NAADAC: The Association for Addiction Professionals
NCC AP: The National Certification Commission for Addiction Professionals
CODE OF ETHICS: Approved 10.09.2016

PRINCIPLES		
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INTRODUCTION TO NAADAC/NCC AP ETHICAL STANDARDS		
i-1		NAADAC recognizes that its members, certified counselors, and other Service Providers live and work in many diverse communities. NAADAC has the responsibility to create a Code of Ethics that are relevant for ethical deliberation. The terms "Addiction Professionals" and "Providers" shall include and refer to NAADAC Members, certified or licensed counselors offering addiction-specific services, and other Service Provider along the continuum of care from prevention through recovery. "Client" shall include and refer to individuals, couples, partners, families, or groups depending on the setting.
i-2		The NAADAC Code of Ethics was written to govern the conduct of its members and it is the accepted Standard of Conduct for Addiction Professionals certified by the National Certification Commission. The Code of Ethics reflects the ideals of NAADAC and its members. When an ethics complaint is filed with NAADAC, it is evaluated by consulting the NAADAC Code of Ethics. The NAADAC Code of Ethics is designed as a statement of the values of the profession and as a guide for making clinical decisions. This Code is also utilized by state certification boards and educational institutions to evaluate the behavior of Addiction Professionals and to guide the certification process.
i-3		In addition to identifying specific ethical standards, NAADAC recommends consideration of the following when making ethical decisions: 1. Autonomy: To allow others the freedom to choose their own destiny 2. Obedience: The responsibility to observe and obey legal and ethical directives 3. Conscientious Refusal: The responsibility to refuse to carry out directives that are illegal and/or unethical 4. Beneficence: To help others 5. Gratitude: To pass along the good that we receive to others 6. Competence: To possess the necessary skills and knowledge to treat the clientele in a chosen discipline and to remain current with treatment modalities, theories and techniques 7. Justice: Fair and equal treatment, to treat others in a just manner 8. Stewardship: To use available resources in a judicious and conscientious manner, to give back 9. Honesty and Candor: Tell the truth in all dealing with clients, colleagues, business associates and the community 10. Fidelity: To be true to your word, keeping promises and commitments 11. Loyalty: The responsibility to not abandon those with whom you work 12. Diligence: To work hard in the chosen profession, to be mindful, careful and thorough in the services delivered 13. Discretion: Use of good judgment, honoring confidentiality and the privacy of others 14. Self-improvement: To work on professional and personal growth to be the best you can be 15. Non-malfeasance: Do no harm to the interests of the client 16. Restitution: When necessary, make amends to those who have been harmed or injured 17. Self-interest: To protect yourself and your personal interests.

		Source: White (1993)	
PRINCIPLE I: THE COUNSELING RELATIONSHIP			
I-1 Client Welfare		Addiction Professionals understand and accept their responsibility to ensure the safety and welfare of their client, and to act for the good of each client while exercising respect, sensitivity, and compassion. Providers shall treat each client with dignity, honor, and respect, and act in the best interest of each client.	
I-2 Informed Consent		Addiction Professionals understand the right of each client to be fully informed about treatment, and shall provide clients with information in clear and understandable language regarding the purposes, risks, limitations, and costs of treatment services, reasonable alternatives, their right to refuse services, and their right to withdraw consent within time frames delineated in the consent. Providers have an obligation to review with their client - in writing and verbally - the rights and responsibilities of both Providers and clients. Providers shall have clients attest to their understanding of the parameters covered by the Informed Consent.	
I-3 Informed Consent		Informed Consent shall include: a. explicit explanation as to the nature of all services to be provided and methodologies and theories typically utilized, b. purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services, c. the addiction professional's qualifications, credentials, relevant experience, and approach to counseling, d. right to confidentiality and explanation of its limits including duty to warn, e. policies regarding continuation of services upon the incapacitation or death of the counselor, f. the role of technology, including boundaries around electronic transmissions with clients and social networking, g. implications of diagnosis and the intended use of tests and reports, h. fees and billing, nonpayment, policies for collecting nonpayment, i. specifics about clinical supervision and consultation, j. their right to refuse services, and k. their right to refuse to be treated by a person-in-training, without fear of retribution.	
I-4 Limits of Confidentiality		Addiction Professionals clarify the nature of relationships with each party and the limits of confidentiality at the outset of services when agreeing to provide services to a person at the request or direction of a third party.	
I-5 Diversity		Addiction Professionals shall respect the diversity of clients and seek training and supervision in areas in which they are at risk of imposing their values onto clients.	
I-6 Discrimination		Addiction Professionals shall not practice, condone, facilitate, or collaborate with any form of discrimination against any client on the basis of race, ethnicity, color, religious or spiritual beliefs, age, gender identification, national origin, sexual orientation or expression, marital status, political affiliations, physical or mental handicap, health condition, housing status, military status, or economic status.	
I-7 Legal Competency		Addiction Professionals who act on behalf of a client who has been judged legally incompetent or with a representative who has been legally authorized to act on behalf of a client, shall act with the client's best interests in mind, and shall inform the designated guardian or representative of any circumstances which may influence the relationship. Providers recognize the need to balance the ethical rights of clients to make choices about their treatment, their capacity to give consent to receive treatment-related services, and parental/familial/representative legal rights and responsibilities to protect the client and make decisions on their behalf.	
I-8 Mandated Clients		Addiction Professionals who work with clients who have been mandated to counseling and related services, shall discuss legal and ethical limitations to confidentiality. Providers shall explain confidentiality, limits to confidentiality, and the sharing of information for supervision and consultation purposes prior to the beginning of therapeutic or service relationship. If the client refuses services, the Provider shall discuss with the client the potential consequences of refusing the mandated services, while respecting client autonomy.	
I-9 Multiple Therapists		Addiction Professionals shall obtain a signed Release of Information from a potential or actual client if the client is working with another behavioral health professional. The Release shall allow the Provider to strive to establish a collaborative professional relationship.	
I-10 Boundaries		Addiction Professionals shall consider the inherent risks and benefits associated with moving the boundaries of a counseling relationship beyond the standard parameters. Consultation and supervision shall be sought and documented.	

I-11 Multiple/Dual Relationships		Addiction Professionals shall make every effort to avoid multiple relationships with a client. When a dual relationship is unavoidable, the professional shall take extra care so that 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 these 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. Consultation and supervision shall be documented.	
I-12 Prior Relationship		Addiction Professionals recognize that there are inherent risks and benefits to accepting as a client someone with whom they have a prior relationship. This includes anyone with whom the Provider had a casual, distant, or past relationship. Prior to engaging in a counseling relationship with a person from a previous relationship, the Provider shall seek consultation or supervision. The burden is on the Provider to ensure that their judgment is not impaired and that exploitation is not occurring.	
I-13 Previous Client		Addiction Professionals considering initiating contact with or a relationship with a previous client shall seek documented consultation or supervision prior to its initiation.	
I-14 Group		Addiction Professionals shall clarify who "the client" is, when accepting and working with more than one person as "the client." Provider shall clarify the relationship the Provider shall have with each person. In group counseling, Providers shall take reasonable precautions to protect the members from harm.	
I-15 Financial Disclosure		Addiction Professionals shall truthfully represent facts to all clients and third-party payers regarding services rendered, and the costs of those services.	
I-16 Communication		Addiction Professionals shall communicate information in ways that are developmentally and culturally appropriate. Providers offer clear understandable language when discussing issues related to informed consent. Cultural implications of informed consent are considered and documented by Provider.	
I-17 Treatment Planning		Addiction Professionals shall create treatment plans in collaboration with their client. Treatment plans shall be reviewed and revised on an ongoing and intentional basis to ensure their viability and validity.	
I-18 Level of Care		Addiction Professionals shall provide their client with the highest quality of care. Providers shall use ASAM or other relevant criteria to ensure that clients are appropriately and effectively served.	
I-19 Documentation		Addiction Professionals and other Service Providers shall create, maintain, protect, and store documentation required per federal and state laws and rules, and organizational policies.	
I-20 Advocacy		Addiction Professionals are called to advocate on behalf of clients at the individual, group, institutional, and societal levels. Providers have an obligation to 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 written consent prior to engaging in advocacy efforts.	
I-21 Referrals		Addiction Professionals shall recognize that each client is entitled to the full extent of physical, social, psychological, spiritual, and emotional care required to meet their needs. Providers shall refer to culturally- and linguistically-appropriate resources when a client presents with any impairment that is beyond the scope of the Provider's education, training, skills, supervised expertise, and licensure.	
I-22 Exploitation		Addiction Professionals are aware of their influential positions with respect to clients, trainees, and research participants and shall not exploit the trust and dependency of any client, trainee, or research participant. Providers shall not engage in any activity that violates or diminishes the civil or legal rights of any client. Providers shall not use coercive treatment methods with any client, including threats, negative labels, or attempts to provoke shame or humiliation. Providers shall not impose their personal religious or political values on any client. Providers do not endorse conversion therapy.	
I-23 Sexual Relationships		Addiction Professionals shall not engage in any form of sexual or romantic relationship with any current or former client, nor 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 interactions and/or relationships. Addiction Professionals are prohibited from engaging in counseling relationships with friends or family members with whom they have an inability to remain objective.	

