CODE OF ETHICS & PROFESSIONAL CONDUCT

I. Introduction

The Board of Directors (the "Board") of the Institute for Contemporary Psychotherapy ("ICP") has adopted the following Code of Ethics and Professional Conduct (the "Code"), which governs all persons affiliated with ICP, including, but not limited to: (a) the Board, (b) all ICP Divisions, sub-Divisions, and collaborations between Divisions (as laid out in the current ICP Therapist, Candidate & Supervisors' Manual [the "Manual"]), (c) the ICP treatment clinic(s) as a whole, and including all of their subdivisions and functions, (d) all training or education programs run, facilitated, or sponsored by ICP, and all faculty, training analysts (or analysts submitting required graduation forms for students/candidates), supervisors, outside presenters, candidates, and students therein, (e) all Division Directors, the Management Team, Divisional Executive Committees, any and all other ICP Committees, and Administrative Staff and Receptionists (as those terms are defined in the current Manual), as well as anyone else charged with executive or decision-making responsibilities within or on behalf of ICP or its community, (f) all persons paid by ICP for full-time or part-time work, (g) all volunteer Committees and functions of ICP, (f) all work or services performed by interns or students in programs for which ICP provides opportunities for field work, and (h) all persons performing any other job, function, activity, or affiliated program or service provided by or for ICP that relates to education, clinical training, or the provision of treatment (collectively, "Members of the ICP Community" or "Members").

A code of ethics cannot guarantee ethical behavior. Moreover, a code of ethics cannot resolve all ethical issues or disputes or capture the richness and complexity involved in striving to make responsible choices within a moral community. Rather, a code of ethics sets forth values, ethical principles, and ethical standards to which professionals aspire and by which their actions can be evaluated. Members' ethical behavior should result from their personal commitment to engage in ethical practice.

This Code is intended to: (1) define ethical behaviors and establish ethical standards intended to guide and assist all Members of the ICP Community in making sound ethical decisions; (2) set expectations and define best practices regarding standards of professional conduct applicable to all Members; (3) support the mission of ICP as expressed in ICP's internal and public statements of its history and mission; (4) to clearly transmit to and educate Members of the ICP Community, as well as the public, about ICP's Code, and (5) to assist ICP in evaluating and promptly addressing, on an ongoing basis, educational, clinical, and administrative situations and subjects on which Members of the ICP Community require, or where best practices would suggest the need for, further education, and/or support for staff development efforts, necessary to keep current with knowledge in the industry and emerging developments in education, clinical practice, and/or ethics.

In addition to familiarity with and adherence to this Code, all Members are responsible for being familiar with the ethical standards of their respective licensed professions, and applicable law, and abiding by those standards. Members are also expected to comply with the broad scope of ethical standards within the psychoanalytic community (including, but not limited to, NAAP and APsyA).

As a condition of becoming a Member of the ICP Community, in any capacity and whether paid or volunteer, all new Members will be required to sign an acknowledgment of receipt of and agreement to abide by this Code. All Members already affiliated with ICP at the time this Code is adopted by the Board shall likewise be provided a copy at the time of adoption of the Code and continued participation as a Member shall be conditioned on receipt by ICP of a signed acknowledgement of receipt of and an agreement to abide by the Code.

In any instance in which a Member is concerned that there is a potential conflict between this Code and any applicable professional standards for their licensed profession or the State licensure rules, the Member agrees to bring this perceived conflict immediately to the attention of their supervisor, as well as to their Division Director(s), where applicable. Supervisors and Division Directors shall have the responsibility to reach out to the Executive Director, the Board, and the Standards of Conduct Committee to notify them of a conflict of this sort that is not able to be resolved by them referring to existing written guidance from the involved professional licensing bodies, their professional associations, and the licensing body of the State.

II. Core Values

The following broad ethical principles are based on the common themes of all mental health licensures: core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. These principles set forth ideals to which all Members of the ICP Community should aspire. ICP's dual mission is to combine the provision of post-graduate training and educational opportunities for therapists across multiple areas of expertise and clinical approaches with provision of quality mental health services at low to moderate cost.

