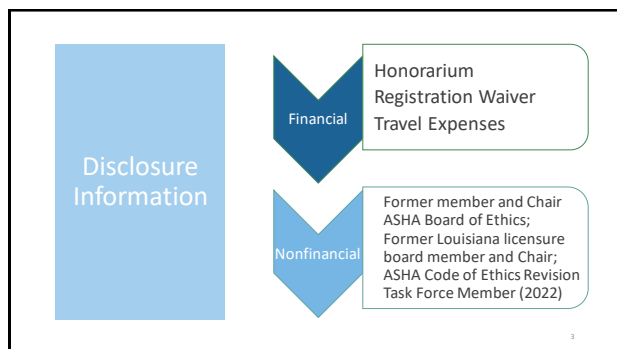




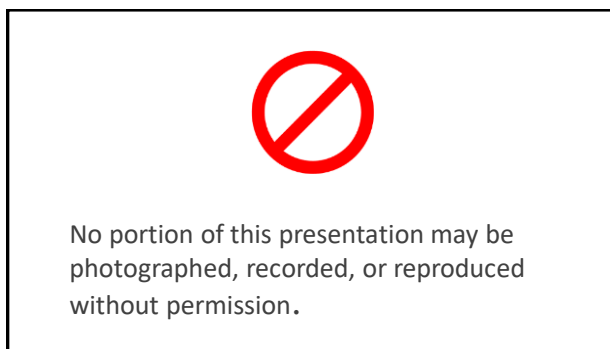
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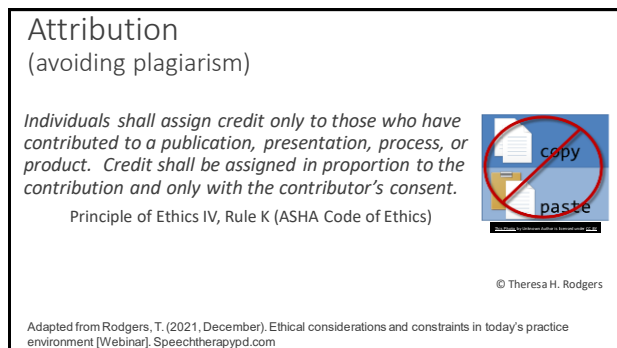
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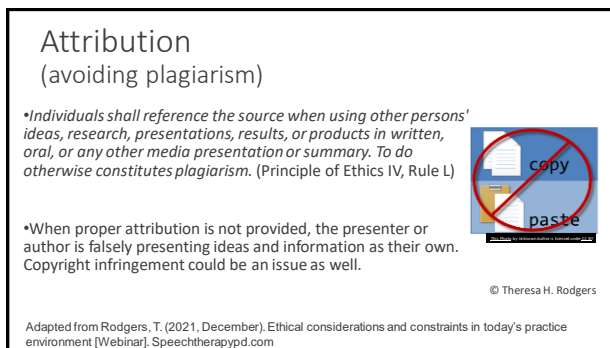
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6

Acknowledgements!

Special thanks to the following individuals who contributed to the development of this presentation:

- Donna Euben, Esq.
- Katharine Meyer, Esq.
- Glenn Waguespack, MS, CCC-A, L-AUD



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KNOW THE RULES!



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DIFFERENCES/SIMILARITIES IN ETHICAL STANDARDS, POWERS

- Professional Organizations – American Speech-Language-Hearing Association
- Regulatory Agencies – Mississippi State Department of Health



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REVISED



ASHA CODE OF ETHICS IMPLEMENTATION DATE:

MARCH 1, 2023

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10



CODE OF ETHICS

<https://www.asha.org/siteassets/publications/code-of-ethics-2023.pdf>

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REVISIONS TO THE ASHA CODE OF ETHICS (2023)

- **Preamble** – Language updated and streamlined for clarification purposes including the fact that if an individual is ASHA certified, they are not required to be an ASHA member. However, if an individual is an ASHA member and provides clinical services, they must be ASHA certified.
- **Principle of Ethics I – Animals in Research** – Language about the humane treatment of animals in research was removed from the overarching principle and moved to Rule J.

