA are required to adhere to this Code of Ethics.

A. The Therapeutic Relationship

1. Treatments offered at all times will be in the best interest of the patient/client.
2. Members will treat all patients/clients with dignity and respect.
3. Patients/clients will have the opportunity to participate in the decisions regarding their care, including decisions about conventional, complementary and alternative modalities.
4. The practitioner must provide clear information about the treatment offered, including its potential risks, benefits, side effects and its mechanism of action.
5. Patients/clients have the right to terminate their treatment at any time without prejudice.
6. Members do not condone or engage in discrimination based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status or socioeconomic status.
7. Members will charge reasonable fees for their services and provide full and clear explanations of them to patients/clients before entering into a professional relationship.
8. Members do not accept or give payment for referrals.
9. Members are aware of their influential position with respect to patients/clients and avoid exploiting the trust and dependency of such persons.
10. Members will make every effort to avoid dual relationships with patients/ clients that could impair professional judgment or increase the risk of exploitation. When a dual

relationship cannot be avoided, members will take appropriate professional precautions to ensure that the service provided is consistently and completely in the best interest of the patient/client.

B. Confidentiality

1. Members will respect their patients'/clients' right to privacy and avoid illegal and unwarranted disclosures of confidential information. Patients/clients have the right to total confidentiality, including their treatment records.
2. Information can be shared with other professionals from whom the patient/client has received treatment only upon receiving written consent of the patient/client.
3. Patients/clients must be informed (and have the chance to refuse) when supervisors, apprentices or other professionals will be involved in their care.

C. Professional Responsibility

1. As a condition of membership, WIHHA members will adhere to these principles, in addition to the principles of all other professional organization to which they belong.
2. Members render their services within the boundaries of their competence. When the needs of the patient/client cannot be met within those boundaries, the member will inform the patient of such limitations and offer referrals.
3. Members recognize the need for continuing education as well as competence and expertise within their field of practice and will strive to maintain proper standards.
4. When advertising, members ensure that their services, and results which can be expected from treatment, are accurately and fairly depicted, avoiding false, misleading or deceptive statements. Guarantees with regard to improvement or cure will not be made.
5. Practitioners will never render care to patients/clients in an impaired condition: physically, emotionally, mentally or under the influence of any illegal substance.
6. Members will be supportive of other members and their practice and/or modality at all times. Disputes will be handled through consultation with the Board of Directors.

I enter freely into this organization and I agree to abide by this code. I understand that my membership privilege may be revoked for any violation of this code.

Signature: _____

Date: _____