Value: *Service*

Ethical Principle: *Members' primary goal is to provide quality clinical education to trainees, interns, and in public programming, to provide quality mental health care to patients, and to address social problems experienced by both the diverse populations that compose ICP's Community as well as the full spectrum of diverse experiences of the patients ICP serves.*

Members elevate service to others above self-interest. Members draw on their knowledge, values, and skills to provide high quality didactic and clinical education and to advocate for changes in curriculum and policies that recognize and elevate the quality of education based on developments in theory, clinical practice, ethics, and in response to issues, gaps, and other problems brought to their attention in work with ICP trainees, interns, and staff therapists. Members draw on their knowledge, values, and skills to provide quality mental health services to those in need and to advocate for needed changes in Institute policies to better recognize and elevate service based on social and other problems brought to their attention in work with ICP patients. Members are encouraged to volunteer some portion of their professional skills with no expectation of significant financial return (pro bono service).

Value: *Social Justice, Cultural Humility, and Respect for the Individual*

Ethical Principle: *Members challenge social injustice, approach their work with cultural humility and a commitment to ongoing self-assessment and education, and prioritize the dignity and worth of each individual in all professional interactions*.

Members are encouraged to pursue social change, particularly with and on behalf of vulnerable and oppressed individuals, under-served communities, and groups of people, both via advocacy within ICP for needed systemic changes and redress of Code violations, as well as in the larger world. Members will work to promote sensitivity to and knowledge about oppression, cultural and ethnic diversity, and to commit to continuing work on self-awareness, especially as it impacts their ability to identify and minimize the impact of personal bias or experience on their work.

Value: *Dignity and Worth of the Person*

Ethical Principle: *Members respect the inherent dignity and worth of each person.*

Members treat each person in a caring and respectful fashion, mindful of individual differences, and of personal, cultural, and ethnic diversity. Members promote patients' socially responsible self-determination and constructively encourage growth and education amongst their peers. Members seek to enhance both patients and other Members' capacity and opportunity to change and to address their own needs and limitations.

Value: *Importance of Human Relationships*

Ethical Principle: *Members recognize the central importance of human relationships.*

Members understand that relationships between and among people are an important vehicle for change. Members engage patients, other Members, and the ICP community as partners in the

helping process. Members commit to facilitate and strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities, including those in the ICP Community.

Value: *Integrity*

Ethical Principle: *Members behave in a trustworthy and ethical manner*.

Members are continually aware of their profession's mission, values, ethical principles, and ethical standards and practice, as well as ICP's Code, and will work in a manner consistent with them. Members should take measures to care for themselves professionally and personally for the benefit of their work, their contributions to the ICP Community, and to foster their own growth and development. Members act honestly and responsibly and promote ethical practices on the part of the ICP Community, its Divisions and Training Programs, Administrative Staff, and in all of ICP's professional endeavors.

Value: *Competence*

Ethical Principle: *Members practice within their areas of competence and develop and enhance their professional expertise*.

Members continually strive to increase their professional knowledge and skills and to apply them in all areas of practice. Section III sets forth more specific information on ICP's Code requirements and standards regarding professional competence.

III. Human Relations

A. Nondiscrimination and respect for persons and cultures

1. In their professional and/or volunteer activities at ICP, Members of the ICP Community will not engage in, condone, enable, or participate in concealing from effective review any act of discrimination based on age, disability, ethnicity, gender identity, gender expression, race, religion, culture, national origin, sexual orientation, sexual expression, pregnancy, parental status, family medical history or genetic information, political affiliation, military service, language**,** socioeconomic status, and/or any other basis of discrimination proscribed by law or outside the principles of ethical practice as described by the ethical codes of each Member's professional license or training.

   Members of the ICP Community will not engage in sexual harassment or any form of non-consensual sexualization of any person, group, or situation in the professional workplace

or in any ICP-affiliated gathering or meeting. Sexual harassment is defined as sexual solicitation, physical advances, and/or verbal or nonverbal conduct of a sexual nature that occurs in connection with one's role as a professional and a Member of the ICP Community. Sexual harassment can consist of a single interaction, or can happen over the course of multiple interactions.

