



MINNESOTA CHIROPRACTIC ASSOCIATION
CODE OF ETHICS
amended and adopted February 3, 2007

PREAMBLE

This Code of Ethics is based upon the fundamental principle that the ultimate end and object of the chiropractor's professional services and effort should be:

"The greatest good for the patients."

This Code of Ethics is for the guidance of the profession with respect to responsibilities to patients, the public and to fellow practitioners and for such consideration as may be given to them by state legislatures and state administrative agencies.

A. Responsibility to Patient

A (1) Doctors of chiropractic should hold themselves ready at all times to respond to the call of those needing their professional services, although they are free to accept or reject a particular patient except in an emergency.

A (2) Doctors of chiropractic should attend their patients as often as they consider necessary to ensure the well-being of their patients.

A (3) Having once undertaken to serve a patient, doctors of chiropractic should not neglect the patient. Doctors of chiropractic should take reasonable steps to protect their patients prior to withdrawing their professional services; such steps shall include: due notice to them allowing a reasonable time for obtaining professional services of others and delivering to their patients all papers and documents in compliance with A (5) of this Code of Ethics.

A (4) Doctors of chiropractic should be honest and endeavor to practice with the highest degree of professional competency and honesty in the proper care of their patients.

A (5) Doctors of chiropractic shall comply with a patient's authorization to provide records, or copies of such records, to those whom the patient designates as authorized to inspect or receive all or part of such records. A reasonable charge may be made for the cost of duplicating records.

A (6) Subject to the foregoing Section A (5), doctors of chiropractic shall preserve and protect the patient's confidences and records, except as the patient directs or consents or the law requires otherwise. They must not discuss a patient's history, symptoms, diagnosis, or treatment with any third party until they have received the written consent of the patient or the patient's personal representative. They should not exploit the trust and dependency of their patients.

A (7) Doctors of chiropractic owe loyalty, compassion and respect to their patients. Their clinical judgment and practice should be objective and exercised solely for the patient's benefit.

A (8) Doctors of chiropractic should recognize and respect the right of every person to free choice of chiropractors or other health care providers and to the right to change such choice at will.

A (9) Doctors of chiropractic are entitled to receive proper and reasonable compensation for their professional services commensurate with the value of the services they have rendered taking into consideration their experience, time required, reputation and the nature of the condition involved. Doctors of chiropractic should terminate a professional relationship or make an appropriate referral when it becomes reasonably clear that the patient is not benefiting from it. Doctors of chiropractic should support and participate in proper activities designed to enable access to necessary chiropractic care on the part of persons unable to pay such reasonable fees.

A (10) Doctors of chiropractic should maintain the highest standards of professional and personal conduct, and should refrain from all illegal conduct.

A (11) Doctors of chiropractic should be ready to consult and seek the talents of other health care professional when such consultation would benefit their patients or when their patients express a desire for such consultation.

A (12) Doctors of chiropractic should employ their best good faith efforts that the patient possesses enough information to enable an intelligent choice in regard to proposed chiropractic treatment. The patient

should make his or her own determination on such treatment.

A (13) Doctors of chiropractic should utilize only those laboratory and X-ray procedures, and such devices or nutritional products that are in the best interest of the patient and not in conflict with state statute or administrative rulings.

B. Responsibility to the Public

B (1) Doctors of chiropractic should act as members of a learned profession dedicated to the promotion of health, the prevention of illness and the alleviation of suffering.

B (2) Doctors of chiropractic should observe and comply with all laws, decisions and regulations of state governmental agencies and cooperate with the pertinent activities and policies of associations legally authorized to regulate or assist in the regulation of the chiropractic profession.

B (3) Doctors of chiropractic should comport themselves as responsible citizens in the public affairs of their local community, state and nation in order to improve law, administrative procedures and public policies that pertain to chiropractic and the system of health care delivery. Doctors of chiropractic should stand ready to take the initiative in the proposal and development of measures to benefit the general public health and well-being, and should cooperate in the administration and enforcement of such measures and programs to the extent consistent with law.

B (4) Doctors of chiropractic may advertise but should exercise utmost care that such advertising is relevant to health awareness, is accurate, truthful,

not misleading or false or deceptive, and scrupulously accurate in representing the chiropractor's professional status and area of special competence. Communications to the public should not appeal primarily to an individual's anxiety or create unjustified expectations of results. Doctors of chiropractic should conform to all applicable state laws, regulations and judicial decisions in connection with professional advertising.