Meyer, K. & Shermanski, R. (2023, April). What's changed in the 2023 updates to the ASHA Code of Ethics? *The ASHA LeaderLive*. <https://leader.pubs.asha.org/doi/10.1044/2023-0403-ethics-revisions-aud-sla/full/>

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REVISIONS TO THE ASHA CODE OF ETHICS (2023)

Principle I Rule C and Principle IV Rule M – Discrimination – The terms “gender” and “genetic information” were added. Although initially “culture, language, and dialect” were deleted for consistency with ASHA bylaws and are included in “national origin”, there was much opposition to this change expressed in the widespread peer review. “Culture, language, and dialect” were preserved and “accent” was added.

Meyer, K. & Shermanski, R. (2023, April). What's changed in the 2023 updates to the ASHA Code of Ethics? *The ASHA LeaderLive*. <https://leader.pubs.asha.org/doi/10.1044/2023-0403-ethics-revisions-aud-slp/full/>

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REVISIONS TO THE ASHA CODE OF ETHICS (2023)

Principle I Rules O and P – Confidentiality – The phrase stating that confidential information could be disclosed to “protect the welfare of the person or the community” was removed as it was open to interpretation.

Principle I Rule R – Inability to Practice with Reasonable Skill and Safety – This rule adds health and personal issues that can affect practice.

Meyer, K. & Shermanski, R. (2023, April). What's changed in the 2023 updates to the ASHA Code of Ethics? *The ASHA LeaderLive*. <https://leader.pubs.asha.org/doi/10.1044/2023-0403-ethics-revisions-aud-slp/full/>

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REVISIONS TO THE ASHA CODE OF ETHICS (2023)

Principle I Rule S – Reporting of Practitioners – If an internal reporting mechanism does not exist, the revised rule clarifies to whom a colleague unable to practice with reasonable skill and safety should be reported.

Principle III – The language was modified for clarification. “In their professional role, individuals shall act with honesty and integrity when engaging with the public and shall provide accurate information involving any aspect of the professions.”

Meyer, K. & Shermanski, R. (2023, April). What's changed in the 2023 updates to the ASHA Code of Ethics? *The ASHA LeaderLive*. <https://leader.pubs.asha.org/doi/10.1044/2023-0403-ethics-revisions-aud-slp/full/>

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REVISIONS TO THE ASHA CODE OF ETHICS (2023)

Principle III Rule B – Conflict of Interest – A new sentence states a conflict of interest should be properly disclosed if it cannot be avoided.

Principle IV, Rule F – Supervision – New rule added to the 2023 Code – “Individuals who mentor Clinical Fellows, act as a preceptor to audiology externs, or supervise undergraduate or graduate students, assistants, or other staff shall provide appropriate supervision and shall comply—fully and in a timely manner—with all ASHA certification and supervisory requirements.”

Meyer, K. & Shermanski, R. (2023, April). What's changed in the 2023 updates to the ASHA Code of Ethics? *The ASHA LeaderLive*. <https://leader.pubs.asha.org/doi/10.1044/2023-0403-ethics-revisions-aud-slp/full/>

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REVISIONS TO THE ASHA CODE OF ETHICS (2023)

Principle III Rule I – Relationships with Students and Subordinates – Clarifies a consensual relationship existing prior to the start of a professional relationship is not an ethics violation.

Principle IV Rules T and U – Self-Reporting – Additional time to self-report (change from 30 to 60 days) following conviction or state licensure action. Certified documents not required although court documents can be requested if there is insufficient information.

Terminology section moved to end of document and some terms defined elsewhere or no longer used in the Code were removed.