2. Members of the ICP Community will not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on any of the factors listed above in item III(A)1. Members will take reasonable steps to minimize harm where it is foreseeable and unavoidable.

3. Members have a responsibility to educate themselves about their own biases toward those of different races, creeds, identities, orientations, cultures, and physical and mental abilities, or any other factor listed above in item III(A)1 and then to seek consultation, supervision, and/or counseling in order to prevent those biases from interfering with patient treatment, intake, educational work, and/or their interactions with any Member or any ICP patient or visitor.

B. Members' Rights and Responsibilities

Members have the right to:

1. Be treated with respect, kindness, sensitivity, and consideration.

2. Have access to and follow formal grievance procedures.

3. Receive timely and transparent assistance and communication from other Members around issues impacting treatment, education, supervision, payment, documentation, employment, or any other aspect of professional and/or academic life at ICP.

4. Expect reasonable access to relevant faculty, Administrative Staff, supervisors, advisors, Division Committees, Division Directors, Board Members, and other ICP resources outside of class hours but within the clinic's business hours. In the event of a clinical emergency as described in the Manual, Members can expect reasonable access to the above-listed individuals at the earliest possible time and are allowed to reach out to multiple listed individuals to receive timely support and intervention until the emergency has been de-escalated or resolved.

5. Receive timely remuneration for services rendered, if applicable, in accordance with ICP's manual and/or any applicable Division statement of policy related to stipends.

6. Receive appropriate supervision and instruction, and appropriate support in providing supervision and instruction.

7. Provide constructive feedback for program improvement without fear of reprisal, direct or indirect.

8. Be informed about expectations and requirements in order to succeed academically, clinically, and/or professionally, and to be informed, in a constructive and timely manner, about feedback on the Member's training and treatment performance, as well as supervisory, didactic, and administrative procedures and methods applicable to the Member's performance in the community.

9. Receive regular and timely information relevant to the Member's role(s) at ICP.

C. Commitment to Other Professionals/Relationship with Colleagues

1. Members treat colleagues and other professionals with respect and speak and act bearing in mind at all times the dignity and worth of every person. Professional discourse should be free of personal attacks. Members recognize and respect professional, cultural, and other differences.

2. Members understand how related professions complement their work and make full use of other professional, technical, and administrative resources that best serve the interests of patients, Members, and/or visitors to ICP.

3. Members do not accept or offer referral fees from other professionals, or accept or offer any gift, preferment, exchange of favors, or benefit that contravenes the ethical codes of the Member's underlying professional licensure and/or applicable law or the content and spirit of ICP's Core Values.

IV. Scope of Competence

1. Members of the ICP Community will work within the range of their professional competence.

2. Members of the ICP Community will avoid making claims in public presentations that exceed the scope of their competence.

3. Members of the ICP Community will keep up to date with current developments in evidence-based psychotherapy treatment techniques.

4. When generally recognized standards do not exist with respect to an emerging area of practice, Members 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.

5. Members of the ICP Community will take steps to prevent any impairment in their capacities to analyze, treat, supervise, teach, or perform any other paid or unpaid role on behalf of ICP. As soon as recognized, Members will seek consultation, education, treatment, or all of the foregoing when the effects of personal emotional stress or physical illness, or the limits of cultural familiarity and personal self-awareness with respect to bias and difference, interfere with professional responsibilities.

6. Members of the ICP Community who engage in independent (i.e., private) practice, or who practice in other employment settings, will conform to the licensed scope of practice of their profession.

V. Dual or Multiple Relationships

A. Dual or Multiple Relationships within the ICP Community

1. Dual or multiple relationships are relationships in which the parties have more than one role or set of responsibilities with one another. Such relationships are potentially conflictual if one person has disproportionate power and influence over the other person.

   Not all multiple relationships are unethical. Relationships that would not reasonably be expected to cause impairment or risk exploitation or harm in the Institute setting are acceptable. A Member may hold more than one position that creates multiple relationships. For example, a member may be a teacher, a supervisor, a colleague, on a Division governance or other Committee, or be a member of staff in a Division, at the same time. This is generally acceptable if the relationships are not reasonably expected to cause exploitation or harm.

