

1 **Code of Ethics**

2 Effective ~~March 1, 2016~~ 2023

3

4 **Preamble**

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

10

11 The ASHA Code of Ethics reflects professional values and what we value as professionals and
12 establishes expectations for our scientific and clinical practice. It is based on principles of duty,
13 accountability, fairness, and responsibility. The ASHA Code of Ethics and is intended to ensure the
14 welfare of the consumer and to protect the reputation and integrity of the professions. The Code of
15 Ethics is a framework and a guide for professionals in support of day-to-day decision making related to
16 professional conduct.

17

18 ~~The ASHA Code of Ethics is a framework and focused guide for professionals in support of day to day~~
19 ~~decision making related to professional conduct. The Code of Ethics is partly obligatory and disciplinary~~
20 ~~and partly as well as aspirational and descriptive in that it defines the professional's role. The Code~~
21 ~~educates professionals in the discipline, as well as students, other professionals, and the public,~~
22 ~~regarding ethical principles and standards that direct professional conduct. It is an integral educational~~
23 ~~resource for professionals in the discipline, students, other professionals, and the public, regarding~~
24 ~~ethical principles and standards that are expected of audiologists, speech-language pathologists, and~~
25 ~~speech, language, and hearing scientists.~~

26

27 The preservation of the highest standards of integrity and ethical principles is vital to the responsible
28 discharge of obligations by audiologists, speech-language pathologists, and speech, language, and
29 hearing scientists who serve as clinicians, educators, mentors, researchers, supervisors, and

30 administrators. This Code of Ethics sets forth the fundamental principles and rules considered essential
31 to this purpose and is [applicable to the following individuals](#):

- 32 • a member of the American Speech-Language-Hearing Association holding the Certificate of
33 Clinical Competence (CCC)
- 34 • a member of the Association not holding the Certificate of Clinical Competence (CCC)
- 35 • a nonmember of the Association holding the Certificate of Clinical Competence (CCC)
- 36 • an applicant for certification, or for membership and certification

37 ASHA members who provide clinical services must hold the Certificate of Clinical Certification and must
38 abide by the Code of Ethics. By holding ASHA certification and/or membership, or through application
39 for such, all individuals are automatically subject to the jurisdiction of the Board of Ethics for ethics
40 complaint adjudication. ~~Individuals who provide clinical services and who also desire membership in~~
41 ~~the Association must hold the CCC.~~

42
43 The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The
44 four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected
45 in the following areas: (I) responsibility to persons served professionally and to research participants;
46 ~~both human and animal~~; (II) responsibility for one's professional competence; (III) responsibility to the
47 public; and (IV) responsibility for professional relationships. Individuals shall honor and abide by these
48 Principles as affirmative obligations under all conditions of applicable professional activity. Rules of
49 Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

50
51 The Code of Ethics is designed to provide guidance to members, ~~applicants, and~~ certified individuals,
52 and applicants as they make professional decisions. Because the Code of Ethics is not intended to
53 address specific situations and is not inclusive of all possible ethical dilemmas, professionals are
54 expected to follow ~~the~~ its written provisions and to uphold ~~the~~ its spirit and purpose ~~of the Code~~.
55 Adherence to the Code of Ethics and its enforcement results in respect for the professions and positive
56 outcomes for ~~individuals~~ those who benefit from the work of audiologists, speech-language
57 pathologists, and speech, language, and hearing scientists.

58

59

60 **Principle of Ethics I**

61

62 Individuals shall honor their responsibility to hold paramount the welfare of persons they serve
63 professionally or who are participants in research and scholarly activities, ~~and they shall treat animals~~
64 ~~involved in research in a humane manner.~~

65

66 **Rules of Ethics**

67

- 68 A. Individuals shall provide all clinical services and scientific activities competently.
- 69 B. Individuals shall use ~~every~~ all available resources, including referral and/or interprofessional
70 collaboration when appropriate, to ensure that quality service is provided.
- 71 C. Individuals shall not discriminate in the delivery of professional services or in the conduct of
72 research and scholarly activities on the basis of age, citizenship, disability, race, ethnicity, sex,
73 gender, gender identity/gender expression, genetic information, national origin, race, sexual
74 orientation, age, religion, sex, sexual orientation, or veteran status. ~~national origin, disability,~~
75 ~~culture, language, or dialect.~~
- 76 D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, ~~support~~
77 ~~personnel~~, students, research assistants ~~interns~~, Clinical Fellows, or any others under their
78 supervision, and they shall inform those they serve professionally of the name, role, and
79 professional credentials of persons providing services.
- 80 E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the
81 provision of clinical services to aides, assistants, technicians, ~~support personnel~~, or any other
82 persons only if those persons are adequately prepared and are appropriately supervised. The
83 responsibility for the welfare of those being served remains with the certified ~~individual~~
84 audiologist or speech-language pathologist.
- 85 F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require
86 the unique skills, knowledge, judgment, or credentials that are within the scope of their

87 profession to aides, assistants, technicians, ~~support personnel~~, or any nonprofessionals over
88 whom they have supervisory responsibility.