I-24 Termination		Addiction Professionals shall terminate services with clients when services are no longer required, no longer serve the client's needs, or the Provider is unable to remain objective. Counselors provide pre-termination counseling and offer appropriate referrals as needed. Providers may refer a client, with supervision or consultation, when in danger of harm by the client or by another person with whom the client has a relationship	
I-25 Coverage		Addiction Professionals shall make necessary coverage arrangements to accommodate interruptions such as vacations, illness, or unexpected situation.	
I-26 Abandonment		Addiction Professionals shall not abandon any client in treatment. Providers who anticipate termination or interruption of services to clients shall notify each client promptly and seek transfer, referral, or continuation of services in relation to each client's needs and preferences.	
I-27 Fees		Addiction Professionals shall ensure that all fees charged for services are fair, reasonable, and commensurate with the services provided and with due regard for clients' ability to pay.	
I-28 Self-Referrals		Addiction Professionals shall not refer clients to their private practice unless the policies, at the organization at the source of the referral, allow for self-referrals. When self-referrals are not an option, clients shall be informed of other appropriate referral resources.	
I-29 Commissions		Addiction Professionals shall not offer or accept any commissions, rebates, kickbacks, bonuses, or any form of remuneration for referral of a client for professional services, nor engage in fee splitting.	
I-30 Enterprises		Addiction Professionals shall not use relationships with clients to promote personal gain or profit of any type of commercial enterprise.	
I-31 Withholding Records		Addiction Professionals shall not withhold records they possess that are needed for any client's treatment solely because payment has not been received for past services.	
I-32 Withholding Reports		Addiction Professionals shall not withhold reports to referral agencies regarding client treatment progress or completion solely because payment has not yet been received in full for services, particularly when those reports are to courts or probation officers who require such information for legal purposes. Reports may note that payment has not yet been made, or only partially made, for services rendered.	
I-33 Disclosures re: Payments		Addiction Professionals shall clearly disclose and explain to each client, prior to the onset of services, (1) all costs and fees related to the provision of professional services, including any charges for cancelled or missed appointments, (2) the use of collection agencies or legal measures for nonpayment, and (3) the procedure for obtaining payment from the client if payment is denied by a third party payer.	
I-34 Regardless of Compensation		Addiction Professionals shall provide the same level of professional skills and service to each client without regard to the compensation provided by a client or third party payer, and whether a client is paying full fee, a reduced fee, or has their fees waived.	
I-35 Billing for Actual Services		Addiction Professionals shall charge each client only for services actually provided to a client regardless of any oral or written contract a client has made with the addiction professional or agency.	
I-36 Financial Records		Addiction Professionals shall maintain accurate and timely clinical and financial records for each client.	
I-37 Suspension		Addiction Professionals shall give reasonable and written notice to clients of impending suspension of services for nonpayment.	
I-38 Unpaid Balances		Addiction Professionals shall give reasonable and written notice to clients with unpaid balances of their intent to seek collection by agency or legal recourse—when such action is taken, Addiction Professionals shall not reveal clinical information.	
I-39 Bartering		Addiction Professionals can engage in bartering for professional services if: (1) the client requests it, (2) the relationship is not exploitative, (3) the professional relationship is not distorted, (4) federal and state laws and rules allow for bartering, and (5) a clear written contract is established with agreement on value of item(s) bartered for and number of sessions, prior to the onset of services. Providers consider the cultural implications of bartering and discuss relevant concerns with clients. Agreements shall be delineated in a written contract. Providers shall seek supervision or consultation and document.	
I-40 Gifts		Addiction Professionals recognize that clients may wish to show appreciation for services by offering gifts. Providers shall take into account the therapeutic relationship, the monetary value of the gift, the client's motivation for giving the gift, and the counselor's motivation for wanting to accept or decline the gift	

I-41 Uninvited Solicitation		Addiction Professionals shall not engage in uninvited solicitation of potential clients who are vulnerable to undue influence, manipulation, or coercion due to their circumstances.	
I-42 Virtual		Addiction Professionals are prohibited from engaging in a personal or romantic virtual e-relationship with current clients.	
PRINCIPLE II: CONFIDENTIALITY AND PRIVILEGED COMMUNICATION			
II-1 Confidentiality		Addiction Professionals understand that confidentiality and anonymity are foundational to addiction treatment and embrace the duty of protecting the identity and privacy of each client as a primary obligation. Counselors communicate the parameters of confidentiality in a culturally-sensitive manner.	
II-2 Documentation		Addiction Professionals shall create and maintain appropriate documentation. Providers shall ensure that records and documentation kept in any medium (i.e., cloud, laptop, flash drive, external hard drive, tablet, computer, paper, etc.) are secure and in compliance with HIPAA and 42 CFR Part 2, and that only authorized persons have access to them. Providers shall disclose to client within informed consent how records shall be stored, maintained, and disposed of, and shall include time frames for maintaining active file, storage, and disposal.	
II-3 Access		Addiction Professionals shall notify client, during informed consent, about procedures specific to client access of records. Addiction Professionals shall provide a client reasonable access to documentation regarding the client upon his/her written request. Providers shall protect the confidentiality of any others contained in the records. Providers shall limit the access of clients to their records – and provide a summary of the records – when there is evidence that full access could cause harm to the client. A treatment summary shall include dates of service, diagnoses, treatment plan, and progress in treatment. Providers seek supervision or consultation prior to providing a client with documentation, and shall document the rationale for releasing or limiting access to records. Providers shall provide assistance and consultation to the client regarding the interpretation of counseling records.	
II-4 Sharing		Addiction Professionals shall encourage ongoing discussions with clients regarding how, when, and with whom information is to be shared.	
II-5 Disclosure		Addiction Professionals shall not disclose confidential information regarding the identity of any client, nor information that could potentially reveal the identity of a client, without written consent and authorization by the client. In situations where the disclosure is mandated or permitted by state and federal law, verbal authorization shall not be sufficient except for 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 and volunteers.	
II-7 Limits of Confidentiality		Addiction Professionals, during informed consent, shall disclose the legal and ethical boundaries of confidentiality and disclose the legal exceptions to confidentiality. Confidentiality and limitations to confidentiality shall be reviewed as needed during the counseling relationship. Providers review with each client all circumstances where confidential information may be requested, and where disclosure of confidential information may be legally required.	
II-8 Imminent Danger		Addiction Professionals may reveal client identity or confidential information without client consent when a client presents a clear and imminent danger to themselves or to other persons, and to emergency personnel who are directly involved in reducing the danger or threat. Counselors seek supervision or consultation when unsure about the validity of an exception.	
II-9 Courts		Addiction Professionals ordered to release confidential privileged information by a court shall obtain written, informed consent from the client, take steps to prohibit the disclosure, or have it limited as narrowly as possible because of potential harm to the client or counseling relationship	
II-10 Essential Only		Addiction Professionals shall release only essential information when circumstances require the disclosure of confidential information.	
II-11 Multidisciplinary Care		Addiction Professionals shall inform the client when the Provider is a participant in a multidisciplinary care team providing coordinated services to the client. The client shall be informed of the team's member credentials and duties, information being shared, and the purposes of sharing client information.	
II-12 Locations		Addiction Professionals shall discuss confidential client information in locations where they are reasonably certain they can protect client privacy.	