2. The purpose of this rule is to encourage Members to examine their multiple roles, if any, on an ongoing basis to be self-aware about differences in authority (supervisory, by service on a Division or other Committee, as a faculty member, etc.) that may have inherent asymmetry of power and/or can otherwise negatively impact the different levels on which a Member relates to others where multiple roles are played.

3. In order to protect the integrity of the treatment process, a Member who is a candidate enrolled in any ICP training program should not have as their therapist any Member that

has supervision of the candidate's training or is in a position of authority to approve or disapprove whether candidate has fulfilled requirements of the program.

4. A Member who was previously the psychoanalyst or psychotherapist or treating therapist of any other Member, will recuse themself from decision-making when there is evaluation of their former patient's (a) training and/or progress, (b) clinical work, (c) readiness for graduation; or any requests made by the former patient to any Division overseeing staff therapists, or to any training program or Division on any matter of clinical policy or training policy.

5. Members who anticipate or discover a conflict of interest with another person should clarify their role with the parties involved as early as reasonably possible and take appropriate action to minimize any conflict of interest.

6. Members will make every effort to refrain from entering into multiple relationships if the multiple relationship could reasonably be expected to impair a Member's objectivity, competence, or effectiveness in performing his or her functions as a Member, or otherwise risks exploitation or harm to the other person.

7. It is not permissible for any Member to enter into multiple roles in ways that violate the ethical guidelines of the Member's underlying licensure or that violate applicable law.

B. Avoiding Exploitation

Members of the ICP Community will not exploit patients. This includes but is not limited to the following:

1. Members of the ICP Community will avoid conflicts of interest by refraining from taking on a professional role when personal, professional, legal, financial, or other interests or relationships could reasonably be expected to: (1) impair their judgment or competence in performing their professional responsibilities; and/or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

2. Members of the ICP Community will not engage in relationships involving any kind of sexual activity with a current or former patient, or a parent or guardian of a current or former patient, or any member of the patient's immediate family whether initiated by the patient, the parent or guardian, the family member, or by the treating Member.

3. Members of the ICP Community will not marry or join in a civil union or domestic partnership with a current or former patient, or the parent or guardian of a current or former patient.

4. Members should not provide clinical services to individuals with whom they have had a prior personal, professional, legal, financial, or other relationship that could interfere with the integrity of the treatment.

5. Members should not provide clinical services to individuals with whom they have had a prior sexual relationship.

6. Members of the ICP Community will adhere to the setting and collection of fees from ICP patients in accordance with ICP's Manual.

7. A Member will not engage in financial dealings with a patient, or in the case of a minor patient, the patient's parent or guardian, beyond payment of the agreed upon fee for treatment. Members of the ICP Community will not use information shared by a patient, or the parent or guardian of a patient, for the Member's financial gain.

8. Members of the ICP Community will not solicit financial contributions from their current or former patient, or the parent or guardian of their current or former patient, for any purpose; nor will they give the names of current or former patients, or the parents or guardians of current or former patients, for purposes of financial solicitation by others.

9. If, during treatment, a patient, or the parent or guardian of a patient, proposes offering a financial gift to a psychoanalytic or psychotherapeutic organization, association, cause or to any other organization with which the treating Member is affiliated, Members of the ICP Community will handle it using clinical judgement. If necessary, they will inform the patient that their confidentiality might be breached by the treating Member's obligation to recuse themselves from involvement in decisions governing use of the gift. If a gift is given nevertheless, the Member will refrain from any decision regarding its use by the recipient organization or cause and shall act to the extent possible to protect the patient's confidentiality.

10. Members of the ICP Community will not accept any financial benefit or direct control of the disposition of an unsolicited financial gift, including the establishment of a trust or foundation or other entity by a current or former patient, or the parent or guardian of a current or former patient, for the benefit of the Member, or for the benefit of a Member's personal professional or scientific work, or for the benefit of a Member's family. Unsolicited gifts that benefit organizations a Member is affiliated with are governed by item V(B)8 above.