B (5) Doctors of chiropractic should continually strive to improve their skill and competency by keeping abreast of current developments contained in the health and scientific literature, and by participating in continuing chiropractic educational programs and utilizing other appropriate means.

B (6) Doctors of chiropractic may testify either as experts or when their patients are involved in court cases, workers' compensation proceedings or in other similar administrative proceedings in personal injury or related cases.

B (7) The chiropractic profession should address itself to improvements in licensing procedures consistent with the development of the profession and of relevant advances in science.

B (8) Doctors of chiropractic who are public officers should not engage in activities which are, or may be reasonably perceived to be in conflict with their official duties.

B (9) Doctors of chiropractic should protect the public and reputation of the chiropractic profession by bringing to the attention of the appropriate public or private organizations the actions of chiropractors who engage in deception, fraud or dishonesty, or otherwise engage

in conduct inconsistent with the Code of Ethics or relevant provisions of applicable law or regulations within their states.

C. Responsibility to the Profession

C (1) Doctors of chiropractic should assist in maintaining the integrity, competency and highest standards of the chiropractic profession.

C (2) Doctors of chiropractic should, by their behavior, avoid even the appearance of professional impropriety and should recognize that their public behavior may have an impact on the ability of the profession to serve the public. Doctors of chiropractic should promote public confidence in the chiropractic profession.

C (3) As teachers, doctors of chiropractic should recognize their obligation to help others acquire knowledge and skill in the practice of the profession. They should maintain high standards of scholarship, education, training and objectivity in the accurate and full dissemination of information and ideas.

C (4) Doctors of chiropractic should attempt to promote and maintain cordial relationships with other members of the chiropractic profession and other professions in an effort to promote information advantageous to the public's health and well-being.

D. Procedural Rules

D (1) Action on Complaint – The Ethics Committee shall create a form for use by any person or organization to use in registering a complaint. All complaints alleging unethical conduct by a chiropractor or chiropractors, except those pertaining to allegations of

physical or mental disability or impairment, or those alleging sexual conduct with a patient, shall be investigated and disposed of pursuant to these rules. Complaints alleging physical or mental disability or impairment or sexual conduct with a patient shall be forwarded to the Minnesota Board of Chiropractic Examiners.

D (2) Matters requiring referral; Concurrent Jurisdiction – Any complaint alleging unethical conduct by a chiropractor that also alleges unprofessional conduct within the meaning of Minn. Stat. Sec. 148.10 or conduct which otherwise constitutes a violation of applicable statutes or administrative rules may require referral to the Minnesota Board of Chiropractic Examiners.

D (3) Action on Complaint – Preliminary Review – The Chairman of the Ethics Committee or a member of the Committee designated by the Chairman shall review each complaint within seven days of receipt, to determine whether the complaint alleges a violation of a provision of this Code of Ethics, and, if so, whether it provides sufficient information upon which to base an investigation. The Chairman or the Chairman's designee may contact the Complainant for a clarification or further information. If the Chairman or the Chairman's designee determines that the complaint does not allege a violation of a provision of this Code of Ethics, or does not provide sufficient information upon which to base an investigation, the chairman or the Chairman's designee may dismiss the complaint.

The dismissal shall be in writing, directed to the Complainant, and shall state the basis for dismissal. A copy of the dismissal, along with the complaint,

shall be forwarded to the committee and to the subject of the complaint.

If the Chairman or the Chairman's designee determines that the complaint alleges a violation of this Code of Ethics and provides sufficient information upon which to base an investigation, the Chairman or the Chairman's designee shall forward the complaint to the Committee, and shall notify the subject of the complaint, in writing, as to the nature of the complaint. If the subject of the complaint is a member of the Association, the notice shall set forth the obligation to cooperate in the investigation. All such notices shall advise the subject of the complaint of the opportunity to respond to the complaint, in writing, within fourteen days of the notice, and to request a hearing before the Ethics Committee. Such hearing shall occur within 30 days of the request. All such notices shall be mailed in a sealed envelope marked "Personal and Confidential."

D (4) Action on Complaint – Disposition on Record – If the subject of the complaint does not request a hearing, the committee shall dispose of the complaint upon the record before it, or may summon the subject(s) of the complaint to a private Hearing. If the subject of the complaint is a member of the Association, the notice shall set forth the obligation to cooperate in the investigation, including the obligation to attend the hearing.