II-13 Payers		Addiction Professionals shall obtain client authorization prior to disclosing any information to third party payers (i.e., Medicaid, Medicare, insurance payers, private payors).	
II-14 Encryption		Addiction Professionals shall use encryption and precautions that ensure that information being transmitted electronically or other medium remains confidential.	
II-15 Deceased		Addiction Professionals shall protect the confidentiality of deceased clients by upholding legal mandates and documented preferences of the client.	
II-16 All Parties		Addiction Professionals, who provide group, family, or couples therapy, shall describe the roles and responsibilities of all parties, limits of confidentiality, and the inability to guarantee that confidentiality shall be maintained by all parties.	
II-17 Minors and Others		Addiction Professionals shall protect the confidentiality of any information received regarding counseling minor clients or adult clients who lack the capacity to provide voluntary informed consent, regardless of the medium, in accordance with federal and state laws, and organization policies and procedures. Parents, guardians, and appropriate third parties are informed regarding the role of the counselor, and the boundaries of confidentiality of the counseling relationship.	
II-18 Storage and Disposal		Addiction Professionals shall create and/or abide by organizational, and state and federal, policies and procedures regarding the storage, transfer, and disposal of confidential client records. Providers shall maintain client confidentiality in all mediums and forms of documentation.	
II-19 Video Recording		Addiction Professionals shall obtain informed consent and written permissions and releases before videotaping, audio recording, or permitting third party observation of any client interaction or group therapy session. Clients are to be fully informed regarding recording such as purpose, who will have access, storage, and disposal of recordings. Exceptions to restrictions on third party observations shall be limited to students in field placements, internships, practicums, or agency trainees.	
II-20 Recording e-therapy		Addiction Professionals shall obtain informed consent and written release of information prior to recording an electronic therapy session. Prior to obtaining informed consent for recording e-therapy, the Provider shall seek supervision or consultation, and document recommendations. Providers shall disclose to client in informed consent how e-records shall be stored, maintained, and disposed of and in what time frame.	
II-21 Federal Regulations Stamp		Addiction Professionals shall ensure that all written information released to others is accompanied by a stamp identifying the Federal Regulations governing such disclosure, and shall notify clients when a disclosure is made, to whom the disclosure was made, and for what purposes the disclosure was made.	
II-22 Transfer Records		Unless exceptions to confidentiality exist, Addiction Professionals shall obtain written permission from clients to disclose or transfer records to legitimate third parties. Steps are taken to ensure that receivers of counseling records are sensitive to their confidential nature. Addiction Professionals shall ensure that all information released meets requirements of 42 CFR Part 2 and HIPAA. All information released shall be appropriately marked as confidential.	
II-23 Written Permission		Addiction Professionals who receive confidential information about any client (past, present or potential) shall not disclose that information without obtaining written permission from the client (past, present or potential) allowing for such release.	
II-24 Multidisciplinary Care		Addiction Professionals, who are part of integrative care teams, shall not release confidential client information to external care team members without obtaining written permission from the client allowing such release.	
II-25 Diseases		Addiction Professionals adhere to relevant federal and state laws concerning the disclosure of a client's communicable and life-threatening disease status.	
II-26 Storage and Disposal		Addiction Professionals shall store, safeguard, and dispose of client records in accordance with state and federal laws, accepted professional standards, and in ways which protect the confidentiality of clients.	
II-27 Temporary Assistance		Addiction Professionals, when serving clients of another agency or colleague during a temporary absence or emergency, shall serve those clients with the same consideration and confidentiality as that afforded the professional's own clients.	
II-28 Termination		Addiction Professionals shall take reasonable precautions to protect client confidentiality in the event of the counselor's termination of practice, incapacity, or death. Providers shall appoint a records custodian when identified as appropriate, in their Will or other document.	
II-29 Consultation		Addiction Professionals shall share, with a consultant, information about a client for professional purposes. Only information pertaining to the reason for the consultation shall be released. Providers shall protect the client's identity and prevent breaches to the client's privacy. Addiction	

		Professionals, when consulting with colleagues or referral sources, shall not share confidential information obtained in clinical or consulting relationships that could lead to the identification of a client, unless the Provider has obtained prior written consent from the client. Information shall be shared only in appropriate clinical settings and only to the extent necessary to achieve the purposes of the consultation.	
PRINCIPLE III: PROFESSIONAL RESPONSIBILITIES AND WORKPLACE STANDARDS			
III-1 Responsibility		Addiction Professionals shall abide by the NAADAC Code of Ethics. Addiction Professionals have a responsibility to read, understand and follow the NAADAC Code of Ethics and adhere to applicable laws and regulations.	
III-2 Integrity		Addiction Professionals shall conduct themselves with integrity. Providers aspire to maintain integrity in their professional and personal relationships and activities. Regardless of medium, Providers shall communicate to clients, peers, and the public honestly, accurately, and appropriately.	
III-3 Discrimination		Addiction Professionals shall not engage in, endorse or condone discrimination against prospective or current clients and their families, students, employees, volunteers, supervisees, or research participants based on their race, ethnicity, age, disability, religion, spirituality, gender, gender identity, sexual orientation, marital or partnership status, language preference, socioeconomic status, immigration status, active duty or veteran status, or any other basis.	
III-4 Nondiscriminatory		Addiction Professionals shall provide services that are nondiscriminatory and nonjudgmental. Providers shall not exploit others in their professional relationships. Providers shall maintain appropriate professional and personal boundaries.	
III-5 Fraud		Addiction Professionals shall not participate in, condone, or be associated with any form of dishonesty, fraud, or deceit.	
III-6 Violation		Addiction Professionals shall not engage in any criminal activity. Addiction Professionals and Service Providers shall be in violation of this Code and subject to appropriate sanctions, up to and including permanent revocation of their NAADAC membership and NCC AP certification, if they: 1. Fail to disclose conviction of any felony. 2. Fail to disclose conviction of any misdemeanor related to their qualifications or functions as an Addiction Professional. 3. Engage in conduct which could lead to conviction of a felony or misdemeanor related to their qualifications or functions as an Addiction Professional. 4. Are expelled from or disciplined by other professional organizations. 5. Have their licenses or certificates suspended or revoked, or are otherwise disciplined by regulatory bodies. 6. Continue to practice addiction counseling while impaired to do so due to physical or mental causes 7. Continue to practice addiction counseling while impaired abuse of alcohol or other drugs. 8. Continue to identify themselves as a certified or licensed addiction professional after being denied certification or licensure, or allowing their certification or license to lapse 9. Fail to cooperate with the NAADAC or NCC AP Ethics Committees at any point from the inception of an ethics complaint through the completion of all procedures regarding that complaint.	
III-7 Harassment		Addiction Professionals shall not engage in or condone any form of harassment, including sexual harassment.	
III-8 Membership		Addiction Professionals intentionally differentiate between current, active memberships and former or inactive memberships with NAADAC and other professional associations.	
III-9 Credentials		Addiction Professionals shall claim and present only those educational degrees and specialized certifications that they have earned from the appropriate institutions or organizations. Providers shall not imply Master's level competence until their Master's degree is awarded. Providers shall not imply doctoral-level competence until their doctoral title or degree is awarded. The accreditations of a specific institution of higher learning or degree program shall be accurately represented.	
III-10 Credentials		Addiction Professionals shall claim and promote only those licenses and certifications that are current and in good standing.	
III-11 Accuracy of Representation		Addiction Professionals shall ensure that their credentials and affiliations are identified accurately. Providers shall correct all references to their credentials and affiliations that are false, deceptive,	