Meyer, K. & Shermanski, R. (2023, April). What's changed in the 2023 updates to the ASHA Code of Ethics? *The ASHA LeaderLive*. <https://leader.pubs.asha.org/doi/10.1044/2023-0403-ethics-revisions-aud-slp/full/>

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Common Themes of Ethics Inquiries (ASHA; 1500+ annually)

- Documentation lapses
- Billing and coding
- Conflicts of interest
- Social media use
- Unlicensed practice
- Employer demands
- Supervision issues
- Sexual misconduct
- Client abandonment
- Impaired practitioners
- Confidentiality
- Failure to disclose



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Online Public Disclosure of Sanctions

www.asha.org/practice/ethics

Ethics Resources

Verify the public ethics violation history of an individual who holds or who held the Certificate of Clinical Competence in Audiology (CCC-A) or Speech-Language Pathology (CCC-SLP).

[Verify ASHA Public Ethics History](#)

ASHA Certification and Ethics Verification

This is a Primary Source Verification (PSV) for the Certificate of Clinical Competence (CCC) in the field of audiology and speech-language pathology.

Enter a valid ASHA Account Number or search by an individual's name and location to verify the status of an individual's Certificate of Clinical Competence in Audiology (CCC-A) or Speech-Language Pathology (CCC-SLP) and Ethics History.

How would you like to verify certification and ethics?

• Verify by ASHA Account Number

• Verify by Name and Location

ASHA Account Number (Optional)

[Verify Certification](#)

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Board of Ethics Decisions

Delaware

- **Rationale:** Received professional discipline in 2021 from the Delaware Board of Speech Pathologists, Audiologists, and Hearing Aid Dispensers for forging signatures of other SLPs on IEP documentation. Failed to self-report their receipt of professional discipline to ASHA Standards and Ethics.
- **Code (2016):** I, I-Q, III, III-G, IV, IV-D, IV-E, IV-R, IV-T
- **Sanction:** Censure, effective December 14, 2022.

<https://www.asha.org/practice/ethics/boe-decisions/>

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Board of Ethics Decisions

Texas

- **Rationale:** Received three convictions for Driving While Intoxicated in Texas criminal court. Received professional discipline in 2021 from the Texas Commission of Licensing and Regulation for their criminal history and lack of fitness to hold a full SLP license without conditions. Failed to self-report their misdemeanor conviction, felony conviction, and their receipt of professional discipline to ASHA Standards and Ethics.
- **Code (2016):** I, I-R, IV, IV-D, IV-R, IV-S, IV-T
- **Sanction:** Censure, effective December 19, 2022.

<https://www.asha.org/practice/ethics/boe-decisions/>

21

Board of Ethics Decisions

Missouri

- **Rationale:** Viewed records of patients that were no longer or never under her care and admitted to having taken more than 40 patient records to her home. Billed for, and failed to properly document, 253 speech-language therapy treatment sessions for 39 patients.
- **Code (2016):** I, I-O, I-Q, III, III-D, III-G, IV, IV-D, IV-E
- **Sanction:** Suspension for six (6) months, effective December 14, 2022.

<https://www.asha.org/practice/ethics/boe-decisions/>

22

Board of Ethics Decisions

Oklahoma

- **Rationale:** Provided and received payment for 27 private speech-language pathology sessions while simultaneously providing school-based speech-language pathology services to a student. Failed to convene the appropriate participants in Individualized Education Program meetings and failed to provide required federal documentation to parents. Provided speech-language pathology services at a school without having an Oklahoma teacher certification or credential. Received professional discipline in 2019 from the Oklahoma Board of Examiners for Speech-Language and Audiology for practicing speech-language pathology without a license for one month. Failed to self-report they had received professional discipline to ASHA Standards and Ethics.
- **Code (2016):** III, III-A, III-B, III-D, IV, IV-D, IV-R, IV-T
- **Sanction:** Censure, effective August 23, 2022.

<https://www.asha.org/practice/ethics/boe-decisions/>



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Recent Board of Ethics Decisions

Maine

- **Rationale:** Engaged in an intimate personal relationship with a graduate student while supervising and evaluating her clinical work and failed to timely disclose such relationship to his supervisors.
- **Code (2016):** III, III-B, IV, IV-D, IV-H
- **Sanction:** Suspension of membership and certification for 12 months, effective April 22, 2022.