89 G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks
90 related to the provision of clinical services that require the unique skills, knowledge, and
91 judgment that are within the scope of practice of their profession only if those students are
92 adequately prepared and are appropriately supervised. The responsibility for the welfare of
93 those being served remains with the certified ~~individual~~ audiologist or speech-language
94 pathologist.

95 H. Individuals shall obtain informed consent from the persons they serve about the nature and
96 possible risks and effects of services provided, technology employed, and products dispensed.
97 This obligation also includes informing persons served about possible effects of not engaging in
98 treatment or not following clinical recommendations. If diminished decision-making ability of
99 persons served is suspected, individuals should seek appropriate authorization for services,
100 such as authorization from a ~~spouse, other family member, or~~ legally authorized/appointed
101 representative.

102 I. Individuals shall enroll and include persons as participants in research or teaching
103 demonstrations/simulations only if participation is voluntary, without coercion, and with
104 informed consent.

105 J. Individuals shall accurately represent the intended purpose of a service, product, or research
106 endeavor and shall abide by established guidelines for clinical practice and the responsible
107 conduct of research, including humane treatment of animals involved in research.

108 K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of
109 services provided, technology employed, and products dispensed, and they shall provide
110 services or dispense products only when benefit can reasonably be expected.

111 L. Individuals who hold the Certificate of Clinical Competence shall use independent and
112 evidence-based clinical judgment, keeping paramount the best interests of those being served.
113 ~~Individuals may make a reasonable statement of prognosis, but they shall not guarantee—~~
114 ~~directly or by implication—the results of any treatment or procedure.~~

- 115 M. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—
116 directly or by implication—the results of any treatment or procedure. Individuals who hold the
117 Certificate of Clinical Competence shall use independent and evidence-based clinical judgment,
118 keeping paramount the best interests of those being served.
- 119 N. Individuals who hold the Certificate of Clinical Competence may provide services via
120 telepractice consistent with professional standards and state and federal regulations, but they
121 shall not provide clinical services solely by correspondence, but may provide services via
122 telepractice consistent with professional standards and state and federal regulations.
- 123 O. Individuals shall protect the confidentiality and security of records of professional services
124 provided, research and scholarly activities conducted, and products dispensed. Access to these
125 records shall be allowed only when doing so is necessary to protect the welfare of the person or
126 of the community, is legally authorized, or is otherwise required by law.
- 127 P. Individuals shall protect the confidentiality of any professional or personal information about
128 persons served professionally or participants involved in research and scholarly activities, and
129 ~~may disclose~~ Disclosure of confidential information shall be allowed only when doing so is
130 necessary to protect the welfare of the person or of the community, is legally authorized, or is
131 otherwise required by law.
- 132 Q. Individuals shall maintain timely records; shall and accurately record and bill for services
133 provided and products dispensed; and shall not misrepresent services provided, products
134 dispensed, or research and scholarly activities conducted.
- 135 R. Individuals shall not allow personal hardships, psychosocial distress, substance use/misuse, or
136 physical or mental health conditions to interfere with their duty to provide professional services
137 with reasonable skill and safety. Individuals whose professional practice is adversely affected by
138 any of the above-listed factors should seek professional assistance regarding whether their
139 professional responsibilities should be limited or suspended. whose professional practice is
140 adversely affected by substance abuse, addiction, or other health-related conditions are
141 impaired practitioners and shall seek professional assistance and, where appropriate, withdraw
142 from the affected areas of practice.
- 143 S. Individuals who have knowledge that a colleague is unable to provide professional services with
144 reasonable skill and safety shall report this information to the appropriate authority, internally

145 if such a mechanism exists and, when appropriate, otherwise, externally to the applicable
146 professional licensing authority or board, other professional regulatory body, or professional
147 association.

148 T. Individuals shall ~~give provide~~ reasonable notice to ensure continuity of care and shall provide
149 information about alternatives for ~~obtaining~~ care in the event that they can no longer provide
150 professional services.

151

152 **Principle of Ethics II**

153

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

156

157 **Rules of Ethics**

158

159 A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of
160 the professions that are within the scope of their professional practice and competence,
161 considering their certification status, education, training, and experience.