		or misleading. Addiction Professionals shall advocate for accuracy in statements made by self or others about the addiction profession.	
III-12 Misrepresentation		Addiction Professionals shall not misrepresent professional qualifications, education, experience, memberships or affiliations. Providers shall accept employment on the basis of existing competencies or explicit intent to acquire the necessary competence.	
III-13 Scope of Practice		Addiction Professionals shall provide services within their scope of practice and competency, and shall offer services that are science-based, evidence-based, and outcome-driven. Providers shall engage in counseling practices that are grounded in rigorous research methodologies. Providers shall maintain adequate knowledge of and adhere to applicable professional standards of practice.	
III-14 Boundaries of Competence		Addiction Professionals shall practice within the boundaries of their competence. Competence shall be established through education, training, skills, and super vised experience, state and national professional credentials and certifications, and relevant professional experience.	
III-15 Proficiency		Addiction Professionals shall seek and develop proficiency through relevant education, training, skills, and supervised experience prior to independently delivering specialty services. Providers engage in supervised experience and seek 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 the highest levels of educational achievement are necessary to provide the level of service clients deserve. Providers embrace the need for formal and specialized education as a vital component of professional development, competency, and integrity. Providers pursue knowledge of new developments within the addiction and behavioral health professions and increase competency through formal education, training, and supervised experience.	
III-17 Continuing Education		Addiction Professionals shall pursue and engage in continuing education and professional development opportunities in order to maintain and enhance knowledge of research-based scientific developments within the profession. Providers shall learn and utilize new procedures relevant to the clients they are working with. Providers shall remain informed regarding best practices for working with diverse populations.	
III-18 Self-Monitoring		Addiction Professionals are continuously self-monitoring in order to meet their professional obligations. Providers shall engage in self-care activities that promote and maintain their physical, psychological, emotional, and spiritual well-being.	
III-19 Scientific		Addiction Professionals shall use techniques, procedures, and modalities that have a scientific and empirical foundation. Providers shall utilize counseling techniques and procedures that are grounded in theory, evidence-based, outcome-driven and/or a research-supported promising practice. Providers shall not use techniques, procedures, or modalities that have substantial evidence suggesting harm, even when these services are requested.	
III-20 Innovation		Addiction Professionals shall discuss and document potential risks, benefits and ethical concerns prior to using developing or innovative techniques, procedures, or modalities with a client. Providers shall minimize and document any potential risks or harm when using developing and/or innovative techniques, procedures, or modalities. Provider shall seek and document supervision and/or consultation prior to presenting treatment options and risks to a client.	
III-21 Multicultural Competency		Addiction Professionals shall develop multicultural counseling competency by gaining knowledge specific to multiculturalism, increasing awareness of cultural identifications of clients, evolving cultural humility, displaying a disposition favorable to difference, and increasing skills pertinent to being a culturally-sensitive Provider	
III-22 Multidisciplinary Care		Addiction Professionals shall work to educate medical professionals about substance use disorders, the need for primary treatment of these disorders, and the need to limit the use of mood altering chemicals for persons in recovery.	
III-23 Medical Professionals		Addiction Professionals shall recognize the need for the use of mood altering chemicals in limited medical situations, and will work to educate medical professionals to limit, monitor, and closely supervise the administration of such chemicals when their use is necessary.	
III-24 Collaborative Care		Addiction Professionals shall collaborate with other health care professionals in providing a supportive environment for any client who receives prescribed medication.	
III-25 Multidisciplinary Care		Collaborative multidisciplinary care teams are focused on increasing the client's functionality and wellness. Addiction Professionals who are members of multidisciplinary care teams shall work with team members to clarify professional and ethical obligations of the team as a whole and its individual members. If ethical concerns develop as a result of a team decision, Providers shall attempt to resolve the concern within the team first. If resolution cannot be reached within the	

		team, Providers shall pursue and document supervision and/or consultation to address their concerns consistent with client well-being.	
III-26 Collegial		Addiction Professionals are aware of the need for collegiality and cooperation in the helping professions. Providers shall act in good faith towards colleagues and other professionals, and shall treat colleagues and other professionals with respect, courtesy, honesty, and fairness.	
III-27 Collaborative Care		Addiction Professionals shall develop respectful and collaborative relationships with other professionals who are working with a specific client. Providers shall not offer professional services to a client who is in counseling with another professional, except with the knowledge and documented approval of the other professionals or following termination of services with the other professionals.	
III-28 Qualified		Addiction professionals shall work to prevent the practice of addictions counseling by unqualified and unauthorized persons, and shall not employ individuals who do not have appropriate and requisite education, training, licensure and/or certification in addictions.	
III-29 Advocacy		Providers shall be advocates for their clients in those settings where the client is unable to advocate for themselves.	
III-30 Advocacy		Addiction Professionals are aware of society's prejudice and stigma towards people with substance use disorders, and willingly engage in the legislative process, educational institutions, and public forums to educate people about addictive disorders and advocate for opportunities and choices for our clients.	
III-31 Advocacy		Addiction Professionals shall advocate for changes in public policy and legislation to improve opportunities and choices for all persons whose lives are impaired by substance use disorders.	
III-32 Advocacy		Addiction Professionals shall inform the public of the impact of substance use disorders through active participation in civic affairs and community organizations. Providers shall act to guarantee that all persons, especially the disadvantaged, have access to the opportunities, resources, and services required to treat and manage their disorders. Providers shall educate the public about substance use disorders, while working to dispel negative myths, stereotypes, and misconceptions about substance use disorders and the people who have them.	
III-33 Present Knowledge		Addiction Professionals shall respect the limits of present knowledge in public statements concerning addictions treatment, and shall report that knowledge accurately and without distortion or misrepresentation to the public and to other professionals and organizations.	
III-34 Organizational vs. Private		Addiction Professionals shall distinguish clearly between statements made and actions taken as a private individual and statements made and actions taken as a representative of an agency, group, organization, or the addiction profession.	
III-35 Public Comments NAADAC		Addiction Professionals shall make no public comments disparaging NAADAC or the addictions profession. The term "public comments" shall include, but is not limited to, any and all forms of oral, written, and electronic communication which may be accessible to anyone who is or is not a NAADAC member.	
III-36 Public Comments SUDs		Addiction Professionals shall make no public comments disparaging persons who have substance use disorders. The term "public comments" shall include, but is not limited to, all forms of oral, written, and electronic communication which may be accessible to anyone who is not a NAADAC member.	
III-37 Public Comments Legislative		Addiction Professionals shall make no public comments disparaging the legislative process, or any person involved in the legislative process. The term "public comments" shall include, but is not limited to, all forms of oral, written, and electronic communication which may be accessible to anyone who is not a NAADAC member.	
III-38 Development		Addiction Professionals actively participate in local, state and national associations that promote professional development.	
III-39 Policy		Addiction Professionals shall support the formulation, development, enactment, and implementation of public policy and legislation concerning the addiction profession and our clients.	
III-40 Parity		Addiction Professionals shall work for parity in insurance coverage for substance use disorders as primary medical disorders.	
III-41 Impairment		Addiction Professionals shall recognize the effect of impairment on professional performance and shall seek appropriate professional assistance for any personal problems or conflicts that may impair work performance or clinical judgment. Providers shall continuously monitor themselves for signs of impairment physically, psychologically, socially, and emotionally. Providers, with the guidance of supervision or consultation, shall seek appropriate assistance in the event they are	

		professionally impaired. Providers shall abide by statutory mandates specific to professional impairment when addressing one's own impairment.	
III-42 Impairment		Addiction Professionals shall offer and provide assistance and consultation as needed to peers, coworkers, and supervisors who are demonstrating professional impairment, and intervene to prevent harm to clients. Providers shall abide by statutory mandates specific to reporting the professional impairment of peers, coworkers, and supervisors.	
III-43 Referrals		Addiction Professionals shall not refer clients, or recruit colleagues or supervisors, from their places of employment or professional affiliation to their private practice without prior documented authorization. Providers shall offer multiple referral options to clients when referrals are necessary. Providers will seek supervision or consultation to address any potential or real conflicts of interest.	
III-44 Termination		Addiction Professionals shall create a written plan, policy or Professional Will for addressing situations involving the Provider's incapacitation, termination of practice, retirement, or death.	
III-45 Representation		Addiction Professionals and Organizations offering education, trainings, seminars, and workshops shall accurately and honestly represent their NAADAC-approved education provider status. Providers and organizations shall meet all requirements put forth by NAADAC if they intend to promote active provider status.	
III-46 Promotion		Addiction Professionals shall ensure that promotions and advertisements concerning their workshops, trainings, seminars, and products that they have developed for use in the delivery of services are accurate and provide ample information so consumers can make informed choices. Addiction Professionals shall not use their counseling, teaching, training or supervisory relationships to deceptively or unduly promote their products or training events.	
III-47 Testimonials		Addiction Professionals shall be thoughtful when they solicit testimonials from former clients or any other persons. Providers shall discuss with clients the implications of and potential concerns, regarding testimonials, prior to obtaining written permission for the use of specific testimonials. Providers shall seek consultation or supervision prior to seeking a testimonial.	
III-48 Reports		Addiction Professionals shall take care to accurately, honestly and objectively report professional activities and judgments to appropriate third parties (i.e., courts, probation/parole, healthcare insurance organizations and providers, recipients of evaluation reports, referral sources, professional organizations, regulatory agencies, regulatory boards, ethics committees, etc.).	
III-49 Advice		Addiction Professionals shall take reasonable precautions, when offering advice or comments (using any platform including presentations and lectures, demonstrations, printed articles, mailed materials, television or radio programs, video or audio recordings, technology-based applications, or other media), to ensure that their statements are based on academic, research, and evidence-based, outcome-driven literature and practice. The advice or comments shall be consistent with the NAADAC Code of Ethics.	
III-50 Dual Relationship		When Addiction Professionals are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, they shall clarify role expectations and the parameters of confidentiality with their colleagues.	
III-51 Illegal Practices		When Addiction Professionals become aware of inappropriate, illegal, discriminatory, and/or unethical policies, procedures and practices at their agency, organization, or practice, they shall alert their employers. When there is the potential for harm to clients or limitations on the effectiveness of services provided, Providers shall seek supervision and/or consultation to determine appropriate next steps and further action. Providers and Supervisors shall not harass or terminate an employee or colleague who has acted in a responsible and ethical manner to expose inappropriate employer employee policies, procedures and/ or practices.	
III-52 Supervision		Addiction Professionals, acting in the role of Supervisor or Consultant, shall take reasonable steps to ensure that they have appropriate resources and competencies when providing supervisory or consultation services. Supervisors or consultants shall provide appropriate referrals to resources when requested or needed.	
III-53 Supervision		Addiction Professionals offering supervisory or consultation services shall have an obligation to review with the consultee/supervisee, in writing and verbally, the rights and responsibilities of both the Supervisory/Consultant and supervisee/consultee. Providers shall inform all parties involved about the purpose of the services to be provided, costs, risks and benefits, and the limits of confidentiality.	
III-54 Credit		Addiction Professionals shall give appropriate credit to the authors or creators of all materials used in their course of their work. Providers shall not plagiarize another person's work.	