<https://www.asha.org/practice/ethics/boe-decisions/>

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Board of Ethics Decisions

Texas

- Rationale: Failed to meet speech-language pathology standards of practice for evaluation procedures and intervention plans. Jeopardized patients' care and welfare by failing to provide appropriate assessments, treatments, recommendations, and progress monitoring. Failed to seek assistance in fulfilling professional obligations when compromised by personal matters and health-related conditions and when unable to provide appropriate speech-language pathology services. Failed to meet expectations for timely and complete documentation in which two years of client records were inaccurate, overdue, and incomplete.
- Code (2016): I, I-A, I-B, I-Q, I-R, IV, IV-A, IV-D
- Sanction: Revocation of membership and certification for 12 months, effective Jan. 7, 2022.

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Recent Board of Ethics Decisions

California

- Rationale: Received professional discipline in 2020 from the California Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board for performing low-level laser treatment on children with apraxia, nonverbal autism, and Down syndrome (not considered evidence-based practice in the field of speech-language pathology); for providing services outside the speech-language pathology scope of practice; and for misrepresenting their credentials and services provided.
- Code (2016): I, I-M, II, II-A, II-G, III, III-A, III-C, III-E, III-F, IV, IV-D, IV-E, IV-P, IV-R, IV-T
- Sanction: Revocation of membership and certification for five years, effective Jan. 7, 2022.

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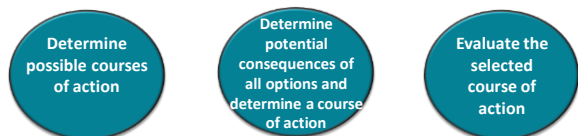
Ethical Decision-Making Model



Forester-Miller, H. & Davis, T.E. (2016). *Practitioner's guide to ethical decision-making* [Rev. ed.]. Retrieved from <https://www.counseling.org/docs/default-source/ethics/practitioner-39-s-guide-to-ethical-decision-making.pdf>

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Ethical Decision-Making Model



Forester-Miller, H. & Davis, T.E. (2016). *Practitioner's guide to ethical decision-making* [Rev. ed.]. Retrieved from <https://www.counseling.org/docs/default-source/ethics/practitioner-39-s-guide-to-ethical-decision-making.pdf>

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Ethical Decision-Making Model

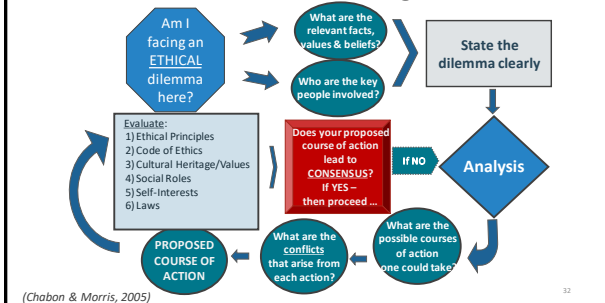
Evaluate:

- 1) Ethical Principles
- 2) Code of Ethics
- 3) Cultural Heritage/Values
- 4) Social Roles
- 5) Self-Interests
- 6) Laws

Chabon, S. & Morris, J. (2005). Raising ethical awareness in the practice of speech-language pathology and audiology: A 24/7 endeavor. *California Speech-Language-Hearing Association Magazine*, 35 (1) 6-8.

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Ethical Decision-Making Model



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Ethical Decision-Making Model



Forester-Miller, H. & Davis, T.E. (2016). *Practitioner's guide to ethical decision-making* [Rev. ed.]. Retrieved from <https://www.counseling.org/docs/default-source/ethics/practitioner-39-s-guide-to-ethical-decision-making.pdf>

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Ethical Scenarios

Situations representing a potential violation of the ASHA Code of Ethics will be discussed by participants. Determine what the major ethical issue is, whether a violation has occurred and, if possible, how the situation should have been resolved.



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Discussion Questions

1. What is the major ethical issue in this case?
2. Is this a violation of the ASHA Code of Ethics? If so, which rule(s) does it violate?
3. Could the situation have been prevented or resolved?