162 B. Members who do not hold the Certificate of Clinical Competence may not engage in the
163 provision of clinical services; however, individuals who are in the certification application
164 process may provide ~~engage in the provision of~~ clinical services consistent with current local
165 and state laws and regulations and with ASHA certification requirements.

166 C. Individuals shall enhance and refine their professional competence and expertise through
167 engagement in lifelong learning applicable to their professional activities and skills. ~~Individuals~~
168 ~~who engage in research shall comply with all institutional, state, and federal regulations that~~
169 ~~address any aspects of research, including those that involve human participants and animals.~~

170 D. Individuals who engage in research shall comply with all institutional, state, and federal
171 regulations that address any aspects of research, ~~including those that involve human~~
172 ~~participants and animals.~~ Individuals shall enhance and refine their professional competence

173 and expertise through engagement in lifelong learning applicable to their professional activities
174 and skills.

175 E. Individuals in administrative or supervisory roles shall not require or permit their professional
176 staff to provide services or conduct research activities that exceed the staff member's
177 certification status, competence, education, training, and experience.

178 F. Individuals in administrative or supervisory roles shall not require or permit their professional
179 staff to provide services or conduct clinical activities that compromise the staff member's
180 independent and objective professional judgment.

181 G. Individuals shall ~~make use of~~ technology and instrumentation consistent with accepted
182 professional guidelines in their areas of practice. When such technology is required but not
183 available, an appropriate referral may be made.

184 H. Individuals shall ensure that all technology and instrumentation used to provide services or to
185 conduct research and scholarly activities are in proper working order and are properly
186 calibrated.

187

188 **Principle of Ethics III**

189

190 In their professional role, individuals shall act with honesty and integrity when engaging with
191 their responsibility to the public when advocating for the unmet communication and swallowing needs
192 of the public and shall provide accurate information involving any aspect of the professions.

193

194 **Rules of Ethics**

195

196 A. Individuals shall not misrepresent their credentials, competence, education, training,
197 experience, ~~and~~ or scholarly contributions.

198 B. Individuals shall avoid engaging in conflicts of interest whereby a personal, professional,
199 financial, or other interest or relationship could reasonably be expected ~~considerations have~~
200 ~~the potential to influence or compromise~~ an individual's objectivity, competence, or

201 effectiveness in performing their professional duties and/or responsibilities. judgment and
202 objectivity.

203 C. Individuals shall not misrepresent ~~research and scholarly activities, diagnostic information,~~
204 ~~services provided, results of services provided, products dispensed, or the effects of products~~
205 ~~dispensed, or research and scholarly activities.~~

206 D. Individuals shall not defraud, scheme to defraud, ~~through intent, ignorance, or negligence or~~
207 ~~engage in any scheme to defraud in connection with~~ illegal or negligent conduct related to
208 ~~obtaining payment, or reimbursement, or grants and contracts for services provided, products,~~
209 ~~research conducted, or grants. products dispensed.~~

210 E. Individuals' statements to the public shall provide accurate and complete information about
211 ~~the nature and management of~~ regarding communication, swallowing, and related disorders;
212 ~~about the professions;~~ about professional services; ~~about and products; for sale, and about~~
213 ~~research and scholarly activities.~~

214 F. Individuals' statements to the public shall adhere to prevailing professional standards norms
215 and shall not contain misrepresentations when advertising, announcing, and or promoting their
216 professional services, and products, and ~~when reporting or~~ research results.

217 G. Individuals shall not knowingly make false financial or nonfinancial statements and shall
218 complete all materials honestly and without omission.

