1. **Scope and Applicability.** The standards of practice apply to all applicants, and those who are registered, certified or licensed.
2. **Purpose.** The Standards of Practice/Code of Conduct provide a basis upon which to assess and measure the professional conduct of an applicant and those who are registered, certified or licensed.
3. **Violations.** A violation of the Standards of Practice/Code of Conduct constitutes unprofessional or unethical conduct and constitutes grounds for disciplinary action or denial of credential.
4. **General Practice Parameters**
   1. Character: An MHP/LMHP shall maintain good moral character.
   2. Client Welfare: Within the context of the specific standards of practice prescribed herein, an MHP/LMHP shall make reasonable efforts to advance the welfare and best interests of a client.
   3. Self Determination: Within the context of the specific standards of practice prescribed herein, an MHP/LMHP shall respect a client's right to self-determination.
   4. Nondiscrimination: An MHP/LMHP shall not discriminate against a client, colleague, student, or supervisee on the basis of age, gender, sexual orientation, race, color, national origin, religion, disability, political affiliation, or social or economic status. If the MHP/LMHP is unable to offer services because of a concern about potential discrimination against a client, student, or supervisee, the MHP/LMHP shall make an appropriate and timely referral. When a referral is not possible, the social worker shall obtain supervision or consultation to address the concern.
5. **Professional Disclosure Statement.** An MHP/LMHP shall display at the MHP/LMHP’s primary place of practice or make available for all clients a statement that the client has the right to:
   1. Expect that the MHP/LMHP has met the minimal qualifications of education, training, and experience required by state law;
   2. Examine public records maintained by the Board which contain the MHP/LMHP’s qualifications and credentials;
   3. Be given a copy of the standards of practice upon request;
   4. Report a complaint about the MHP/LMHP practice to the Board;
   5. Be informed of the range of fees for professional services before receiving the services;
   6. Privacy as allowed by law, and to be informed of the limits of confidentiality;
   7. Expect that the MHP/LMHP will take reasonable measures consistent with the MHP/LMHP’s duty of confidentiality to limit access to client information and any expressed waivers or authorizations executed by the client. Reasonable measures include restricting access to client information to appropriate agency or office staff whose duties require such access.
   8. Receive information that an MHP is receiving supervision and that the MHP may be reviewing the client's case with the MHP’s supervisor.
   9. Be free from being the object of discrimination
   10. Have access to records as allowed by law.
6. **Competence**
   1. Provision of Services
      1. Social workers and other clinical staff should provide services and represent themselves as competent only within the boundaries of their education, training, credential, consultation received, supervised experience, or other relevant professional experience.
      2. Social workers and other clinical staff 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 persons who are competent in those interventions or techniques.
      3. When generally recognized standards do not exist with respect to an emerging area of practice, social workers and other clinical staff should exercise careful judgment and take responsible steps (including appropriate education, research, training, consultation, and supervision) to ensure the competence of their work and to protect clients from harm.
   2. Continued Competence: All clinical staff shall take all necessary and reasonable steps to maintain continued competence in the practice of their field of specialization.
   3. Limits on Practice: All clinical staff shall limit practice to the permissible scope of practice for their individual credentials.
   4. Referrals: All clinical staff shall make a prompt referral to other professionals when the services required are beyond the staff member’s competence. Such referrals are always based solely on the best interests of the client.
   5. Delegation: A clinical staff member shall not assign, oversee or supervise the performance of a task by another individual when the staff member knows that the other individual is not credentialed to perform the task or has not developed the competence to perform such a task.
7. **Practice Requirements**
   1. Assessment or Diagnosis: All clinical staff shall base services on an assessment or diagnosis. All clinical staff members shall evaluate on an ongoing basis whether the assessment or diagnosis needs to be revised.
   2. Assessment or Diagnostic Instruments: All clinical staff shall take reasonable steps to ensure that appropriate explanations of results are given. All clinical staff shall ensure that an explanation of the results is provided using language that is reasonably understandable to the person assessed or to another legally authorized person on
   3. Plan: All clinical staff shall develop a plan for services which includes goals based on the assessment or diagnosis. All clinical staff shall evaluate on an ongoing basis whether the plan needs to be revised.
   4. Mandatory Reporting: All clinical staff are required to report in conformity with all child or elder abuse Louisiana and federal laws.
   5. Supervision or Consultation: All clinical staff shall obtain supervision or engage in consultation when necessary to serve the best interests of a client.
   6. Informed Consent: All clinical staff shall provide services to clients only in the context of a professional relationship with valid informed consent.
      1. All clinical staff should use clear and understandable language to inform clients of the plan for services, relevant costs, reasonable alternatives, client’s right to refuse or withdraw consent, and the time frame covered by the consent.