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Assistants Code of Conduct

Principle of Conduct I – Assistants shall honor their responsibility to hold paramount the welfare of persons they serve professionally.

Conduct Fundamentals (excerpt)

- A. Assistants shall engage only in those activities delegated by the supervising audiologist or speech-language pathologist and permitted by local, state, or federal regulations.
- B. Assistants who hold the C-AA or C-SLPA shall engage in only those work areas that are within the scope of their competence, considering their certification status, education, training, and experience.....

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Assistants Code of Conduct

Principle of Conduct II – Individuals shall honor their responsibility to the public by providing accurate information in all communications and by providing services with honesty, integrity, and compassion.

Conduct Fundamentals (excerpt)

- A. Assistants shall not misrepresent services provided.
- B. Assistants shall not defraud, or participate in fraud, through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.....

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Assistants Code of Conduct

Principle of Conduct III – Assistants shall maintain collaborative and harmonious interprofessional and intraprofessional relationships.

Conduct Fundamentals (excerpt)

- A. Assistants shall work collaboratively with audiologists and speech-language pathologists and/or members of other professions to deliver the highest quality of care.
- B. Assistants shall not engage in any form of conduct that adversely reflects on assistants or on the assistant's fitness to provide services.....

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Questions



- Contact ASHA Ethics: ethics@asha.org
- Resources: <https://www.asha.org/practice/ethics/>
- Theresa Rodgers: rodergst@eatel.net
- Theresa Rodgers Twitter: [@theresahrogers](https://twitter.com/theresahrogers)
- LinkedIn
- <https://www.linkedin.com/in/theresa-h-rodgers-ma-ccc-slp-asha-fellow-l-slp-eds-id-a9a6601a2/>

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ASHA
American
Speech-Language-Hearing
Association

CODE OF ETHICS

Reference this material as: American Speech-Language-Hearing Association. (2023). Code of Ethics [Ethics]. Available from www.asha.org/policy/.

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PREAMBLE

The American Speech-Language-Hearing Association (ASHA; hereafter, also known as “the Association”) has been committed to a framework of common principles and standards of practice since ASHA’s inception in 1925. This commitment was formalized in 1952 as the Association’s first Code of Ethics. This code has been modified and adapted to reflect the current state of practice and to address evolving issues within the professions.

The ASHA Code of Ethics reflects professional values and expectations for scientific and clinical practice. It is based on principles of duty, accountability, fairness, and responsibility and is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions. The Code of Ethics is a framework and a guide for professionals in support of day-to-day decision making related to professional conduct.

The Code of Ethics is obligatory and disciplinary as well as aspirational and descriptive in that it defines the professional’s role. It is an integral educational resource regarding ethical principles and standards that are expected of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by audiologists, speech-language pathologists, and speech, language, and hearing scientists who serve as clinicians, educators, mentors, researchers, supervisors, and administrators. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose and is [applicable to the following individuals](#):

- a member of ASHA holding the Certificate of Clinical Competence
- a member of ASHA not holding the Certificate of Clinical Competence
- a nonmember of ASHA holding the Certificate of Clinical Competence
- an applicant for ASHA certification or for ASHA membership and certification

ASHA members who provide clinical services must hold the Certificate of Clinical Competence and must abide by the Code of Ethics. By holding ASHA certification and/or membership, or through application for such, all individuals are [subject to the jurisdiction](#) of the ASHA Board of Ethics for ethics complaint adjudication.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas: (I) responsibility to persons served professionally and to

research participants; (II) responsibility for one's professional competence; (III) responsibility to the public; and (IV) responsibility for professional relationships. Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

The Code of Ethics is designed to provide guidance to members, certified individuals, and applicants as they make professional decisions. Because the Code of Ethics is not intended to address specific situations and is not inclusive of all possible ethical dilemmas, professionals are expected to follow its written provisions and to uphold its spirit and purpose. Adherence to the Code of Ethics and its enforcement results in respect for the professions and positive outcomes for those who benefit from the work of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

PRINCIPLE OF ETHICS I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities.