219

220 **Principle of Ethics IV**

221

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

225

226 **Rules of Ethics**

227

- 228 A. Individuals shall work collaboratively, ~~when appropriate,~~ with members of one's own
229 profession and/or members of other professions, when appropriate, to deliver the highest
230 quality of care.
- 231 B. Individuals shall exercise independent professional judgment in recommending and providing
232 professional services when an administrative directive ~~mandate,~~ referral source, or prescription
233 prevents the individual from keeping the welfare of persons served paramount.
- 234 C. Individuals' statements to colleagues about professional services, products, or research results,
235 ~~and products~~ shall adhere to prevailing professional standards and shall contain no
236 misrepresentations.
- 237 D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or
238 on the individual's fitness to serve persons professionally.
- 239 E. Individuals shall not engage in dishonesty, negligence, ~~fraud,~~ deceit, or misrepresentation.
- 240 F. Individuals who mentor Clinical Fellows, act as a preceptor to audiology externs, or supervise
241 undergraduate or graduate students, assistants, or other staff shall provide appropriate
242 supervision and shall comply—fully and in a timely manner—with all ASHA certification and
243 supervisory requirements.
- 244 G. Applicants for certification or membership, and individuals making disclosures, shall not
245 ~~knowingly~~ make false statements and shall complete all application and disclosure materials
246 honestly and without omission.
- 247 H. Individuals shall not engage in any form of harassment, or power abuse, ~~or sexual harassment.~~
- 248 I. Individuals shall not engage in sexual activities with individuals (other than a ~~spouse or other an~~ an
249 individual with whom a prior consensual relationship exists) over whom they exercise
250 professional authority or power, including persons receiving services, aides, assistants, Clinical
251 Fellows, research participants, students, technicians, or any others under their care or
252 supervision. ~~research participants.~~
- 253 J. Individuals shall not knowingly allow anyone under their supervision to engage in any practice
254 that violates the Code of Ethics.

- 255 K. Individuals shall assign credit only to those who have contributed to a publication,
256 presentation, process, or product. Credit shall be assigned in proportion to the contribution and
257 only with the contributor's consent.
- 258 L. Individuals shall reference the source when using other persons' ideas, research, presentations,
259 results, or products in written, oral, or any other media presentation or summary. To do
260 otherwise constitutes plagiarism.
- 261 M. Individuals shall not discriminate in their relationships with colleagues, ~~assistants, students,~~
262 ~~support personnel,~~ and members of other professions, or individuals under their supervision
263 ~~and disciplines~~ on the basis of age, citizenship, disability, race, ethnicity, sex, gender, gender
264 ~~identity/gender expression, genetic information, national origin, race, religion, sex, sexual~~
265 ~~orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic~~
266 status, or veteran status.
- 267 N. Individuals with evidence that the Code of Ethics may have been violated have the
268 responsibility to either work collaboratively to resolve the situation where possible or to inform
269 the Board of Ethics through its established procedures.
- 270 O. Individuals shall report members of other professions who they know have violated standards
271 of care to the appropriate professional licensing authority or board, other professional
272 regulatory body, or professional association when such violation compromises the welfare of
273 persons served and/or research participants.
- 274 P. Individuals shall not file or encourage others to file complaints that disregard or ignore facts
275 that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as
276 a means of addressing personal animosity, or as a vehicle for retaliation.
- 277 Q. Individuals making and responding to complaints shall comply fully with the policies of the
278 Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged
279 violations of the Code of Ethics.
- 280 R. Individuals involved in ethics complaints shall not knowingly make false statements of fact or
281 withhold relevant facts necessary to fairly adjudicate the complaints.
- 282 S. Individuals shall comply with local, state, and federal laws and regulations applicable to
283 professional practice, ~~research ethics,~~ and to the responsible conduct of research.

- 284 T. Individuals who have been convicted of; been found guilty of; or entered a plea of guilty or nolo
285 contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of
286 physical harm—to the person or property of another; or (2) any felony; shall self-report by
287 notifying the ASHA Standards and Ethics Office (see Terminology for mailing address) in writing
288 within 60 ~~30~~ days of the conviction, plea, or finding of guilt. Individuals shall also provide a
289 ~~certified~~ copy of the conviction, plea, or nolo contendere record with their self-report
290 notification, ~~or~~ and ~~docket entry~~ any other court documents as reasonably requested to by the
291 ~~ASHA Standards and Ethics Office. within 30 days of self-reporting.~~
- 292 U. Individuals who have (1) been publicly sanctioned ~~disciplined~~ or denied a license or a
293 professional credential by any professional association, professional licensing authority or
294 board, or other professional regulatory body; or (2) voluntarily relinquished or surrendered
295 their license, certification, or registration with any such body while under investigation for
296 alleged unprofessional or improper conduct shall self-report by notifying the ASHA Standards
297 and Ethics Office (see Terminology for mailing address) in writing within 30-60 days of the final
298 action or disposition. Individuals shall also provide a ~~certified~~ copy of the final action, sanction,
299 or disposition to the ASHA Standards and Ethics Office with their self-report notification. ~~within~~
300 ~~30 days of self-reporting.~~

301 **Terminology**

302

303 **ASHA ~~Standards and~~ Ethics Office**

304 The ASHA Ethics Office assists the Board of Ethics with the confidential administration and processing
305 of self-reports from and ethics complaints against individuals (as defined below). All complaints and
306 self-reports should be sent to this office. The mailing address for self-reporting in writing is the ASHA
307 Ethics Office is American Speech-Language-Hearing Association, ~~Standards and~~ attn: Ethics Office, 2200
308 Research Blvd., #309313, Rockville, MD 20850. The email address is ethics@asha.org.

