

Ethical Practice in Helping Professions

**Satellite Conference and Live Webcast
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**Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division**

Faculty

**William Kennedy, MSW, LICSW
State Social Work Director
Alabama Department of Public Health**

Actors

- **Meg May, LICSW - Southeastern District Social Work Director**
- **Kimberly Edwards, LGSW - East Central District Social Work Director**
- **Carol Heier, LICSW - Retired ADPH Social Worker**
- **Brent Hatcher, SPHR - ADPH Director of Human Resources**

Actors

- **Karl Bryant - Office of Management Support**
- **April Golston - Telehealth Program Manager**
- **Wenton Kennedy - Student**

Objectives

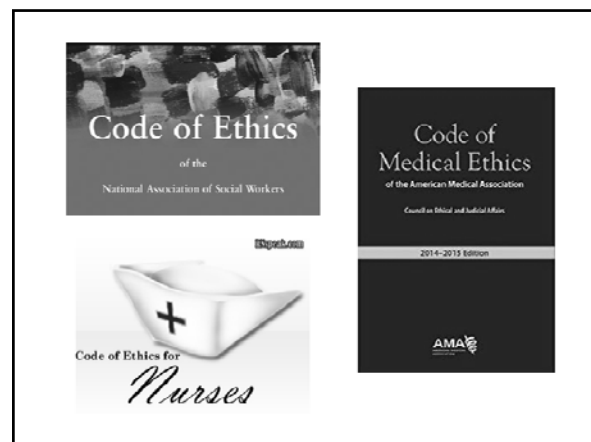
- **Participants will understand why ethics training is important**
- **Participants will understand the continuing education requirements for ethics training**
- **Participants will be familiar with the National Association of Social Work Code of Ethics**

Objectives

- **Participants will be able to list several unprofessional behaviors that can lead to discipline within helping professions**

Ethics

- **Social workers' primary responsibility is promote the well-being of clients**
–NASW CODE OF ETHICS
- **The nurse promotes, advocates for, and protects the rights, health and safety of the patient**
–Code of Ethics for Nurses with Interpretive Statements



The Four Principles of Health Care Ethics

- **Autonomy-** right of the patient to retain control over his/her body, make their own decisions
- **Beneficence-** provider must do all they can to benefit the patient, most good for the patient

The Four Principles of Health Care Ethics

- **Non-Maleficence** -“to do no harm”
- **Justice** - fairness, equal distribution of resources and uphold applicable laws
–Tom Beauchamp and James Childress Principles of Biomedical Ethics (1985)

Fraud and Deception

- **3.04 Client Records**
–(a) Social workers should take reasonable steps to ensure that documentation in electronic and paper records is accurate and reflects the services provided

Fraud and Deception

- **4.04 Dishonesty, Fraud, and Deception**
–Social workers should not participate in, condone, or be associated with dishonesty, fraud, or deception
• **NASW CODE OF ETHICS**

Fraud and Deception

- **Criminal**
 - Illegal and may vary from state to state
 - Could include fines or jail time
- **Ethically**
 - Taking advantage of patient
 - Records do not reflect patient's true history
 - Potentially deprive patient of services
 - Increased cost to patient

Most Common Fraudulent Practices

- **Billing for services that were not provided**
- **Intentionally misrepresenting the nature of the service performed**
- **Intentionally misrepresenting the date the service was provided**
- **Intentionally misrepresenting the condition or diagnosis made**

Most Common Fraudulent Practices

- **Intentionally misrepresenting the charges for services performed**
- **Intentionally misrepresenting the provider or the recipient of services**
- **Performance of unnecessary services for the purpose of financial gain**
 - National Health Care Anti-Fraud Association

Privacy and Confidentiality

- **1.07 Privacy and Confidentiality**
- **(a) Social workers should respect clients' right to privacy. Social workers should not solicit private information from or about clients except for compelling professional reasons. Once private information is shared, standards of confidentiality apply.**
- **(f) When social workers provide counseling services to families, couples, or groups, social workers should seek agreement among the parties involved...**

Privacy and Confidentiality

- **concerning each individual's right to confidentiality and obligation to preserve the confidentiality of information shared by others. This agreement should include consideration of whether confidential information may be exchanged in person or electronically, among clients or with others outside of formal counseling sessions. Social workers should inform participants in family, couples, or group counseling that social workers cannot guarantee that all participants will honor such agreements.**

Privacy and Confidentiality

- **(g) Social workers should inform clients involved in family, couples, marital, or group counseling of the social worker's, employer's, and agency's policy concerning the social worker's disclosure of confidential information among the parties involved in the counseling.**
- **(h) Social workers should not disclose confidential information to third-party payers unless clients have authorized such disclosure.**

Privacy and Confidentiality

- (i) Social workers should not discuss confidential information, electronically or in person, in any setting unless privacy can be ensured. Social workers should not discuss confidential information in public or semi-public areas such as hallways, waiting rooms, elevators, and restaurants.
- (j) Social workers should protect the confidentiality of clients during legal proceedings to the extent permitted by law. When a court of law or other legally authorized body orders social workers to...