PRINCIPLE IV: WORKING IN A CULTURALLY DIVERSE WORLD			
IV-1 Knowledge		Addiction Professionals shall be knowledgeable and aware of cultural, individual, societal, and role differences amongst the clients they serve. Providers shall offer services that demonstrate appropriate respect for the fundamental rights, dignity and worth of all clients.	
IV-2 Cultural Humility		Addiction services along the continuum of care are offered in diverse settings to diverse clients. Addiction Professionals shall demonstrate cultural humility. Providers shall maintain an interpersonal stance that is other-oriented and accepting of the cultural identities of the other person (client, colleague, peer, employee, employer, volunteer, supervisor, supervisee, and others).	
IV-3 Meanings		Addiction Professionals shall recognize and be sensitive to the diverse cultural meanings associated with confidentiality and privacy. Providers shall be open to and respect differing opinions regarding disclosure of information.	
IV-4 Personal Beliefs		Addiction Professionals shall develop an understanding of their own personal, professional, and cultural values and beliefs. Providers shall recognize which personal and professional values may be in alignment with or conflict with the values and needs of the client. Providers shall not use cultural or values differences as a reason to engage in discrimination. Providers shall seek supervision and/or consultation to address areas of difference and to decrease bias, judgment, and microaggressions.	
IV-5 Heritage		Addiction Professionals practicing cultural humility shall be open to the values, norms, and cultural heritage of their clients and shall not impose his or her values/beliefs on the client.	
IV-6 Credibility		Addiction Professionals practicing cultural humility shall be credible, capable, and trustworthy. Providers shall use a cultural humility framework to consider diversity of values, interactional styles, and cultural expectations.	
IV-7 Roles		Addiction professionals shall respect the roles of family members, social supports, and community structures, hierarchies, values and beliefs within the client's culture. Providers shall consider the impact of adverse social, environmental, ad political factors in assessing concerns and designing interventions.	
IV-8 Methodologies		Addiction Professionals shall use methodologies, skills, and practices that are evidence-based and outcome-driven for the populations being serviced. Providers will seek ongoing professional development opportunities to develop specialized knowledge and understanding of the groups they serve. Providers shall obtain the necessary knowledge and training to maintain humility and sensitivity when working with clients of diverse backgrounds.	
IV-9 Advocacy		Addiction Professionals advocate for the needs of the diverse populations they serve.	
IV-10 Recruitment		Addiction Professionals support and advocate for the recruitment and retention of Professionals and other Service Providers who represent diverse cultural groups.	
IV-11 Linguistic Diversity		Addiction Professionals shall provide or advocate for the provision of professional services that meet the needs of clients with linguistic diversity. Providers shall provide or advocate for the provision of professional services that meet the needs of clients with diverse disabilities.	
IV-12 Needs Driven		Addiction Professionals shall recognize that conventional counseling styles may not meet the needs of all clients. Providers shall open a dialogue with the client to determine the best manner in which to service the client. Providers shall seek supervision and consultation when working with individuals with specific culturally-driven needs.	
PRINCIPLE V: ASSESSMENT, EVALUATION AND INTERPRETATION			
V-1 Assessment		Addiction Professionals shall use assessments appropriately within the counseling process. The clients' personal and cultural contexts are taken into consideration when assessing and evaluating a client. Providers shall develop and use appropriate mental health, substance use disorder, and other relevant assessments.	
V-2 Validity - Reliability		Addiction Professionals shall utilize only those assessment instruments whose validity and reliability have been established for the population tested, and for which they have received adequate training in administration and interpretation. Counselors using technology-assisted test interpretations are trained in the construct being measured and the specific instrument being used prior to using its technology- based application. Counselors take reasonable measures to ensure the proper use of assessment techniques by persons under their supervision.	
V-3 Validity		Addiction Professionals shall consider the validity, reliability, psychometric limitations, and appropriateness of instruments when selecting assessments. Providers shall use data from	

		several relevant assessment tools and/or instruments to form conclusions, diagnoses, and recommendations.	
V-4 Explanation		Addiction Professionals shall explain to clients the nature and purposes of each assessment and the intended use of results, prior to administration of the assessment. Providers shall offer this explanation in terms and language that the client or other legally authorized person can understand.	
V-5 Administration		Addiction Professionals shall provide an appropriate environment free from distractions for the administration of assessments. Providers shall ensure that technologically-administered assessments are functioning appropriately and providing accurate results.	
V-6 Cultural Influences		Addiction Professionals recognize and understand that culture influences the manner in which clients' concerns are defined and experienced. Providers are aware of historical traumas and social prejudices in the misdiagnosis and pathologizing of specific individuals and groups. Providers shall develop awareness of prejudices and biases within self and others, and shall address such biases in themselves or others. Providers shall consider the client's cultural experiences when diagnosing and treatment planning for mental health and substance use disorders.	
V-7 Diagnosing		Addiction Professionals shall provide proper diagnosis of mental health and substance use disorders, within their scope and licensure. Assessment techniques used to determine client placement for care shall be carefully selected and appropriately used.	
V-8 Results		Addiction Professionals shall consider the client's welfare, explicit understandings, and previous agreements in determining when and how to provide assessment results. Providers shall include accurate and appropriate interpretations of data when there is a release of individual or group assessment results.	
V-9 Misusing Results		Addiction Professionals shall not misuse assessment results and interpretations. Providers shall respect the client's right to know the results, interpretations and diagnoses made and strive to provide results, interpretations, and diagnoses in a manner that is understandable and does not cause harm. Providers shall adopt practices that prevent others from misusing the results and interpretations.	
V-10 Not Normed		Addiction Professionals shall select and use, with caution, assessment tools and techniques normed on populations other than that of the client. Providers shall seek supervision or consultation when using assessment tools that are not normed to the client's cultural identities.	
V-11 Referral		Addiction Professionals shall provide specific and relevant data about the client, when referring a client to a third party for assessment, to ensure that appropriate assessment instruments are used.	
V-12 Security		Addiction Professionals shall maintain the integrity and security of tests and assessment data, thereby addressing legal and contractual obligations. Providers shall not appropriate, reproduce, or modify published assessments or parts thereof without written permission from the publisher.	
V-13 Forensic		Addiction Professionals conducting an evaluation shall inform the client, verbally and in writing, that the current relationship is for the purposes of evaluation. The evaluation is not therapeutic. Entities or individuals who will receive the evaluation report are identified, prior to conducting the evaluation. Providers performing forensic evaluations shall obtain written consent from those being evaluated or from their legal representative unless a court orders evaluations to be conducted without the written consent of the individuals being evaluated. informed written consent shall be obtained from a parent or guardian prior to evaluation. when the child or adult lacks the capacity to give voluntary consent.	
V-14 Forensic		Addiction Professionals conducting forensic evaluations shall provide verifiable objective findings based on the data gathered during the assessment/evaluation process and review of records. Providers form unbiased professional opinions based on the data gathered and analysis during the assessment processes.	
V-15 Forensic		Addiction Professionals shall not evaluate, for forensic purposes, current or former clients, spouses or partners of current or former clients, or the clients' family members. Providers shall not provide counseling to the individuals they are evaluating. Providers shall avoid potentially harmful personal or professional relationships with the family members, romantic partners, and close friends of individuals they are evaluating.	
PRINCIPLE VI: E-THERAPY, E-SUPERVISION, AND SOCIAL MEDIA			
VI-1 Definition		"E-Therapy" and "E-Supervision" shall refer to the provision of services by an Addiction Professional using technology, electronic devices, and HIPAA-compliant resources. Electronic	