RULES OF ETHICS

- A. Individuals shall provide all clinical services and scientific activities competently.
- B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
- C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect, and accent; race; religion; sex; sexual orientation; or veteran status.
- D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, students, research assistants, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.
- E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, or any other persons only if those persons are adequately prepared and are appropriately supervised. The

responsibility for the welfare of those being served remains with the certified audiologist or speech-language pathologist.

- F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, or any nonprofessionals over whom they have supervisory responsibility.
- G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified audiologist or speech-language pathologist.
- H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a legally authorized/appointed representative.
- I. Individuals shall enroll and include persons as participants in research or teaching demonstrations/simulations only if participation is voluntary, without coercion, and with informed consent.
- J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research, including humane treatment of animals involved in research.
- K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
- L. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.
- M. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.

- N. Individuals who hold the Certificate of Clinical Competence may provide services via telepractice consistent with professional standards and state and federal regulations, but they shall not provide clinical services solely by written communication.
- O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is legally authorized or required by law.
- P. Individuals shall protect the confidentiality of information about persons served professionally or participants involved in research and scholarly activities. Disclosure of confidential information shall be allowed only when doing so is legally authorized or required by law.
- Q. Individuals shall maintain timely records; shall accurately record and bill for services provided and products dispensed; and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.
- R. Individuals shall not allow personal hardships, psychosocial distress, substance use/misuse, or physical or mental health conditions to interfere with their duty to provide professional services with reasonable skill and safety. Individuals whose professional practice is adversely affected by any of the above-listed factors should seek professional assistance regarding whether their professional responsibilities should be limited or suspended.
- S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if such a mechanism exists and, when appropriate, externally to the applicable professional licensing authority or board, other professional regulatory body, or professional association.
- T. Individuals shall give reasonable notice to ensure continuity of care and shall provide information about alternatives for care in the event that they can no longer provide professional services.

PRINCIPLE OF ETHICS II

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

RULES OF ETHICS

- A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.
- B. ASHA members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may provide clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.
- C. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.
- D. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research.
- E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.
- F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.
- G. Individuals shall use technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is warranted but not available, an appropriate referral should be made.
- H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

PRINCIPLE OF ETHICS III

In their professional role, individuals shall act with honesty and integrity when engaging with the public and shall provide accurate information involving any aspect of the professions.

RULES OF ETHICS

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly contributions.
- B. Individuals shall avoid engaging in conflicts of interest whereby a personal, professional, financial, or other interest or relationship could influence their objectivity, competence, or effectiveness in performing professional responsibilities. If such conflicts of interest cannot be avoided, proper disclosure and management is required.
- C. Individuals shall not misrepresent diagnostic information, services provided, results of services provided, products dispensed, effects of products dispensed, or research and scholarly activities.
- D. Individuals shall not defraud, scheme to defraud, or engage in any illegal or negligent conduct related to obtaining payment or reimbursement for services, products, research, or grants.
- E. Individuals' statements to the public shall provide accurate information regarding the professions, professional services and products, and research and scholarly activities.
- F. Individuals' statements to the public shall adhere to prevailing professional standards and shall not contain misrepresentations when advertising, announcing, or promoting their professional services, products, or research.
- G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

PRINCIPLE OF ETHICS IV

Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

RULES OF ETHICS

- A. Individuals shall work collaboratively with members of their own profession and/or members of other professions, when appropriate, to deliver the highest quality of care.

- B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative directive, referral source, or prescription prevents them from keeping the welfare of persons served paramount.
- C. Individuals' statements to colleagues about professional services, products, or research results shall adhere to prevailing professional standards and shall contain no misrepresentations.
- D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- E. Individuals shall not engage in dishonesty, negligence, deceit, or misrepresentation.
- F. Individuals who mentor Clinical Fellows, act as a preceptor to audiology externs, or supervise undergraduate or graduate students, assistants, or other staff shall provide appropriate supervision and shall comply—fully and in a timely manner—with all ASHA certification and supervisory requirements.
- G. Applicants for certification or membership, and individuals making disclosures, shall not make false statements and shall complete all application and disclosure materials honestly and without omission.
- H. Individuals shall not engage in any form of harassment or power abuse.
- I. Individuals shall not engage in sexual activities with persons over whom they exercise professional authority or power, including persons receiving services, other than those with whom an ongoing consensual relationship existed prior to the date on which the professional relationship began.
- J. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- K. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- L. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
- M. Individuals shall not discriminate in their relationships with colleagues, members of other professions, or individuals under their supervision on the basis of age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect, and accent; race; religion; sex; sexual orientation; socioeconomic status; or veteran status.