Privacy and Confidentiality

- disclose confidential or privileged information without a client's consent and such disclosure could cause harm to the client, social workers should request that the court withdraw the order or limit the order as narrowly as possible or maintain the records under seal, unavailable for public inspection.
- (k) Social workers should protect the confidentiality of clients when responding to requests from members of the media.

Privacy and Confidentiality

- (l) Social workers should protect the confidentiality of clients' written and electronic records and other sensitive information. Social workers should take reasonable steps to ensure that clients' records are stored in a secure location and that clients' records are not available to others who are not authorized to have access.

–NASW CODE OF ETHICS

Privacy and Confidentiality

- Health Insurance Portability and Accountability Act 1996
- Agency Policies
 - HIPAA Privacy and Security Policy (2018-001)
 - Compliance and Ethics Policy (2015-004)
 - Employee Handbook for Semi-Monthly Employees (2018-003)

Common PHI Disclosures in Healthcare

- Mailing PHI to the wrong patient
- Mailing PHI to the wrong provider
- Using a label for mailing that includes PHI
- Replying to all in an email and including PHI

Common PHI Disclosures in Healthcare

- Discussing PHI with someone that is not included in the Consent Release form
- Discussing patient information outside of the healthcare setting
- Employees illegally accessing patient files

Situations for Potential Disclosure

- Leaving PHI and documentation on your desk or not secure in your office space
- Putting PHI in a recycle can or box that is not secured
- Lost or stolen devices
- Texting patient information

Situations for Potential Disclosure

- Lack of training of HIPAA regulations
- Social Media

Dual Relationships

- 1.06 Conflicts of Interest
 - (c) Social workers should not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries.

Dual Relationships

- (Dual or multiple relationships occur when social workers relate to clients in more than one relationship, whether professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively.)
 - NASW CODE OF ETHICS

Dual Relationships - Dangers

- Potential for exploitation to patient
- Potential for harm or damage to the patient
- Could disrupt the therapeutic relationship
- Protect the healthcare professional from liability

Dual Relationships

- Questions to ask when dual relationship is difficult to avoid
 - Who does the relationship benefit?
 - Have the risk been discussed with the patient/client?
 - Has the patient/client provided informed consent?

Alcohol Use and Abuse

- 4.05 Impairment
- (a) Social workers should not allow their own personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties to interfere with their professional judgment and performance or to jeopardize the best interests of people for whom they have a professional responsibility.

Alcohol Use and Abuse

- (b) Social workers whose personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties interfere with their professional judgment and performance should immediately seek consultation and take appropriate remedial action by seeking professional help, making adjustments in workload, terminating practice, or taking any other steps necessary to protect clients and others.
–NASW CODE OF ETHICS

Alcohol Use and Abuse

- § 34-21-25 Denial, suspension, or revocation of license; administrative fines; voluntary disciplinary alternative program.
–(b)(1) The board may also deny, revoke, or suspend any license issued by it or otherwise discipline a licensee upon proof of any of the following regarding the licensee:

Alcohol Use and Abuse

- d. Is unfit or incompetent due to the use of alcohol, or is addicted to the use of habit forming drugs to such an extent as to render him or her unsafe or unreliable as a licensee
–Alabama Nurse Practicing Act

Alcohol Use and Abuse

- Nurses and other helping professions show higher rates of alcohol addiction than other professions
- 83% of healthcare professionals consumed alcohol at least once in last year
- 16% engaged in binge drinking

Competence and Continuing Education

- 1.04 Competence
– (a) Social workers should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience.

Competence and Continuing Education

- (b) Social workers should provide services in substantive areas or use intervention techniques or approaches that are new to them only after engaging in appropriate study, training, consultation, and supervision from people who are competent in those interventions or techniques.

Continuing Education Requirements

CHAPTER 850-X-8 CONTINUING EDUCATION

- (4) The contact hour requirements for each category of licensure are as follows:
 - (a) A licensed bachelor social worker must submit proof of thirty (30) contact hours of continuing education.
 - (b) A licensed master social worker must submit proof of thirty (30) contact hours of continuing education.

