

## **Code of Ethics**

### **INTEGRATIVE PASTORAL MEDICAL AKA APPRENTICESHIP AND CERTIFICATION BOARD OF INTEGRATIVE AND PASTORAL MEDICINE CODE OF ETHICS**

**(Derived, Adapted and modified from the American Association of Pastoral Counselors)  
(June, 2011)**

#### **TORAH I - PROLOGUE**

- 1 The use of “member”, “we”, “us”, and “our” refers to and is binding upon all levels of individual and institutional membership and Licensee affiliation of IPMA.
2. Pastoral Medicine Practitioner shall include all levels of licensed, registered, commissioned and/or board certified professionals of Integrative Pastoral Medicine by the IPMA.
3. “License, registration and commission” means, “ecclesiastic permit and permission to practice Integrative Pastoral Medicine under Ecclesiastical government jurisdiction”.
4. IPMA® means Integrative Pastoral Medical Association; ACBIPM® means Apprenticeship and Certification Board of Integrative and Pastoral Medicine. IPMA shall also include ACBIPM, which are associations governed by the Cushite Hebrew Mizrahi Netzarim International Rabbinical Council®

#### **PRINCIPLE I – PROLOGUE**

As members<sup>2</sup> of Integrative Pastoral Medical Association®, we are respectful of the various theologies, traditions, and values of our faith based practitioners and communities and committed to the dignity and worth of each individual. We are dedicated to advancing the welfare of those who seek our assistance and to the maintenance of high standards of professional conduct and competence. As pastoral medicine practitioners and pastoral medicine students we are accountable for our work regardless of our professional functions, the settings in which we work, or the populations which we serve. This accountability is expressed in our conduct of relationships with patients, clients, colleagues, students, our faith communities, and through the acceptance and practice of the principles and procedures of this Code of Ethics. The Code articulates standards that the Association will use to determine whether pastoral medicine practitioners have engaged in unethical conduct. In subscribing to this Code, pastoral medicine practitioners are required to be knowledgeable of these standards, cooperate with association procedures for responding to complaints of ethical misconduct, participate in IPMA/ACBIPM® adjudication proceedings, and abide by any IPMA disciplinary rulings or sanctions. The Ethics Code is not intended to be a basis of civil liability. Whether a pastoral medicine practitioner has violated the Ethics Code standards does not by itself determine whether the pastoral medicine practitioner is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur.

- A. To affirm the importance of being both spiritually grounded and psychologically & Medically/Clinically informed.

- B. To maintain responsible association with the faith group with which we identify and in which we may have ecclesiastical standing.
- C. To avoid discriminating against or denying pastoral medicine assistance to anyone on the basis of race, ethnicity, gender identity, sexual orientation, religion, health status, age, disabilities or national origin; provided that nothing herein shall limit a member or center from utilizing religious requirements or exercising a religious preference in employment decisions.
- D. As members of IPMA we recognize our responsibility to stay current with research that affects our understanding of clinical issues and the conduct of our practice. We agree at all levels of membership to continuing education and professional growth including supervision, consultation, and active participation in the meetings and affairs of the Association.
- E. To seek out and engage in collegial relationships, recognizing that isolation can lead to a loss of perspective and judgment.
- F. To manage our personal lives in a healthful fashion and to seek appropriate assistance for our own personal problems or conflicts
- G. To assess/evaluate, diagnose or provide treatment only for those problems or issues that are within the reasonable boundaries of our competence, skills & Licensure or Registration .
- H. To establish and maintain appropriate professional relationship boundaries. We will make every effort to be transparent with practitioners, patients and other public constituencies about the boundaries we hold.
- I. To remain abreast of and to comply with appropriate regulatory statutes that governs our Pastoral Medicine activities. Whenever the IPMA Code differs with legal mandates, pastoral counseling licensure laws, the more stringent of the two applies.
  - a. We are required to comply with all federal, state and local laws. This includes registering our practice with the Federal CLIA waived registration act through the local department of health. IPMA will assist with any registrations to be in compliance.
  - b. Licensed Practitioners have 60 days to show compliance upon issuance of licensure
- J. To promote racial justice and develop multicultural competence as part of our practice.