      2. All clinical staff shall provide clients with an opportunity to ask questions.
      3. If the client does not have the capacity to provide consent, the MHP/LMHP shall obtain consent for the services from the client’s legal guardian or other authorized representative.
      4. If the client, the legal guardian, or other authorized representative does not consent, the clinical staff shall at the earliest opportunity discuss with the client that a referral to other resources may be in the client’s best interests.
   7. Records: All clinical staff shall make and maintain records, written or electronic, of services provided to a client.
      1. All clinical staff shall not represent by signature or any other means the extent of his/her participation in the provision of services (such as psychosocial evaluation, assessment, diagnosis, treatment plan, progress note or report) unless the social worker has formulated the psychosocial evaluation, assessment, diagnosis, treatment plan, progress note or report through direct contact with the client who provided the information included in the record.
      2. All clinical staff shall not conspire or collude with another person or entity to misrepresent by signature or any other means the extent of his/her participation in the provision of services.
      3. Students in field placement are specifically allowed to provide services under supervision. Supervisors may cosign all records indicating his/her supervisory function.
      4. All clinical staff shall accurately complete and submit reports, assessments, evaluations, forms or similar documentation in a timely manner.
   8. Termination of Services
      1. All clinical staff member shall terminate a professional relationship with a client when the client is not likely to benefit from continued services or the services are no longer needed.
      2. All clinical staff members have an affirmative duty to take reasonable steps to avoid under-treatment and/or precipitous termination of a client. A clinical staff member who anticipates the termination of services shall give reasonable notice to the client.
         1. All clinical staff shall take reasonable steps to inform the client of the termination of the professional relationship.
         2. All clinical staff shall provide referrals as needed and/or upon the request of the client.
         3. All clinical staff shall not terminate a professional relationship for the purpose of beginning a personal or business relationship with a client.
8. **Relationships**
   1. Exploitation: A clinical staff member’s duty requires the promotion and advancement of the best interests and welfare of clients, students and supervisees with whom the social worker has a professional social work relationship. It is a breach of this duty for a clinical staff member to use the professional relationship to promote or advance the staff member’s emotional, financial, sexual or personal needs. Examples of exploitative behavior may include, but are not limited to, the following:
      1. Inappropriately disclosing aspects of the staff member’s life or personal problems.
      2. Seeking out or accepting advice or consultation from a client on financial, personal, real estate or other business matters.
      3. Hiring or bartering for services of a personal nature with the client, supervisee or student at the facility or at the staff member’s office, home or other location. If a staff member engages in this practice the burden of proof is on the staff member to prove exploitation has not occurred.
      4. Entering into a sale, lease, or joint venture or other business venture with a client, supervisee or student.
      5. Encouraging planned social meetings or contacts between the staff member and the client such as meals, parties, sporting and recreational events or similar functions; as distinguished from unplanned or unavoidable meetings at which both the staff member and the client are in attendance; and further distinguished from such activities where clinical staff are legitimately expected to participate in such events.
      6. Inappropriate touching, holding, kissing or physical contact between staff member and client, supervisee or student.
      7. Giving or exchanging inappropriate gifts, gratuitous services, or personal items between the staff member and the client, supervisee or student.
   2. Dual Relationships:
      1. Clinical staff have an affirmative duty to maintain the best interest of clients and former clients as the predominant consideration during the existence of the staff member/client relationship and thereafter.
      2. While clients and former clients with whom the staff member has or had a clinical/therapeutic relationship are at greater risk, any relationship with a client or a former client exposes clients and former clients to the risk of exploitation. Such contact tends to change the focus of the staff member’s intent and impair professional judgment.
   3. Burden of Proof
      1. Clinical staff shall be aware, even in those instances where other relationships are not specifically prohibited, that the staff member by promoting, encouraging, or participating in any relationship with a client or former client assumes the burden of proof.
      2. The staff member must fully demonstrate that the client or the former client was neither exploited nor harmed by such relationships.
      3. This burden applies to all of the following subparts, regardless of the intent of the staff member.
         1. Personal relationships with clinical/therapeutic clients. A staff member shall not engage in a personal relationship with a clinical/therapeutic client. When a staff member may not avoid a personal relationship with a clinical/therapeutic client, the staff member shall take necessary protective measures consistent with the best interests of the clinical/therapeutic client. In addition to the general burden of proof set, the staff member has the burden of demonstrating the appropriate measures employed.
         2. Personal relationships with ***former*** clinical/ therapeutic clients. A staff member may engage in a personal relationship, except as prohibited by LABSWE Rule 113.B.4., with a former clinical/therapeutic client, if the former clinical/therapeutic client was notified of the termination of the professional relationship. The staff member has a continuing duty to safeguard the best interests of the former clinical/therapeutic client.