- N. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to either work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its [established procedures](#).
- O. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.
- P. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- Q. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
- R. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
- S. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice and to the responsible conduct of research.
- T. Individuals who have been convicted of, been found guilty of, or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another or (2) any felony shall self-report by notifying the ASHA Ethics Office in writing within 60 days of the conviction, plea, or finding of guilt. Individuals shall also provide a copy of the conviction, plea, or nolo contendere record with their self-report notification, and any other court documents as reasonably requested by the ASHA Ethics Office.
- U. Individuals who have (1) been publicly disciplined or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body; or (2) voluntarily relinquished or surrendered their license, certification, or registration with any such body while under investigation for alleged unprofessional or improper conduct shall self-report by notifying the ASHA Ethics Office in writing within 60 days of the final action or disposition. Individuals shall also provide a copy of the final action, sanction, or disposition—with their self-report notification—to the ASHA Ethics Office.

TERMINOLOGY

The purpose of the following Terminology section is to provide additional clarification for terms not defined within the Principles of Ethics and Rules of Ethics sections.

ASHA Ethics Office

The ASHA Ethics Office assists the Board of Ethics with the confidential administration and processing of self-reports from and ethics complaints against individuals (as defined below). All complaints and self-reports should be sent to this office. The mailing address for the ASHA Ethics Office is American Speech-Language-Hearing Association, attn: Ethics Office, 2200 Research Blvd., #309, Rockville, MD 20850. The email address is ethics@asha.org.

advertising

Any form of communication with the public regarding services, therapies, research, products, or publications.

diminished decision-making ability

The inability to comprehend, retain, or apply information necessary to determine a reasonable course of action.

individuals

Within the Code of Ethics, this term refers to ASHA members and/or certificate holders and applicants for ASHA certification.

informed consent

An agreement by persons served, those with legal authority for persons served, or research participants that constitutes authorization of a proposed course of action after the communication of adequate information regarding expected outcomes and potential risks. Such an agreement may be verbal or written, as required by applicable law or policy.

may vs. shall

May denotes an allowance for discretion; *shall* denotes something that is required.

misrepresentation

Any statement by words or other conduct that, under the circumstances, amounts to an assertion that is false, erroneous, or misleading (i.e., not in accordance with the facts).

negligence

Failing to exercise a standard of care toward others that a reasonable or prudent person would use in the circumstances, or taking actions that a reasonable person would not.

nolo contendere

A plea made by a defendant stating that they will not contest a criminal charge.

plagiarism

Representation of another person's idea, research, presentation, result, or product as one's own through irresponsible citation, attribution, or paraphrasing.

publicly disciplined

A formal disciplinary action of public record.

reasonable or reasonably

Being supported or justified by fact or circumstance and being in accordance with reason, fairness, duty, or prudence.

self-report

A professional obligation of self-disclosure that requires (a) notifying the ASHA Ethics Office in writing and (b) sending a copy of the required documentation to the ASHA Ethics Office (see definition of "written" below).

shall vs. may

Shall denotes something that is required; *may* denotes an allowance for discretion.

telepractice

Application of telecommunications technology to the delivery of audiology and speech-language pathology professional services at a distance by linking clinician to client/patient/student or by linking clinician to clinician for assessment, intervention, consultation, or supervision. The quality of the service should be equivalent to that of in-person service. For more information, [see Telepractice](#) on the ASHA Practice Portal.

written

Encompasses both electronic and hard-copy writings or communications.