## **TORAH II - PROFESSIONAL PRACTICES**

In all professional matters members of IPMA maintain practices that protect the public and advance the pastoral medicine profession.

- A. We use our knowledge and professional associations for the benefit of the people we serve and not to secure unfair personal advantage.

- B. We clearly represent our level of membership and Licensure and limit our practice to that level of Licensure. Publication of practice or agency material clearly explains the levels of membership and Licensure that apply to individuals.
- C. Fees and financial arrangements, as with all contractual matters, are always discussed without hesitation or equivocation at the onset and are established in a straight-forward, professional manner. All Clinical fee's & policies should be clearly posted in clinical practice.
- D. We are prepared to render service to individuals and communities in crisis without regard to financial remuneration when necessary.
- E. We neither receive nor pay a commission for referral of a client, except where approved by the IPMA.
- F. We conduct our practice, agency, regional and association fiscal affairs with due regard to recognized business and accounting procedures. We respect the prerogatives and obligations of the institutions, agencies, or organizations by whom we are employed or with which we associate.
- G. Upon the transfer of a pastoral medicine practice or the sale of real, personal, tangible or intangible property or assets used in such practice, the privacy and well being of the patient/client shall be of primary concern. HIPAA knowledge and compliance is mandatory
  - a. Client names and records shall be excluded from the transfer or sale.
  - b. Any fees paid shall be for services rendered, consultation, equipment, real estate, and the name and logo of the pastoral medicine practice.
  - c. We provide recent and current patients/clients information regarding the closing or transferring of our practice and assure the confidentiality of their records.
- H. We are careful to represent facts truthfully to patients/clients, referral sources, and third party payers regarding credentials, licensure and services rendered. We shall correct any misrepresentation of our professional qualifications or affiliations.
- I. We do not malign other professionals, nor do we plagiarize or otherwise present, distribute, or publish another's work as our own.

### **TORAH III - CLIENT RELATIONSHIPS**

It is the responsibility of members of IPMA to maintain relationships with patients/clients on a professional basis. We take all reasonable steps to avoid harming our patients/clients and to safeguard the welfare of those with whom we work.

- A. We do not abandon or neglect patients/clients. We make reasonable efforts to ensure continuity of services in the event that services are interrupted by factors such as unavailability, relocation, illness, or disability. If we are unwilling for appropriate reasons, to provide professional help or continue a professional relationship, every reasonable effort is made to arrange for continuation of treatment with another professional. Prior to leaving a practice we complete all files and paper work is documented and signed.
- B. We make only realistic statements regarding the pastoral medicine process and its outcome. We inform our clients of the purpose of the assessments, diagnostic, counseling, risks related to pastoral medicine, possible limits to the services because of third party payer limits, reasonable alternatives, clients rights to refuse or withdraw consent, and the time frame covered by the consent. We take reasonable steps to make sure the client understands the pastoral medicine process and has the opportunity to ask questions. We use standard forms provided by the IPMA to ensure such is executed properly.
- C. We show sensitive regard for the moral, social, and religious values and beliefs of patients/clients and communities. We avoid imposing our beliefs on others, although we may express them when appropriate in the pastoral medicine process.
- D. Pastoral Medicine relationships are continued only so long as it is reasonably clear that the patient/clients are benefiting from the relationship.
- E. We recognize the trust placed in and unique power of the therapeutic relationship. While acknowledging the complexity of some pastoral medicine relationships, we avoid exploiting the trust and dependency of patients/clients. We avoid those dual or multiple relationships with patients/clients which could impair our professional judgment, compromise the integrity of the treatment, and/or use the relationship for our own gain. A multiple relationship occurs when a pastoral medicine practitioner is in a professional role with a person and 1) at the same time is in another role with the same person, 2) at the same time is in a relationship with a person closely associated with or related to the person with whom the pastoral medicine practitioner has the professional relationship, or 3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person. In instances when dual or multiple relationships are unavoidable, particularly within congregations or in family or couples counseling during pastoral counseling session, we take reasonable steps to protect the clients and are responsible for setting clear and appropriate boundaries.
- F. We do not engage in harassment, abusive words or actions, or exploitative coercion of patients/clients or former patients/clients.
- G. All forms of sexual behavior or harassment with patients/clients are unethical, even when a patient/client invites or consents to such behavior or involvement. Sexual behavior is defined as, but not limited to, all forms of overt and covert seductive speech, gestures, written communication, and behavior as well as physical contact of a sexual nature; harassment is defined as but not limited to, repeated comments, gestures, written communication, or physical contacts of a sexual nature.