         3. Sexual contact with a client, supervisee or student. A staff member shall not engage in or request sexual contact as defined in Rule LABSWE 113.B.5., with a client, a client’s spouse or former spouse, any member of the client’s immediate family or with any person with whom the client has or has had a sexual relationship. The prohibition of this rule extends to supervisees and students during such times and under such circumstances where the staff member is in a supervisory or teaching relationship. This rule also expressly prohibits staff members and other clinical staff from engaging in any behavior which a reasonable person would find sexually stimulating, seductive or sexually demeaning when such behavior is either directed toward or exhibited in the presence of any person with whom sexual contact is otherwise prohibited by this Rule. Staff members and other clinical staff shall not sexually harass a client,
         4. Sexual contact with a former client. A staff member who has provided clinical/therapeutic social work services to a client shall not engage in or request sexual contacts as defined in LABSWE Rule 113.B.5., with the former client under any circumstances. A staff member who has provided other social work services to a client should not engage in or request sexual contact as defined in LABSWE Rule 113.B.5., with the former client at any time if such contact exposes the former client to exploitation or harm.
         5. Sexual contact defined. Sexual contact means sexual touching, sexual intercourse, either genital or anal, cunnilingus, fellatio, or the handling of the breasts, genital areas, buttocks, or thighs, whether clothed or unclothed, by either the staff member or the client.
         6. Business relationship with a client, supervisee or student. A staff member shall not engage in any type of business relationship other than the provision of social work services, including social work supervision. Business relationships do not include purchases made by the staff member from the client, supervisee or student when they are providing necessary goods or services to the general public.
         7. Business relationship with a former client. A staff member should avoid engaging in a business relationship with a former client. The staff member has a continuing duty to safeguard the best interests of the former client.
         8. Prior personal or business relationships. A staff member should exercise caution before engaging in a professional relationship with an individual with whom the staff member had a previous personal or business relationship.
         9. Staff member responsibility. A staff member shall be solely responsible for acting appropriately in regard to relationships with clients or former clients. A client or a former client’s initiation of a personal, sexual, or business relationship shall not be a defense by the staff member for a violation of LABSWE Rule 113.B.1.-8.
9. **Client Confidentiality** 
   1. Written Informed Consent: A staff member shall protect all information provided by or obtained about a client. “Client information” includes the staff member’s personal knowledge of the client and client records, written or electronic. Except as provided herein, client information may be disclosed or released only with the client’s written informed consent. The written informed consent shall explain to whom the client’s information will be disclosed or released and the purpose and time frame for the release of information.
   2. Release of Client Information Without Consent: A staff member may disclose client information without the client’s written consent only under the following circumstances:
      1. Where required by federal or state law, including mandatory reporting laws, requiring release of client information;
      2. Where the treating staff member has made a clinical judgment that a client has communicated a significant threat of physical violence against an identifiable victim(s), with the apparent intent and ability to carry out the threat. In such case, the staff member has a duty to warn which is discharged by reasonable efforts to communicate the threat to the potential victim(s) and to notify law enforcement authorities in the vicinity of the client and the victim(s). See La. R.S. 9:2800.2.
      3. Where one of the enumerated exceptions to the healthcare provider –client privilege, as specified in Article 510 of the La. Code of Evidence is applicable and the staff member is being required to give testimony at trial (hearing) or at a legally authorized deposition. See Article 510(E) of the La. Code of Evidence.
      4. Where the staff member is the subject of a malpractice or professional negligence claim relating to a client or former client who is claiming damage or injury; the staff member may provide such information that is directly and specifically related to the factual issues pertaining to the staff member’s alleged liability. However, in such a case, information concerning the client’s current treatment or condition may only be disclosed pursuant to testimony at trial or legally authorized discovery methods. See Article 510(F) of the La. Code of Evidence.
      5. Where the staff member is required to address allegations of a complaint brought by a client or former client which are the subject of adjudication or disciplinary hearing involving the staff member.
      6. Where the Louisiana State Board of Social Work Examiners issues a lawful subpoena to a staff member and the Board provides adequate safeguards to maintain confidentiality of client information or identify such as prescribed in La. R.S. 13:3715.1(J).
   3. Release of Client Records Without Written Consent: A staff member may release client records without the client’s written consent under the following circumstances:
      1. Where a client’s authorized representative consents in writing to the release;
      2. Where mandated by the federal or state law requiring release of records;
      3. Where circumstances described in Rule 115.B. and Rule 115.B. 4. apply and the staff member is lawfully issued
      4. and served with a subpoena duce tecum which complies with the formalities prescribed in La. R.S. 13:3715.1.