D (5) Action on Complaint – Hearing – If the subject of the complaint requests a Hearing, or if the Committee summons the subject of the complaint to a Hearing, the Committee shall hold such a hearing. A hearing is conducted before any four or more Committee members. The Chairman or the Chairman's designee who conducted

the investigation of the complaint may be present, but shall not vote on the disposition of the matter. The Committee and the subject of the complaint may present evidence and may offer the testimony of witnesses. The Chairman, or any Committee member elected to preside over the hearing, may make appropriate procedural and evidentiary rulings. The hearing shall be recorded. The hearing shall be informal, and closed to all except the Committee members, the subject of the complaint and the witnesses.

D (6) Immediately on the conclusion of the Hearing, the Committee members present, excluding the Chairman or the Chairman's designee who conducted the investigation, shall meet in a closed session to determine, by majority vote, whether, by a preponderance of the evidence presented, the subject of the complaint violated one or more applicable Rules or Advisory Opinions.

D (7) Action on Complaint – Findings; Recommendation – If the Committee members present for the hearing determine that there has been a violation, they shall set forth, in writing, the factual basis for the determination, and the specific Rules or Advisory Opinions violated.

If the matter was submitted to the Committee by the Minnesota Board of Chiropractic Examiners (MBCE), the Committee may also include a recommendation to the MBCE.

If the subject of the complaint is a member of the Association, the Committee may also include a recommendation as to the sanction, if any, to be imposed by the Association's Board.

In either case, the findings are forwarded to the Complainant and the

subject of the complaint within seven days of the hearing.

If the Committee members present for the hearing determine that there is insufficient evidence to demonstrate a violation, they shall dismiss the complaint in writing, and forward the dismissal to the Complainant and the subject of the complaint within seven days of the hearing.

D (8) Action on Complaint – Sanctions – The Board of the Association may, by majority vote, sanction any member of the Association who the Board has determined to have violated any applicable Rule or Advisory Opinion. The sanction shall be reasonably related to the severity of the violation, and shall be designed to reform the conduct of the member and to deter similar conduct by others. Sanctions may include:

- a. Reprimand, with or without publication of the member's name,
- b. Suspension of the member from the Association for a specified period of time, with or without publication of the member's name; or,
- c. Termination of the member from the Association, with publication of the member's name.

Suspended members lose all benefits of membership during the period of suspension, but may continue participation in Association sponsored or affiliated insurance programs.

D (9) Advisory Opinions – Request – Any interested person or organization may request an Advisory Opinion from

the Association as to the propriety of a practice or proposed course of conduct. The request shall be in writing, and submitted on a form created by the Committee.

D (10) Advisory Opinion – Preliminary Review – The Chairman or a member of the Committee designated by the Chairman shall conduct a preliminary review of the request within seven days of its receipt to determine whether the request presents an issue that can be addressed based upon the Code or existing Advisory opinions, and whether the request presents sufficient information upon which to base an Advisory Opinion. The Chairman or the Chairman's designee may contact the person or organization that requested the Advisory Opinion to seek clarification or further information. If the Chairman or the Chairman's designee determines that the request presents an issue that can not be addressed by the Code or existing Advisory Opinions, or does not present sufficient information upon which to base an Advisory Opinion, the Chairman or the Chairman's designee may decline the request.

The declination shall be in writing, directed to the person or organization making the request, and shall state the basis for the declination. A copy of the declination, along with the request, shall be forwarded to the Committee.

If the Chairman or the Chairman's designee determines that the request presents an issue that can be addressed by an Advisory Opinion, The Chairman or the Chairman's designee shall forward the request to the Committee.

D (11) Advisory Opinion – Recommendation – The Committee shall determine whether to recommend an Advisory Opinion on the issue, and, if so,

shall prepare a proposed Advisory Opinion to submit to the Association Board, along with a copy of the request for an Advisory Opinion and any background material the Committee deems relevant. If the Committee recommends against an Advisory Opinion, it shall so notify the person or entity that made the request.

D (12) Advisory Opinion – Issuance – A representative of the Committee shall present to the Association Board the recommendation of the Committee and the proposed Advisory Opinion, and shall be available to answer questions the Board may have. The Board of the Association may, by majority vote, accept, reject or modify the proposed Advisory Opinion, but must do so based only on the Code and existing Advisory Opinions. Once an Advisory Opinion is issued by the Board, it is published in an Association periodical and maintained in an appendix to the Code.

The Minnesota Chiropractic Association exists to advance, promote, support, and unify the Art, Philosophy, and Science of the Chiropractic Profession.

“Chiropractic for all”
means we believe in and will work for a future where all people will benefit from chiropractic health care.

The MCA creates a meaningful difference in the lives of each individual Doctor of Chiropractic and their patients in the state of Minnesota.