- H. We recognize that the doctor/patient or therapist/client relationship involves a power imbalance, the residual effects of which are operative following the termination of the therapy relationship. Therefore, all sexual behavior or harassment as defined in Principle III G, with former clients is unethical.

Interactive long-distance pastoral medicine or counseling delivery, when the client resides in one location and the pastoral medicine practitioner in another, may be utilized to supplement but not to completely replace face-to-face therapy. Qualified therapist should use designated approved labs recommended by the IPMA for diagnostic purposes. Therapy should be limited to acute conditions that are non life threatening or professional counseling, however such practice is not mandatory & practitioner may choose the method as per his/her own expertise and skills. We take all reasonable steps to ensure that the patient/client understands the limits of long-distance therapy, the computer application, labs and what it is used for, and its possible effects.

#### **TORAH IV - CONFIDENTIALITY**

As members of IPMA we respect the integrity and protect the welfare of all persons with whom we are working and have an obligation to safeguard information about them that has been obtained in the course of the Pastoral Medicine process. We have a responsibility to know and understand civil laws and administrative rules that govern confidentiality requirements of our profession in the setting of our work.

- A. All records kept on a patient/client are stored under lock and key and are disposed of in a manner that assures security and confidentiality. Records should be maintained for the number of years required appropriate government regulatory statutes.
- B. We take reasonable steps to ensure that documentation in records is accurate and reflects the services provided. Such documentation is intended to facilitate provision of services later by other professionals, meet institutional requirements, ensure accuracy of billing and payments, and ensure compliance with law.
- C. We recognize that confidentiality belongs to the patient/client. We treat all communications from patients/clients with professional confidence and take reasonable precautions to protect confidential information obtained through or stored in any medium. These precautions include an awareness of the limited confidentiality guarantees of electronics communication.
- D. Except in those situations where the identity of the client is necessary to the understanding of the case, we use only the first names of our patients/clients when engaged in supervision or consultation. It is our responsibility to convey the importance of patient confidentiality to the supervisor/consultant; this is particularly important when the supervision is shared by other professionals, as in a supervisory group.
- E. We do not disclose patient/client confidences to anyone, except: as mandated by law; to prevent a clear and immediate danger to someone; in the course of a civil, criminal or disciplinary action

arising from the pastoral medicine practice where the pastoral practitioner is a defendant; for purposes of supervision or consultation; or by previously obtained written permission. In cases involving more than one person (as patient/client) written permission must be obtained from all legally accountable persons who have been present during the therapy or counseling before any disclosure can be made.

- F. We disclose confidential information for appropriate reasons only with valid written consent from the patient/client or a person legally authorized to consent on behalf of a patient/client. We obtain informed written consent of patient/clients before audio and/or video tape recording or permitting third party observation of their sessions.
- G. We do not use these standards of confidentiality to avoid intervention when it is necessary, e.g., when there is evidence of abuse of minors, the elderly, the disabled, the physically or mentally incompetent.
- H. When current or former patients/clients are referred to in a publication, while teaching or in a public presentation, their identity is thoroughly disguised.
- I. We as members of IPMA agree that as an express condition of our membership & Licensure in the Association, Association ethics communications, files, investigative reports, and related records are strictly confidential and waive their right to use same in a court of law to advance any claim against another member. Any member seeking such records for such purpose shall be subject to disciplinary action for attempting to violate the confidentiality requirements of the organization. This policy is intended to promote pastoral and confessional communications without legal consequences and to protect potential privacy and confidentiality interests of third parties.