11. Members of the ICP Community may accept a bequest from the estate of a former patient, provided that it is promptly donated to an organization or cause from which the Member and/or their family do not personally benefit and over which the Member has no direct control.

12. Members of the ICP Community will not encourage or prompt testimonials from their current or former patients, or from the parents or guardians of their current or former patients.

13. Members who are faculty, supervisors, Division Directors, serve on Division or other Committees, or are members of staff will not use their professional status to solicit gifts, funds, sexual favors, special relationships, and/or other tangible benefits from patients, the parents or guardians of patients, members of the patient's immediate family, or from any other Member of the ICP Community for the Member's personal gain.

C. Sexual Relationships with Students and Supervisees

Members of the ICP Community with any form of evaluative or decision-making authority, will recuse themselves from any evaluations or decisions pertaining to the other Member if the members engage or have been engaged in a sexual relationship.

VI. Mutuality and Informed Consent

1. All Members engaged in intake, assessment, and treatment will inform patients and prospective patients that ICP is a training institute, and that supervision is required of all ICP clinicians as a requirement of seeing patients at ICP. Where there is a parent or guardian, they will also be informed. All prospective patients, or their parents or guardians, will sign a written consent setting forth these facts prior to beginning treatment.

2. All Members will speak candidly with prospective patients and/or their parent or guardian about the benefits and risks of psychotherapy or psychoanalysis, using the intake and consent forms provided by ICP as a guide.

3. When Members of the ICP Community conduct research, do any theoretical or clinical writing or presenting, or provide treatment or assessment, they will obtain informed consent from the individual or individuals using language that is reasonably

understandable to that person or persons, or to the person's parent or guardian.

4. When obtaining informed consent for treatment, Members of the ICP Community will discuss with the patient as early as is feasible during the initial consultation process all aspects of the treatment agreement, including the nature of psychotherapy, fees, and the limits of confidentiality. The Member will discuss ICP's policy of charging for missed sessions in advance of such a charge. With respect to sessions covered by insurance, patients will be informed that they will be personally responsible for the cost of missed sessions. In the case of a patient who has a legal guardian, these matters will be discussed early on with the parent or guardian, and also will be discussed with the patient to the extent that age and capability permit.

5. When Members provide services to families, couples, or groups, they should seek agreement among the parties involved 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 sessions. Members should inform participants in family, couples, or group services that they cannot guarantee that all participants will honor such agreements. Members should inform patients involved in family, couples, marital, or group therapy of the Member's, Division's, and ICP's policy concerning the Member's disclosure of confidential information among the parties involved in the treatment.

6. Members of the ICP Community will not encourage or recommend to patients, the parents or guardians of patients, students, supervisees, or other Members unnecessary treatment, extra training, or additional supervision for the primary purpose of obtaining financial or other personal gain. Encouraging patients to engage in external intensive treatment, drug treatment, residential treatment, appropriate/required adjunctive treatment, or any other similar accepted practice for the welfare of the patient does not constitute inappropriate guidance.

7. In making referrals, Members of the ICP Community will keep the best interests of the patient foremost in mind.

8. A reduced fee does not limit any of the professional responsibilities of the treating Member.

9. Members of the ICP Community will not discontinue treating a patient without adequate notification and discussion with the supervisor, and then with the patient and, if applicable, with the patient's parent or guardian. The Member will offer referrals for further

treatment unless expressly declined by patient, or, if applicable, by their parent or guardian. Member will document referrals offered as well as the patient's response.

10. Members who need to transfer patients due to an impending separation from ICP, an anticipated leave of absence by the treating member, or where the treating member is seeking adjunctive treatment for their patient, the Member must follow procedures as indicated the Manual.

11. Members may not engage in consultation with another Member's ICP patient without approval of the Division prior to undertaking the consultation. Members who are asked for a consultation or for treatment by an ICP patient assigned to another Member will indicate to the patient that they must first discuss the desire to change providers with their current psychotherapist, or, alternatively, the Member should alert the appropriate Program Manager for guidance.