		platforms shall include and are not limited to: land-based and mobile communication devices, fax machines, webcams, computers, laptops and tablets. E-therapy and e-supervision shall include and are not limited to: tele-therapy, real-time video-based therapy and services, emails, texting, chatting, and cloud storage. Providers and Clinical Supervisors are aware of the unique challenges created by electronic forms of communication and the use of available technology, and shall take steps to ensure that the provision of e-therapy and e-supervision is safe and as confidential as possible.	
VI-2 Competency		Addiction Professionals who choose to engage in the use of technology for e-therapy, distance counseling, and e-supervision shall pursue specialized knowledge and competency regarding the technical, ethical, and legal considerations specific to technology, social media, and distance counseling. Competency shall be demonstrated through means such as specialized certifications and additional course work and/or trainings.	
VI-3 Informed Consent		Addiction Professionals, who are offering an electronic platform for e-therapy, distance counseling/case management, e-supervision shall provide an Electronic/Technology Informed Consent. The electronic informed consent shall explain the right of each client and supervisee to be fully informed about services delivered through technological mediums, and shall provide each client/supervisee with information in clear and understandable language regarding the purposes, risks, limitations, and costs of treatment services, reasonable alternatives, their right to refuse service delivery through electronic means, and their right to withdraw consent at any time. Providers have an obligation to review with the client/supervisee – in writing and verbally – the rights and responsibilities of both Providers and clients/supervisees. Providers shall have the client/ supervisee attest to their understanding of the parameters covered by the Electronic/Technology Informed Consent.	
VI-4 Informed Consent		A thorough e-therapy informed consent shall be executed at the start of services. A technology-based informed consent discussion shall include: • distance counseling credentials, physical location of practice, and contact information; • risks and benefits of engaging in the use of distance counseling, technology, and/or social media; • possibility of technology failure and alternate methods of service delivery; • anticipated response time; • emergency procedures to follow; • when the counselor is not available; • time zone differences; • cultural and/or language differences that may affect delivery of services; and • possible denial of insurance benefits; and social media policy.	
VI-5 Verification		Addiction Professionals who engage in the use of electronic platforms for the delivery of services shall take reasonable steps to verify the client's/supervisee's identity prior to engaging in the e-therapy relationship and throughout the therapeutic relationship. Verification can include, but is not limited to, picture ids, code words, numbers, graphics, or other nondescript identifiers.	
VI-6 Licensing Laws		Addiction Professionals shall comply with relevant licensing laws in the jurisdiction where the Provider/Clinical Supervisor is physically located when providing care and where the client/supervisee is located when receiving care. Emergency management protocols are entirely dependent upon where the client/supervisee receives services. Providers, during informed consent, shall notify their clients/supervisees of the legal rights and limitations governing the practice of counseling/supervision across state lines or international boundaries. Mandatory reporting and related ethical requirements such as duty to warn/notify are tied to the jurisdiction where the client/supervisee is receiving services.	
VI-7 State & Federal Laws		Addiction Professionals utilizing technology, social media, and distance counseling within their practice recognize that they are subject to state and federal laws and regulations governing the counselor's practicing location. Providers utilizing technology, social media, and distance counseling within their practice recognize that they shall be subject to laws and regulations in the client's/supervisee's state of residency and shall be subject to laws and regulations in the state where the client/supervisee is located during the actual delivery of services.	
VI-8 Non-Secured		Addiction Professionals recognize that electronic means of communication are not secure, and shall inform clients, students, and supervisees that remote services using electronic means of delivery cannot be entirely secured or confidential. Providers who provide services via electronic technology shall fully inform each client, student, or supervisee of the limitations and risks regarding confidentiality associated with electronical delivery, including the fact that electronic	

		exchanges may become part of clinical, academic, or professional records. Efforts shall be made to ensure privacy so clinical discussions cannot be overheard by others outside of the room where the services are provided. Internet-based counseling shall be conducted on HIPAA-compliant servers. Therapy shall not occur using text-based or email-based delivery.	
VI-9 Assess		Addiction Professionals shall assess and document the client's/supervisee's ability to benefit from and engage in e-therapy services. Providers shall consider the client's/supervisee's cognitive capacity and maturity, past and current diagnoses, communications skills, level of competence using technology, and access to the necessary technology. Providers shall consider geographical distance to nearest emergency medical facility, efficacy of client's support system, current medical and behavioral health status, current or past difficulties with substance abuse, and history of violence or self-injurious behavior.	
VI-10 Access		Addiction Professionals shall inform clients that other individuals (i.e., colleagues, supervisors, staff, consultants, information technologists) might have authorized or unauthorized access to such records or transmissions. Providers use current encryption standards within their websites and for technology-based communications. Providers take reasonable precautions to ensure the confidentiality of information transmitted and stored through any electronic means.	
VI-11 Multidisciplinary Care		Addiction Professionals shall acknowledge and discuss with the client that optimal clinical management of clients may depend on coordination of care between a multidisciplinary care team. Providers shall explain to clients that they 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 invaluable in case of emergencies.	
VI-12 Local Resources		Addiction Professionals shall be familiar with local in-person mental health resources should the Provider exercise clinical judgment to make a referral for additional substance abuse, mental health, or other appropriate services.	
VI-13 Boundaries		Addiction Professionals shall appreciate the necessity of maintaining a professional relationship with their clients/supervisees. Providers shall discuss, establish and maintain professional therapeutic boundaries with clients/supervisees regarding the appropriate use and application of technology, and the limitations of its use within the counseling/supervisory relationship.	
VI-14 Capability		Addiction Professionals shall take reasonable steps to determine whether the client/supervisee physically, intellectually, emotionally, linguistically and functionally capable of using e-therapy platforms and whether e-therapy/e-supervision is appropriate for the needs of the client/supervisee. Providers and clients/supervisees shall agree on the means of e-therapy/ e-supervision to be used and the steps to be taken in case of a technology failure. Providers verify that clients/supervisees understand the purpose and operation of technology applications and follow up with clients/supervisees to correct potential concerns, discover appropriate use, and assess subsequent steps.	
VI-15 Missing Cues		Addiction Professionals shall acknowledge the difference between face-to-face and electronic communication (nonverbal and verbal cues) and how these could influence the counseling/supervision process. Providers shall discuss with their client/supervisee how to prevent and address potential misunderstandings arising from the lack of visual cues and voice inflections when communicating electronically.	
VI-16 Records		Addiction Professionals understand the inherent dangers of electronic health records. Providers are responsible for ensuring that cloud storage sites in use are HIPAA compliant. Providers inform clients/supervisees of the benefits and risks of maintaining records in a cloud-based file management system, and discuss the fact that nothing that is electronically saved on a Cloud is confidential and secure. Cloud-based file management shall be encrypted, secured, and HIPAA-compliant. Providers shall use encryption programs when storing or transmitting client information to protect confidentiality.	
VI-17 Records		Addiction Professionals shall maintain electronic records in accordance with relevant state and federal laws and statutes. Providers shall inform clients on how records will be maintained electronically and/or physically. This includes, but is not limited to, the type of encryption and security used to store the records and the length of time storage of records is maintained.	
VI-18 Links		Addiction Professionals who provide e-therapy services and/or maintain a professional website shall provide electronic links to relevant licensure and certification boards and professional membership organizations (i.e., NAADAC) to protect the client's/supervisee's rights and address ethical concerns.	
VI-19 Friends		Addiction Professionals shall not accept clients' "friend" requests on social networking sites or email (from Facebook, My Space, etc.), and shall immediately delete all personal and email	