#### **TORAH V - SUPERVISEE, STUDENT & EMPLOYEE RELATIONSHIPS**

As members of IPMA we have an ethical concern for the integrity and welfare of our supervisees, students and employees. These relationships are maintained on a professional and confidential basis. We recognize our influential position with regard to both current and former supervisees, students and employees, and avoid exploiting their trust and dependency. We make every effort to avoid dual relationships with such persons that could impair our judgment or increase the risk of personal and/or financial exploitation.

- A. We advise our students, supervisees, and employees against offering or engaging in, or holding themselves out as competent to engage in, professional services beyond their training, level of experience and competence.
- B. Supervisors have a responsibility to provide timely and fair evaluations of their supervisees and employees.

- C. We do not harass or dismiss an employee who has acted in a reasonable, responsible and ethical manner to protect, or intervene on behalf of, a client or other member of the public or another employee.
- D. To protect the public, employers and supervisors who have dismissed employees and supervisees for ethical cause must report that fact as part of any official report of service or enrollment in a pastoral Medicine or counseling center or training program.
- E. We are sensitive to the requirements of an organization with which we are affiliated or for whom we are working. In case of conflict with the Code of Ethics and the organization, we clarify the nature of the conflict, make known our commitment to the Code of Ethics, and to the extent feasible, resolve the conflict in a way that permits adherence to the Code.

## **TORAH VI - INTERPROFESSIONAL RELATIONSHIPS**

As members of IPMA we relate to and cooperate with other professional persons in our community and beyond. We are part of a network of health care professionals and are expected to develop and maintain interdisciplinary and inter-professional relationships. We recommend establishing ongoing strong professional relationships with Allopathic Physicians who respect Natural Health, including providing educational resources on the practice of pastoral medicine.

- A. We do not offer ongoing clinical services to persons currently receiving treatment from another professional without prior knowledge of and in consultation with the other professional, with the clients' informed consent. Soliciting such clients is unethical.
  - 1. Licensed Primary Integrative Family Life Care(Primary Care) Pastoral Physicians should respect those who are Specialists and refer a patient to such specialist when further expertise is needed and Specialist should respect the position of the Primary Care Pastoral Physician. Licensed Specialist should never hold themselves out to be Primary Care nor operate beyond their scope of expertise and should recommend any patient that needs primary care services unrelated to skills and license of the Specialist to the appropriate colleague through referral.
- B. We exercise care and inter-professional courtesy when approached for services by persons who claim or appear to have inappropriately terminated treatment with another professional.

## **TORAH VII - ADVERTISING**

Any advertising by or for a member of IPMA, including announcements, public statements and promotional activities, is undertaken with the purpose of helping the public make informed judgments and choices.

- A. We do not misrepresent our professional qualifications, affiliations and functions, or falsely imply sponsorship or certification by any organization.

B. We may use the following information to describe ourselves and the services we provide: name; highest relevant academic degree earned from an accredited institution; date, type and level of certification or licensure; IPMA membership & Licensure level, clearly stated; address and telephone number; office hours; a brief review of services offered, e.g., Integrative Pastoral medicine, Naprapathy, Homeopathic medicine, Nutritional counseling, Naturopathic Psychiatry, Family or group counseling etc etc; fee information; languages spoken; and policy regarding third party payments. Additional relevant information may be provided if it is legitimate, reasonable, free of deception and not otherwise prohibited by these principles. We may not use the initials "IPMA" or any suffixes such as MD(IP)®, PMD.P®, OMD(P)®, HMD.P® etc etc after our names in the manner of an academic degree.