12. Members of the ICP Community continue to be responsible for patient's care and will attempt to render service to the best of their ability and judgment during emergencies, as defined by the Manual, the ethical code of the Member's underlying licensure and/or applicable law, when they are treating a patient on an ongoing basis and/or if a transfer is in progress. In the event a transfer cannot be completed prior to the Member discontinuing work at ICP, the patient will be provided the contact name and number of an ICP clinician they can reach out to in the event of a clinical emergency.

13. Members of the ICP Community will avoid misleading patients, a patient's parents or guardians, or any members of the public with statements that are knowingly false, deceptive or misleading.

VII. Confidentiality

1. Members of the ICP Community will know the limits of confidentiality in the states in which they practice. When conducting treatment Members will inform the patient of these limits, especially regarding child abuse and neglect, prospective harm to others, and prospective suicides or homicides. The Member will treat as confidential all information obtained from a patient in the course of treatment, including the name of the patient, information about the patient's life, the nature of the treatment, and the fact of treatment.

2. Information obtained in treatment may be divulged by the Member voluntarily to others only in the following limited circumstances: (a) following express written consent by the

patient after the Member has advised the patient of possible damaging or destructive consequences of disclosure, or, in rare cases where the Member is reasonably sure that delay will cause harm to the patient, upon receipt of oral consent from the patient with written confirmation to follow thereafter as soon as is practicable; and/or (b) when, in the good faith judgment of the Member, disclosure is required by law. In any case where involuntary disclosure is sought from the Member, the Member may resist disclosing confidential information to the full extent permitted by law.

3. At the outset of treatment, Members of the ICP Community will inform patients who plan to finance their treatment through insurance companies or other third parties that ICP and/or the member may disclose such information as is needed for insurance billing, out of network reimbursement, and/or submission or resolution of insurance claims.

4. The Member will also discuss with the patient the possibility that third parties, including insurers, may redisclose information submitted by ICP or the Member. It will be explained to the patient that any redisclosure of patient information by insurance companies is not under the Member's and/or ICP's control.

5. When Members of the ICP Community conduct an evaluation for a third party (e.g., the government, a court, an employer, a doctor or insurer, etc.), the individual to be evaluated will be told at the outset that the evaluator is acting in such a capacity and that the information obtained, and any assessment of it, will be available to the third party. Members of the ICP Community shall, upon receiving any such requests from a third party, inform their Supervisor of the request and, in consultation with their Supervisor, shall consult the Executive Director and, if applicable, the Division Director(s).

6. When Members of the ICP Community intend to use case material in teaching, presentation (including in class), publishing, or in any other professional context aside from supervision, they will disguise the identity of the patient, living or deceased. A Member will exercise professional judgment, in consultation with their Supervisor, placing the interests of the patient first when deciding on the sufficiency of the disguise. A Member will obtain written consent prior to presenting or publishing material regarding a patient or patients in formal presentations, papers, periodicals, and books, as well as in audio or audiovisual media and digital media.

7. A Member will not gossip about patients or use case material as a token of social exchange.

8. Members of the ICP Community, functioning as supervisors, peer consultants, or participants in clinical supervision and class clinical exchanges, will maintain the

confidentiality of patient information conveyed for case presentations or similar didactic discussions.

9. Members providing information to group and/or individual supervisors who are not also Members (and who, therefore, have not signed ICP's confidentiality form) will take due care to determine that the outside supervisor understands their confidentiality obligations and will disguise the identity of the patient.

10. Members of the ICP Community will treat as confidential any information or knowledge about the treatment of another Member obtained by virtue of participation in any Committee meeting of ICP, through any other professional role held at ICP, or that is voluntarily disclosed by the Member in treatment.

11. Members of the ICP Community will respect the privacy of other Members and will not require or solicit the disclosure of personal information regarding, among other things, any Member's sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others.

    The sole exception to this rule is if a situation arises in which the information is necessary to assess an impairment (as discussed in section II) and to obtain assistance for any Member (the Impacted Member for purposes of this paragraph) whom another Member reasonably believes is suffering from an impairment or lack of competence that is interfering with the Impacted Member's performance with their patients, in educational settings, and/or other professional activities, or which another Member reasonably believes to pose a threat to the Impacted Member or others.