   4. Limits of Confidentiality: The staff member shall inform the client of the limits of confidentiality as provided under applicable law. Confidentiality limits shall include, but are not limited to, the following situations:
      1. Where circumstances giving rise to the list of exceptions to the healthcare provider-client privilege listed in the La. Code of Evidence Article 510.
      2. Where communications to the staff member reveal abuse or neglect of children and elders which impose an obligation on staff members and other clinical staff as mandatory reporters under the Louisiana Children’s Code Article 609, La. R.S. 14:403, and La. R.S. 14:403.2.
      3. Where communications to the staff member relate to abuse or neglect of residents of healthcare facilities which impose duty to report under La. R.S. 40:2009.20.
      4. Where the staff member has a duty to warn in relation to communications of threats of physical violence under La. R.S. 9:2800.2.
      5. Where the staff member has been appointed to conduct an evaluation for child custody or visitation by the court or where prior communications to the staff member relate to the health conditions of a client(s) who are parties to proceedings or custody or visitation of a child and the condition has substantial bearing on the fitness of the person claiming custody or visitation.
   5. Confidentiality and Minor Clients: In addition to the general directive in Rule 115.D., a staff member must inform a minor client, at the beginning of a professional relationship, of any laws which impose a limit on the right to privacy of a minor.
   6. Third Party Billing: A staff member shall provide client information to a third party for the purpose of payment for services rendered only with the client’s written informed consent. The staff member shall inform the client of the nature of the client information to be disclosed or released to the third party payor.
   7. Continued Privacy of Information: A staff member shall continue to maintain confidentiality of client information upon termination of the professional relationship, including upon the death of the client, except as provided under applicable law.
   8. Recording/Observation: A staff member shall obtain the client’s written informed consent before the taping or recording of a session or a meeting with the client, or before a third party is allowed to observe the session or meeting. The written informed consent shall explain to the client the purpose of the observing, taping or recording, how the taping or recording will be used, how it will be stored and when it will be destroyed.
10. **Conduct** 
    1. Impairment: A staff member shall not practice while impaired by medication, alcohol, drugs, or other chemicals. A staff member shall not practice under a mental or physical condition that impairs the ability to safely practice.
    2. Medication and Mind or Mood Altering Substances: A staff member shall not dispense medication or controlled substances to a client, or accept these substances from a client for personal use or gain. In an appropriate setting, a staff member may deliver a previously dispensed medication to the client for whom it was specifically prescribed or ordered by an authorized prescriber. A staff member may witness and verify the client’s disposal of the client’s medication. Under no circumstances shall a staff member offer alcoholic beverages or mood altering substances to a client.
    3. Investigation: All staff members and other clinical staff shall cooperate with a social work Board investigation of any staff member.
    4. Responsibility to the Public. A clinical staff member shall not knowingly participate in any activity or practice (including hiring, supervising, or concealing) by which activity or practice an individual engages or continues to engage in a practice of social work which is prohibited by R.S. 37:2709 or which activity or practice aids or abets any violation of R.S. 37:2720. A clinical staff member who becomes aware of an activity or practice as described herein or of conduct prohibited by R.S. 37:2709 or R.S. 37:2720 shall report such information to the board at the earliest opportunity.
    5. A clinical staff member shall notify the Louisiana state Board of Social Work Examiners within seven business days of any arrests or charges, to include DWI and DUI, regardless of final disposition. Minor traffic offenses such as speeding and parking tickets do not need to be reported.
11. **Representation to the Public** 
    1. Use of Staff Member Designation: A staff member shall use only the staff member designation to which they are entitled. Such designation shall be used after the staff member’s name and in all written communications relating to social work practice, including any advertising, correspondence, and client records.
    2. Information to Clients or Potential Clients: A staff member shall provide accurate and factual information concerning the staff member’s credentials, education, training, and experience upon request from a client, potential client or supervisee. A staff member shall not misrepresent directly or by implication the staff member’s license, certificate, registration, degree, and/or professional qualifications in any oral or written communication or permit or continue to permit any misrepresentations by others. A staff member shall not misrepresent, directly or by implication, affiliations, purposes, and characteristics of institutions and organizations with which the staff member is associated.
    3. Restriction on Licensure Designation: Staff members and other clinical staff, regardless of the license, certificate, or registration, shall not use such designation as a claim, promise, or guarantee of successful service, nor imply that the holder has competence in another service. A staff member must not misrepresent his/her qualifications, training or experience. If a staff member engages in advertising, his/her credentials must be presented factually.
    4. Display of Credentials: A staff member shall conspicuously display a current license, certificate, or registration issued by the board at the staff member’s place of practice.