		accounts to which they have granted client access and create new accounts. When Providers choose to maintain a professional and personal presence for social media use, separate professional and personal web pages and profiles are created that clearly distinguish between the professional and personal virtual presence.	
VI-20 Social Media		Addiction Professionals shall clearly explain to their clients/supervisees, as part of informed consent, the benefits, inherent risks including lack of confidentiality, and necessary boundaries surrounding the use of social media. Providers shall clearly explain their policies and procedures specific to the use of social media in a clinical relationship. Providers shall respect the client's/supervisee's rights to privacy on social media and shall not investigate the client/supervisee without prior consent.	
PRINCIPLE VII: SUPERVISION AND CONSULTATION			
VII-1 Responsibility		Addiction Professionals who teach and provide clinical supervision accept the responsibility of enhancing professional development of students and supervisees by providing accurate and current information, timely feedback and evaluations, and constructive consultation.	
VII-2 Training		Addiction Professionals shall complete training specific to clinical supervision prior to offering or providing clinical supervision to students or other professionals.	
VII-3 Code of Ethics		Supervisors and supervisees, including interns and students, shall be responsible for knowing and following the NAADAC Code of Ethics.	
VII-4 Informed Consent		Informed consent is an integral part of setting up a supervisory relationship. Supervisory informed consent shall include discussion regarding client privacy and confidentiality, etc. Terms of supervisory relationship and fees shall be negotiated by supervisor and supervisee, and shall be documented in the supervisory contract.	
VII-5 Informed Consent		Supervisees shall provide clients with a written professional disclosure statement. Supervisees shall inform clients about how the supervision process influences the limits of confidentiality. Supervisees shall inform clients about who shall have access to their clinical records, and when and how these records will be stored, transmitted, or otherwise reviewed.	
VII-6 Informed Consent		Clinical Supervisors shall communicate to the supervisee, during supervision informed consent, procedures for handling client/clinical crises. Alternate procedures are also communicated and documented in the event that the supervisee is unable to establish contact with the supervisor during a client/clinical crisis.	
VII-7 Policies		Clinical Supervisors shall inform supervisees of policies and procedures to which supervisors shall adhere. Supervisors shall inform supervisees regarding the mechanisms for due process appeal of supervisor actions.	
VII-8 Multiculturalism		Clinical Supervisors shall be cognizant of and address the role of multiculturalism in the supervisory relationship between supervisor and supervisee.	
VII-9 Multiculturalism		Educators and site supervisors shall offer didactic learning content and experiential opportunities related to multiculturalism and cultural humility throughout their programs.	
VII-10 Diversity		Educators and site supervisors shall make every attempt to recruit and retain a diverse faculty and staff. Educators and site supervisors shall make every attempt to recruit and retain a diverse student body, demonstrating their commitment to serve a diverse community. Educators and site supervisors shall recognize and value the diverse talents and abilities that students bring to their training experience.	
VII-11 Diversity		Educators and site supervisors shall provide appropriate accommodations that meet the needs of their diverse student body and support well-being and academic performance.	
VII-12 Boundaries		Clinical Supervisors shall intentionally develop respectful and relevant professional relationships and maintain appropriate boundaries with clinicians, students, interns, and supervisees, in all venues. Supervisors shall strive for accuracy and honesty in their assessments of students, interns, and supervisees.	
VII-13 Boundaries		Clinical Supervisors clearly define and maintain ethical professional, personal, and social boundaries with their supervisees. Supervisors shall not enter into a romantic/sexual/nonprofessional relationship with current supervisees, whether in-person and/or electronically.	
VII-14 Confidentiality		Clinical Supervisors shall not disclose confidential information in teaching or supervision without the expressed written consent of a client, and only when appropriate steps have been taken to protect client's identity and confidentiality.	
VII-15 Monitor		Clinical Supervisors shall monitor the services provided by supervisees. Supervisors shall monitor client welfare. Supervisors shall monitor supervisee performance and professional development.	

		Supervisors shall empower and support supervisees as they prepare to serve a diverse client population. Supervisors shall have an ethical and moral responsibility to understand, adhere to, and promote the NAADAC Code of Ethics.	
VII-16 Treatment		Educators and site supervisors shall assume the primary obligation of assisting students to acquire ethics, knowledge, and skills necessary to treat substance use and addictive behavioral disorders	
VII-17 Impairment		Supervisees, including interns and students, shall monitor themselves for signs physical, psychological, and/or emotional impairment. Supervisees, including interns and students, shall seek supervision and refrain from providing professional services while impaired. Supervisees, interns and students shall notify their institutional program of the impairment and shall seek appropriate guidance and assistance.	
VII-18 Clients		Supervisees, interns and students, shall disclose to clients their status as students and supervisees, and shall provide an explanation as to how their status affects the limits of confidentiality. Supervisees, interns and students shall disclose to clients contact information for the Clinical Supervisor. Informed consent is obtained in writing, and includes the client's right to refuse to be treated by a person-in-training.	
VII-19 Disclosures		Supervisees, interns and students shall seek and document clinical supervision prior to disclosing personal information to a client.	
VII-20 Observations		Clinical Supervisors shall provide and document regular supervision sessions with the supervisee. Supervisors shall regularly observe the supervisee in session using live observations or audio or video tapes. Supervisors shall provide ongoing feedback regarding the supervisee's performance with clients and within the agency. Supervisors shall regularly schedule sessions to formally evaluate and direct the supervisee.	
VII-21 Gatekeepers		Clinical Supervisors are aware of their responsibilities as gatekeepers. Through ongoing evaluation, Supervisors shall track supervisee limitations that might impede performance. Supervisors shall assist supervisees in securing timely corrective assistance as needed, including referral of 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 a supervisee is unable to demonstrate that they can provide competent professional services. Supervisors shall seek supervision-of-supervision and/or consultation and document their decisions to dismiss or refer supervisees for assistance.	
VII-22 Education		Educators and site supervisors shall ensure that their educational and training programs are designed to provide appropriate knowledge and experiences related to addictions that meet the requirements for degrees, licensure, certification, and other program goals.	
VII-23 Education		Educators and site supervisors shall provide education and training in an ethical manner, adhering to the NAADAC Code of Ethics, regardless of the platform (traditional, hybrid, and/or online). Educators and site supervisors shall serve as professional roles models demonstrating appropriate behaviors.	
VII-24 Current		Educators and site supervisors shall ensure that program content and instruction are based on the most current knowledge and information available in the profession. Educators and site supervisors shall promote the use of modalities and techniques that have an empirical or scientific foundation.	
VII-25 Evaluation		Educators and site supervisors shall ensure that students' performances are evaluated in a fair and respectful manner and on the basis of clearly stated criteria.	
VII-26 Dual Relationships		Educators and site supervisors shall avoid dual relationships and/or nonacademic relationships with students, interns, and supervisees.	
VII-27 Dual Relationships		Clinical Supervisors shall not actively supervise relatives, romantic or sexual partners, nor personal friends, nor develop romantic, sexual, or personal relationships with students or supervisees. Consultation with a third party will be obtained prior to engaging in a dual supervisory relationship.	
VII-28 e-supervision		Clinical Supervisors, using technology in supervision (e-supervision), shall be competent in the use of specific technologies. Supervisors shall dialogue with the supervisee about the risks and benefits of using e-supervision. Supervisors shall determine how to utilize specific protections (i.e., encryption) necessary for protecting the confidentiality of information transmitted through any electronic means. Supervisors and supervisees shall recognize that confidentiality is not guaranteed when using technology as a communication and delivery platform.	
VII-29 Harassment		Clinical Supervisors shall not condone or participate in sexual harassment or exploitation of current or previous supervisees.	