    It is the obligation of the Member who believes that a disclosure of personal information is necessary, as above, to discuss their concerns with their supervisor, the Division Director(s), and with the Executive Director prior to any disclosure being made, unless the Member reasonably and in good faith believes that harm is so imminent that there is no time for consultation. The Member will, thereafter, have the obligation to document for the file the nature of the circumstances that they felt warranted seeking disclosure prior to consultation.

    If, in the Executive Director's view, the situation warrants seeking advice of legal counsel, the Executive Director will notify the Board of Directors and reach out to ICP's legal counsel.

12. In the event of unauthorized access to patient records or information, including any unauthorized access to the Member's electronic communication or storage systems, Members will inform patients of such disclosures, consistent with applicable laws and professional standards.

VIII. Record Keeping

1. Members shall maintain patient records as required by ICP's current Candidate and Supervisor manual(s).

2. Members should be aware that timely chart documentation is an ethical requirement, is clinical best practice, and as such is mandated under New York State law. Failure to comply with ICP's rules as set forth in the Manual can lead to discipline, up to and including separation of the Member from ICP and/or any of its educational programs, as well as a potential need to report the non-complying Member to the New York State Office of the Profession's Office of Professional Discipline.

3. Members shall keep separate informal notes from the patient's formal chart documentation.

4. Members shall do everything reasonably possible to maintain confidentiality in creating, storing, accessing, transferring, and disposing of records/chart documentation under their control, whether these are written, digital, electronic, audio, or in any other form or medium.

IX. Education and Training

1. Members of the ICP Community will act to constructively promote the growth, education, and training of all Members in all ways that are reasonably possible. Members will support this Code's requirements regarding professional conduct by all Members.

2. Members of the ICP Community responsible for administration and training will take steps to ensure that ICP training programs are designed to provide the full scope of knowledge and experience needed to meet the goals and licensure requirements which the program holds itself out to prospective and current Members as providing.

3. Members of the ICP Community who are responsible for administration and training will take steps to ensure that there is a current, complete, and accurate description of the program content, as well as requirements for completion of the program.

4. Members of the ICP Community acting as faculty will take reasonable steps to ensure that the course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, learning objectives, assignments and due dates, and the nature of course experience. Faculty shall abide by the schedules for provision of class materials, syllabi, and evaluations set forth by each Division's educational program. This does not preclude faculty from modifying course assignments or requirements when considered pedagogically necessary or desirable as long as students are made aware of these changes in a timely manner that will allow them to fulfill course requirements.

5. In teaching and supervisory relationships, Members of the ICP Community will follow a timely, transparent, and uniform process within each Division for evaluating and providing feedback to students and supervisees. Information regarding this process will be provided at the beginning of training and discussed at the beginning of each new supervisory relationship.

6. Candidates will be provided information with respect to circumstances that may lead to separation of a Member from a program. This information must be circulated to each Member in training, as well as faculty, supervisors, and any relevant staff, no less than annually, and immediately following any editing or change that impacts current or prospective trainees. This information will be maintained in a form and in a location where it is readily available.

X. Scientific and Educational Responsibility

1. Members of the ICP Community will not make public presentations or submit for publication in scientific or psychodynamic/psychoanalytic journals any work that includes falsified material or that relies on something other than actual observations or data drawn from the clinical situation. All clinical material will be disguised sufficiently to protect confidentiality rights of the patient and written consent of the patient to their inclusion shall be sought prior to presentation or publication (as set forth in greater detail above in Section VII).

2. Members of the ICP Community will exercise caution in disguising patient material to avoid misleading colleagues as to the source and significance of their scientific or clinical conclusions (as set forth in greater detail above in Section VII).

XI. Safeguarding the Treatment of ICP Patients

1. Members of the ICP Community who undergo a serious illness and extended convalescence, or whose professional capacities are impaired, will consult with a colleague, a medical specialist, or both to determine whether the condition affects his or her ability to continue to work in any of their roles at ICP (including provision of treatment, supervision, participation on a Committee, or any other role).