309

310 **advertising**

311 Any form of communication with the public regarding ~~about~~ services, therapies, products, or
312 publications.

313

314 **~~conflict of interest~~**

315 ~~An opposition between the private interests and the official or professional responsibilities of a person~~
316 ~~in a position of trust, power, and/or authority.~~

317

318 **crime**

319 ~~Any felony; or any misdemeanor involving dishonesty, physical harm to the person or property of~~
320 ~~another, or a threat of physical harm to the person or property of another. For more details, see the~~
321 ~~"Disclosure Information" section of applications for ASHA certification found~~
322 ~~on www.asha.org/certification/AudCertification/ and www.asha.org/certification/SLPCertification/.~~

323

324 **diminished decision-making ability**

325 ~~Any condition that renders a person unable to form the specific intent~~ The inability to comprehend,
326 retain, or apply information necessary to determine a reasonable course of action.

327

328 **fraud**

329 Any act, expression, omission, or concealment—the intent of which is either actual or constructive—
330 calculated to deceive others to their disadvantage.

331

332 **impaired practitioner**

333 An individual whose professional practice is adversely affected by addiction, substance abuse, or
334 health-related and/or mental health-related conditions.

335

336 **individuals**

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

339

340 **informed consent**

341 May be verbal, unless written consent is required; constitutes consent An agreement by persons
342 served, those with legal authority for persons served, or research participants engaged, or parents
343 and/or guardians of persons served that constitutes consent to a proposed course of action after the
344 communication of adequate information regarding expected outcomes and potential risks. Such an
345 agreement may be verbal or written, as required by applicable law or policy.

346

347 **jurisdiction**

348 The "personal jurisdiction" and authority of the ASHA Board of Ethics over an individual holding ASHA
349 certification and/or membership, regardless of the individual's geographic location.

350

351 **know, known, or knowingly**

352 Having or reflecting knowledge.

353

354 **may vs. shall**

355 *May* denotes an allowance for discretion; *shall* denotes something that is required ~~no discretion~~.

356

357 **misrepresentation**

358 Any statement by words or other conduct that, under the circumstances, amounts to an assertion that
359 is false, ~~or erroneous,~~ or misleading (i.e., not in accordance with the facts); ~~any statement made with~~
360 ~~conscious ignorance or a reckless disregard for the truth.~~

361

362 **negligence**

363 ~~Breaching of a duty owed to another, which occurs because of a failure to conform to a requirement,~~
364 ~~and this failure has caused harm to another individual, which led to damages to this person(s); failure~~
365 Failing to exercise the a standard of care toward others that a reasonable or prudent person would
366 take use in the circumstances, or taking actions that such a reasonable person would not.

367

368 **nolo contendere**

369 ~~No contest.~~ A plea made by a defendant stating that they will not contest a criminal charge.

370

371 **plagiarism**

372 ~~False r~~ Representation of another person's idea, research, presentation, result, or product as one's
373 own through irresponsible citation, attribution, or paraphrasing; ~~ethical misconduct does not include~~
374 ~~honest error or differences of opinion.~~

375

376 **publicly sanctioned**

377 A formal disciplinary action of public record, ~~excluding actions due to insufficient continuing education,~~
378 ~~checks returned for insufficient funds, or late payment of fees not resulting in unlicensed practice.~~

379

380 **reasonable or reasonably**

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

383

384 **self-report**

385 A professional obligation of self-disclosure that requires (a) notifying ~~the ASHA Standards and Ethics~~
386 Office in writing and (b) ~~mailing~~ sending a hard copy of a ~~certified~~ the required documentation to ~~the~~
387 ASHA Standards and Ethics Office (see definition of “written” below). ~~(see term above). All self-reports~~
388 ~~are subject to a separate ASHA Certification review process, which, depending on the seriousness of~~
389 ~~the self-reported information, takes additional processing time.~~

390

391 **shall vs. may**

392 *Shall* denotes something that is required ~~no discretion~~; *may* denotes an allowance for discretion.

393

394 **support personnel**

395 Those providing support to audiologists, speech language pathologists, or speech, language, and
396 hearing scientists (e.g., technician, paraprofessional, aide, or assistant in audiology, speech language
397 pathology, or communication sciences and disorders). For more information, read the Issues in Ethics
398 Statements on [Audiology Assistants](#) and/or [Speech Language Pathology Assistants](#).

399

400 **telepractice, teletherapy**

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

406

407 **written**

408 Encompasses both electronic and hard-copy writings or communications.

DRAFT