VII-30 Distance		Issues unique to the use of distance supervision shall be included in the documentation as necessary.	
VII-31 Termination		Policies and procedures for terminating a supervisory relationship shall be disclosed in the supervision informed consent.	
VII-32 Counseling		Clinical Supervisors shall not provide counseling services to supervisees. Supervisors shall assist supervisee by providing referrals to appropriate services upon request.	
VII-33 Endorsement		Clinical Supervisors shall recommend supervisees for completion of an academic or training program, employment, certification and/or licensure when the supervisee demonstrates qualification for such endorsement. Clinical Supervisors shall not endorse supervisees believed to be impaired. Clinical Supervisors shall not endorse supervisees who were unable to provide appropriate clinical services.	
PRINCIPLE VIII: RESOLVING ETHICAL CONCERNS			
VIII-1 Code of Ethics		Addiction Professionals shall adhere to and uphold the NAADAC Code of Ethics, and shall be knowledgeable regarding established policies and procedures for handling concerns related to unethical behavior, at both the state and national levels. Providers strive to resolve ethical dilemmas with direct and open communication among all parties involved and seek 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. Providers are professionals who act ethically and legally. Providers are aware that client welfare and trust depend on a high level of professional conduct. 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.	
VIII-2 Understanding		Addiction Professionals shall understand and endorse the NAADAC Code of Ethics and other applicable ethics codes from professional organizations or certification and licensure bodies of which they are members. Lack of knowledge or misunderstanding of an ethical responsibility is not a defense against a charge of unethical conduct.	
VIII-3 Decision Making Model		Addiction Professionals shall utilize and document, when appropriate, an ethical decision-making model when faced with an ethical dilemma. A viable ethical decision-making model shall include but 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; (e) selection of an objective decision based on the circumstances and welfare of all involved; and (f) reflection, and re-direction if necessary, after implementing the decision.	
VIII-4 Jurisdiction		The NAADAC and NCC AP Ethics Committees shall have jurisdiction over all complaints filed against any person holding or applying for NAADAC membership or NCC AP certification.	
VIII-5 Investigations		The NAADAC and NCC AP Ethics Committees shall have authority to conduct investigations, issue rulings, and invoke disciplinary action in any instance of alleged misconduct by an addiction professional.	
VIII-6 Participation		Addiction Professionals shall be required to cooperate with the implementation of the NAADAC Code of Ethics, and to participate in, and abide by, any disciplinary actions and rulings based on the Code. Failure to participate or cooperate is a violation of the NAADAC Code of Ethics.	
VIII-7 Cooperation		Addiction Professionals shall assist in the process of enforcing the NAADAC Code of Ethics. Providers shall cooperate with investigations, proceedings, and requirements of the NAADAC and NCC AP Ethics Committees, ethics committees of other professional associations, and/or licensing and certification boards having jurisdiction over those charged with a violation.	
VIII-8 Agency Conflict		Addiction Professionals shall seek and document supervision and/or consultation in the event that ethical responsibilities conflict with agency policies and procedures, state and/or federal laws, regulations, and/or other governing legal authority. Supervision and/or consultation shall be sued to determine the next best steps.	
VIII-9 Crossroads		Addiction Professionals may find themselves at a crossroads when the demands of an organization where the Provider is affiliated poses a conflict with the NAADAC Code of Ethics. Providers shall determine the nature of the conflict and shall discuss the conflict with their supervisor or other relevant person at the organization in question, expressing their commitment to the NAADAC Code of Ethics. Providers shall attempt to work through the appropriate channels to address the concern.	
VIII-10		When there is evidence to suggest that another provider is violating or has violated an ethical standard and harm has not occurred, Addiction Professionals shall attempt to first resolve the	

Violations without Harm		issue informally with the other provider if feasible, provided such action does not violate confidentiality rights that may be involved.	
VIII-11 Violations with Harm		Addiction Professionals shall report unethical conduct or unprofessional modes of practice - leading to harm - which they become aware of to the appropriate certifying or licensing authorities, state or federal regulatory bodies, and/or NAADAC. Providers shall seek supervision/consultation prior to the report. Providers shall document supervision/consultation and report if made.	
VIII-12 Non-Respondent		Members of the NAADAC or NCC AP Ethics Committees, Hearing Panels, Boards of Directors, Membership Committees, Officers, or Staff shall not be named as a respondent under these policies and procedures as a result of any decision, action, or exercise of discretion arising directly from their conduct or involvement in carrying out adjudication responsibilities.	
VIII-13 Consultation		Addiction Professionals shall seek consultation and direction from supervisors, consultants or the NAADAC Ethics Committee when uncertain about whether a particular situation or course of action may be in violation of the NAADAC Code of Ethics. Providers consult with persons who are knowledgeable about ethics, the NAADAC Code of Ethics, and legal requirements specific to the situation.	
VIII-14 Retaliation		Addiction Professionals shall not initiate, participate in, or encourage the filing of an ethics or grievance complaint as a means of retaliation against another person. Providers shall not intentionally disregard or ignore the facts of the situation.	
PRINCIPLE IX: RESEARCH AND PUBLICATION			
IX-1 Research		Research and publication shall be encouraged as a means to contribute to the knowledge base and skills within the addictions and behavioral health professions. Research shall be encouraged to contribute to the evidence-based and outcome-driven practices that guide the profession. Research and publication provide an understanding of what practices lead to health, wellness, and functionality. Researchers and Addiction Professionals make every effort to be 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.	
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 research.	
IX-4 Confidentiality		Researchers are responsible for understanding and adhering to state, federal, agency, or institutional policies or applicable guidelines regarding confidentiality in their research practices. Information obtained about participants during the course of research is confidential.	
IX-5 Independent		Researchers, who are conducting independent research without governance by an institutional review board, are bound to the same ethical principles and federal and state laws pertaining to the review of their plan, design, conduct, and reporting of research.	
IX-6 Protect		Researchers shall seek 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 acceptable practices.	
IX-7 Welfare		Researchers who conduct research are responsible for their participants' welfare. Researchers shall exercise reasonable precautions throughout the study to avoid causing physical, intellectual, emotional, or social harm to participants. Researchers take reasonable measures to honor all commitments made to research participants.	
IX-8 Informed Consent		Researchers shall defer to an Institutional Review Board or Human Subjects Committee to ensure that Informed Consent is obtained, research protocols are followed, participants are free of coercion, confidentiality is maintained, and deceptive practices are avoided, except when deception is essential to research protocol and approved by the Board or Committee.	
IX-9 Accurate		Researchers shall commit to the highest standards of scholarship, and shall 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 shall disclose to students and/or supervisee who wish to participate in their research activities that participation in the research will not affect their academic standing or supervisory relationship.	
IX-11 Clients		Researchers may conduct research involving clients. Researchers shall provide an informed consent process allowing clients to freely, without intimidation or coercion, choose whether to	

		participate in the research activities. Researchers shall take necessary precautions to protect clients from adverse consequences if they choose to decline or withdraw from participation.	
IX-12 Consents		Researchers shall provide appropriate explanations regarding the research and obtain applicable consents from a guardian or legally authorized representative prior to working with a research participant who is not capable of giving informed consent.	
IX-13 Explanation		Once data collection is completed, Researchers shall provide participants with a full explanation regarding the nature of the research in order to remove any misconceptions participants might have regarding the study. Researchers shall engage in reasonable actions to avoid causing harm. Scientific or human values may justify delaying or withholding information. Researchers shall seek and document supervision and/or consultation prior to delaying or withholding information from a participant.	
IX-14 Outcomes		Upon completion of data collection and analysis, Researchers shall inform sponsors, institutions, and publication entities regarding the research procedures and outcomes. Researchers shall ensure that the appropriate entities are given pertinent information and acknowledgment.	
IX-15 Transfer Plan		Researchers shall create a written, accessible plan for the transfer of research data to an identified colleague in the event of their incapacitation, retirement, or death.	
IX-16 Diversity		Researchers shall report research findings accurately and without distortion, manipulation, or misrepresentation of data. Researchers shall describe the extent to which results are applicable to diverse populations.	
IX-17 Verification		Researchers shall not withhold data, from which their research conclusions were drawn, from competent professionals seeking to verify substantive claims through reanalysis. Researchers are obligated to make available sufficient original research information to qualified professionals who wish to replicate or extend the study.	
IX-18 Data Availability		Researchers, who supply data, aid in research by another researcher, report research results, or make original data available, shall intentionally disguise the identity of participants in the absence of written authorization from the participants allowing release of their identity.	
IX-19 Errors		Researchers shall take reasonable steps to correct significant errors found in their published research, using a correction erratum or through other appropriate publication avenues.	
IX-20 Publication		Addiction Professionals who author books, journal articles, or other materials which are published or distributed shall not plagiarize or fail to cite persons for whom credit for original ideas or work is due. Providers shall acknowledge and give recognition, in presentations and publications, to previous work on the topic by self and others.	
IX-21 Theft		Addiction Professionals shall regard as theft the use of copyrighted materials without permission from the author or payment of royalties.	
IX-22 e-publishing		Addiction Professionals shall recognize 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 shall take reasonable precautions to ensure that the organization promotes and advertises the materials accurately and factually.	
IX-24 Credit		Addiction Professionals shall assign publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices.	
IX-25 Student Material		Addiction Professionals shall seek a student's permission and list the student as lead author on manuscripts or professional presentations, in any medium, that are substantially based on a student's course papers, projects, dissertations, or theses. The student reserves the right to withhold permission.	
IX-26 Submissions		Addiction Professionals and Researchers shall submit manuscripts for consideration to one journal or publication at a time. Providers and researchers shall obtain permission from the original publisher prior to submitting manuscripts that are published in whole or in substantial part in one journal or published work to another publisher.	
IX-27 Proprietary		Addiction Professionals who review material submitted for publication, research, or other scholarly purposes shall respect the confidentiality and proprietary rights of those who submitted it. Providers who serve as reviewers shall make every effort to only review materials that are within their scope of competency and to review materials without professional or personal bias.	