Continuing Education Requirements

- (c) A licensed independent clinical social worker must submit proof of thirty (30) contact hours of continuing education.
- (d) A minimum of three (3) contact hours in ethics and three(3) contact hours in clinical are required for each license renewal.

Continuing Education Requirements

- (e) All licensees and applicants are required to complete a mandatory Child Abuse and Neglect Report training as required by Alabama Law 26-14-3
 - Alabama State Board of Social Work Examiners Administrative Code

Nursing CEU Requirements

- § 34-21-23 Renewal of license; continuing education.
 - (f) The board shall adopt a continuing education program by October 1, 1991. After that date, successful completion of the continuing education requirements shall be a requisite for license renewal.
 - Alabama Nurse Practicing Act

Nursing CEU Requirements

- The ABN licensing system will not allow a licensee to renew until all requirements have been satisfied. These requirements include 24 contact hours of Continuing Education credit (prorated in the case of first-time licensees), and payment of any outstanding fees or fines incurred since your last renewal or initial licensure.
 - Alabama Board of Nursing

Prescription Medicine and Opioid Use and Abuse

- 4.05 Impairment
 - (a) Social workers should not allow their own personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties to interfere with their professional judgment and performance or to jeopardize the best interests of people for whom they have a professional responsibility.

Prescription Medicine and Opioid Use and Abuse

- (b) Social workers whose personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties interfere with their professional judgment and performance should immediately seek consultation and take appropriate remedial action by seeking professional help, making adjustments in workload, terminating practice, or taking any other steps necessary to protect clients and others.
 - NASW CODE OF ETHICS

Prescription Medicine and Opioid Use and Abuse

- Healthcare professionals have easier access to addicting substances.
- Healthcare profession is stressful.
- 1% to 2% of healthcare professionals each year develop some form of addiction
- 10%-15% of healthcare professionals will misuse substances in their lifetime.

Prescription Medicine and Opioid Use and Abuse

- It affects all professions of the healthcare field.
- Prescription drug abuse is 5 times higher among physicians than the general population.
- Nearly 7 percent of nurses use prescription drugs for nonmedical purposes, a rate higher than the national average

Prescription Medicine and Opioid Use and Abuse

- Healthcare professionals have a legal and ethical responsibility to protect patients and clients from drug abusers
- Healthcare professionals have an ethical responsibility to seek consultation and professional help when it is needed

Prescription Medicine and Opioid Use and Abuse

- Healthcare professionals should report to employer, state boards, agencies, regulatory bodies and professional organizations when impairment interferes with practice

**Social Media and Informed Consent
- Avoid Electronic Searches
Without the Client's Consent**

- 1.03 Informed Consent
 - (e) Social workers should discuss with clients the social workers' policies concerning the use of technology in the provision of professional services.
 - (f) Social workers who use technology to provide social work services should obtain informed consent from the individuals using these services during the initial screening or interview...

**Social Media and Informed Consent
- Avoid Electronic Searches
Without the Client's Consent**

- and prior to initiating services. Social workers should assess clients' capacity to provide informed consent and, when using technology to communicate, verify the identity and location of clients.
- (i) Social workers should obtain client consent before conducting an electronic search on the client. Exceptions may arise when the search is for purposes of protecting the client or other people...

**Social Media and Informed Consent
- Avoid Electronic Searches
Without the Client's Consent**

- from serious, foreseeable, and imminent harm, or for other compelling professional reasons.
- 1.07 Privacy and Confidentiality
 - (a) Social workers should respect clients' right to privacy. Social workers should not solicit private information from or about clients except for compelling professional reasons...

**Social Media and Informed Consent
- Avoid Electronic Searches
Without the Client's Consent**

- Once private information is shared, standards of confidentiality apply.
 - NASW CODE OF ETHICS

**Revisions to the
Code of Ethics**

- August 2017, NASW Delegate Assembly approved revision to the NASW Code of Ethics
- Many of the revisions relate to communication technology including:
 - Social media
 - Text messaging

**Revisions to the
Code of Ethics**

- Tele-communication equipment
- Confidentiality
- Record keeping
- Disclosure of client information

References

- U. S. Department of Justice Drug Enforcement Division
- National Association of Social Workers
- Alabama State Board of Social Work Examiners
- Alabama Board of Nursing
- American Nursing Board
- Alabama Department of Public Health
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- <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>
- <http://socialwork.alabama.gov/rules.aspx>
- <https://www.nursingworld.org/coe-view-only>

References

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