1. Suffixes indicating licensure status should be placed after the academic titles. Example: Shalomim Y HaLahawi MD(AM), PsyD., **MD(P)**. **Incorrect usage: Shalomim Y HaLahawi MD(P), MD(AM) etc..**

C. Announcements and brochures promoting our services describe them with accuracy and dignity, devoid of all claims or evaluation. We may send them to professional persons, religious institutions and other agencies, but to prospective individual patients, clients only in response to inquiries.

D. We do not make public statements which contain any of the following:

1. A false, fraudulent, misleading, deceptive or unfair statement.
2. A misrepresentation of fact or a statement likely to mislead or deceive because in context it makes only a partial disclosure of relevant facts.
3. A statement intended or likely to create false or unjustified expectations of favorable results.
4. A statement implying unusual, unique, or one-of-a-kind abilities, including misrepresentation through sensationalism, exaggeration or superficiality.
5. A statement intended or likely to exploit a client's fears, anxieties or emotions.
6. A statement of direct solicitation of individual patients/clients.

A. We do not compensate in any way a representative of the press, radio, television or other communication medium for the purpose of professional publicity and news items. A paid advertisement must be identified as such, unless it is contextually apparent that it is a paid advertisement. We are responsible for the content of such advertisement. Any advertisement to the public by radio or television is to be pre-recorded, approved by us (meaning you) and a recording of the actual transmission retained in our possession.

B. Advertisements, web postings or announcements by us of workshops, clinics, seminars, growth groups or similar services or endeavors, are to give a clear statement of purpose and a clear

description of the experiences to be provided. The education, training and experience of the provider(s) involved are to be appropriately specified.

### **TORAH VIII - RESEARCH**

- A. Pastoral Medicine Practitioners who are conducting research are responsible for assuring informed consent for all human subjects. Research participants must be informed about:
1. Purpose and sponsorship of the research, expected duration, expected procedures, and the manner and scope of reporting on the findings of the research.
  2. Their right to withdraw from participation at any time.
  3. Any consequences of withdrawing from a research project.
    4. Any discomfort or adverse effects of research procedures that would influence a subject's willingness to participate.
  5. Any benefits from participating in a research project.
    6. A contact person for questions about the project or participant's rights.
- B. Pastoral Medicine Practitioners take appropriate measures to protect research subjects who may also be receiving pastoral Medicine or counseling services in schools, agencies, private practices, or churches in which research is conducted.
- This includes:
1. Taking steps to protect client/participants from any adverse consequences of declining or withdrawing a study.
  2. Taking steps to assure patients/clients are not exploited by research-related dual relationships.
  3. Assuring that therapeutic services are not compromised by research procedures or goals.
  4. To the extent that services may be compromised by participation in research, investigators seek the ethical advice of qualified professionals not directly involved in the investigation and observe safeguards to protect the rights of research participants.
- C. Pastoral Medicine practitioners guarantee confidentiality of information obtained from a research participant unless confidentiality is waived in writing. When it is possible that information might be recognized by others (including family members) researchers disclose a plan for protecting confidentiality as part of informed consent.
1. Pastoral Medicine practitioners consider the effects of research procedures on communities in which it takes place, and take adequate precautions to protect the integrity of these communities.
  2. Pastoral Medicine practitioners comply with Federal standards and local institutional review procedures governing human subject research. When IPMA is a principal investigator, the Judicial Ethics Panel of IPMA will act as a review board to ensure compliance.
  3. Pastoral Medicine Practitioners are truthful in reporting research results. Pastoral Medicine practitioners:
    - a. Do not plagiarize by presenting another's work or data as one's own;
    - b. Assure that research results are not presented or published in a deceptive or manipulative manner;

- c. Pastoral Medicine practitioners do not withhold their research data, methods of analysis, or procedures from other qualified researchers who in good faith wish to replicate or validate research results, to the extent that confidentiality of research subjects can be guaranteed.