2. If a Member of the ICP Community receives a request by a patient, a patient's parent or guardian, or another Member, that they seek consultation, the Member will give respectful and reflective consideration to the request.

3. If a Member of the ICP Community is officially notified by a representative of ICP or another Member that a possible impairment of their clinical judgment or professional ability exists, the Member will consult with no fewer than two colleagues, one of whom may be a medical specialist outside the Member's licensure, and each of whom must be acceptable to both parties. If impairment is found, remedial measures will be followed by the Member in order to protect patients from harm and to prevent degradation of the standards of care in the profession. ICP will make reasonable efforts to maintain the confidentiality of the impacted Member.

4. When Members have knowledge of impairment, incompetence, or unethical conduct of any other Member, they must bring such concerns to the attention of their supervisor, Division Director(s), and/or the Executive Director. Members are also able to report such conduct to the state licensing board and/or the ethics committee of the applicable professional association.

XII. Integrity

1. Members of the ICP Community will be familiar with this Code of Conduct and other applicable professional ethics codes, and their application to patient treatment, supervision, teaching (including outside trainers or facilitators), work on ICP Committees, and all aspects of their professional activity.

2. Members of the ICP Community will cooperate fully and candidly with ethics and professional conduct investigations and proceedings conducted in accordance with this Code of Conduct.

XIII. Resolution of Ethical Problems and Grievance Procedures

1. ICP's Ethical Clarification and Grievance Resolution Committee addresses disputes or unresolved conflicts between Members. Full grievance reporting policies and procedures can be found In ICP's Grievance Process.

2. Members are encouraged to consult with the Ethical Clarification and Grievance Resolution Committee for assistance regarding identifying available resources, and, when needed, facilitating processes to resolve ethical dilemmas.

3. Members should be aware that ICP may have an obligation to report to a disciplinary, regulatory, or licensing body as advised by legal counsel.

4. In the event a Member has his or her license suspended or revoked by any granting state licensure board, the ICP Board of Directors must then act in accordance with the law to either suspend or revoke the Impacted Member's professional activities at ICP, and/or to end the impacted Member's relationship to the ICP Community.

   Any Member so suspended or terminated may apply for reinstatement to the ICP Community upon the reinstatement of their licensure.

5. The current members of the Ethical Clarification and Grievance Resolution Committee can be found in the current ICP Manual for Candidates, Therapists, and Supervisors. Correspondence to the Ethical Clarification and Grievance Resolution Committee should be sent to **(insert email address for our committee).**

XIV. Implementation and Amendments

1. This Code is intended to be amended from time to time by majority vote of the current members of the Ethical Clarification and Grievance Resolution Committee, followed by approval of amendments by the Board of Directors. ICP will notify all Members of the ICP Community of any amendments at the time they are made by circulating the amendments in writing, and all such amendments shall bind prior signatories from the date on which the amendments are provided to Members.

2. All Members are welcome to submit thoughts and suggestions concerning additions and amendments of the Code via the Ethical Clarification and Grievance Resolution Committee's email. The Committee will collect these suggestions and will hold sessions

to review them, and the existing code, in a cohesive and intentional way for the purpose of providing thoughtful and reflective process to the task of evolving the Code to meet new concerns, needs, ethical and professional standards. All suggestions shall be held and reviewed by the Ethical Clarification and Grievance Resolution Committee no less than semi-annually. If a potential amendment is contemplated, the Executive Director and Chairperson of the Board of Directors will be part of the formulation of the potential amendment.

CODE OF ETHICS & PROFESSIONAL CONDUCT

By signing below, I agree that (1) I have read the Code of Ethics and Professional Conduct (the "Code") of the Institute for Contemporary Psychotherapy ("ICP") dated _____; (2) I understand the Code's contents and have been provided an opportunity to ask any questions about its provisions; and (3) I will adhere to the Code's provisions as of the date set forth below and I further agree to adhere to all amendments of the Code circulated according to the provisions herein. By signing, I also agree to adhere to the codes of professional conduct of my professional organization and the licensing requirements of the State. In instances where this Code is more stringent than other applicable standards, I will adhere to this Code.

NAME _____

SIGNATURE _____

DATE _____