

**Complementary Health
Professionals (CHP)
Code of Ethics, Conduct &
Performance (the Code)**

Approved & Updated 01/04/2023



Values of Health Care Professionals – General Statement

All complementary health care professionals are personally accountable for their actions and must be able to explain and justify their decisions when asked to do so. Complementary health care professionals work in many different types of practice. The law does not define the scope of practice for complementary therapists. Nor is it the purpose of this document to do so. If practitioners meet the requirements set out in the Code, they will deliver a standard of care that will promote client health and wellbeing and protect patients/clients from harm. CHP members must keep to all the standards within the Code, and all the related laws. They all have a duty to protect and promote the needs of their patients and clients and should always engage in evidence-based practice.

To do this they must:

1. Be open with patients and clients and show respect for their dignity, individuality, and privacy:

- Listen to patients and clients.
- Keep information about patients and clients confidential.
- Make sure their beliefs and values do not prejudice their patients' or clients' care.

2. Respect patients' and clients' right to be involved in decisions about their treatment and health care:

- Provide clear information about patients' and clients' conditions and treatment options in a way they can understand.
- Obtain appropriate consent before investigating conditions and providing treatment.
- Explain to patients/clients why they may need to remove clothing and ensuring they only undress as is appropriate to the treatment being offered.
- Ensure that patients have easy access to their health records.

3. Justify public trust and confidence by being honest and trustworthy:

- Act with integrity and never abuse their professional standing.
- Never ask for, nor accept any inducement, gift, hospitality, or referral which may affect, or be seen to affect, their judgment.
- Recommend the use of particular products or services only based on clinical judgment and not commercial gain.
- Declare any personal interests to those who may be affected.

4. Provide a good standard of practice and care:

- Recognise and work within the limits of their knowledge, skills, and experience.
- Maintain and improve their professional knowledge, skills, and performance through continuing professional development and reflective practice.

- Use the best available up-to-date research evidence available.
- Make records promptly and include all relevant information in a clear and legible form.

5. Act quickly to protect patients, clients, and colleagues from risk of harm:

- If either their own, or another health care worker's conduct, health or performance may place patients, clients or colleagues at risk.
- If there are risks of infection or other dangers in the environment.

6. Co-operate with colleagues in their own and other professions:

- Respect and encourage the skills and contributions which others bring to the care of patients and clients.
- Within their work environment, support professional colleagues in developing professional knowledge, skills and performance.
- Not require colleagues to take on responsibilities that are beyond their level of knowledge, skills, and experience.

SECTION 1: INTRODUCTION

1.1. Requirements of Conduct and Practice

Registered therapists must meet high standards of conduct and practice.

1.2. The Code of Practice

The Code of Practice contained in this document ("the Code") lays down the standards of conduct and practice, which are expected of all member therapists, and gives advice in relation to the practice of complementary therapies.

1.3. Scope of the Code

The Code sets expected standards. It is not an exhaustive set of rules. The Code deals with conduct and practice. Standards of proficiency and Competence are covered in the CNHC Core Curricula, and these are to be regarded as a base line for training.

This Code should also be read in conjunction with the National Occupational Standards (NOS) relating to the therapy(s) relevant to the practise of CHP Members, but the NOS should never be taken alone without also including the core curricula from the CNHC.

SECTION 2: CONDUCT OF THERAPIST IN THEIR DEALINGS WITH PATIENTS/CLIENTS

2.1. The welfare of the patient/client is paramount.

The relationship between therapists and their patients is based on trust and on the principle that the welfare of the patient is paramount. Therapists must take care to observe this trust and principle.

2.2. Treating patients/clients with respect and consideration

Therapists shall treat patients/clients politely and considerately. In particular therapists shall listen to patients/clients and respect their views; ensure that the therapists' own beliefs and prejudices do not affect adversely the treatment or advice which they give to patients; respect patients'/clients' privacy and dignity, and their right to refuse to be subjects for teaching or research; inform patients/clients about any matters relating to their condition, or treatment, in a way which they can understand; and where appropriate or on request refer patients/clients promptly to a competent health professional for a second opinion.

2.3. Honesty about investigations, treatment, and advice

Therapists shall be honest with their patients/clients. In particular, therapists shall not misrepresent the gravity of a patient's/clients' condition or the therapeutic value of a complementary therapy treatment, nor promote undue dependence on their care or act or fail to act with regard to giving advice, recommending investigations or carrying out treatment in any way which is to the detriment of a patient/client.

2.4. Acceptance of responsibility for the care of patients/clients

Therapists shall be free to choose whom they shall accept as patients/clients, and these can be either human beings or animals, (for animals with the correct appropriate and relevant training and insurance cover. Any therapist working with animals must also comply with the Veterinary Surgeons Act 1966 and the Animal Welfare Act 2006).

All therapists need to promote equality in their practice and have a duty to tackle discrimination within their services. The law on equality and anti-discriminatory practices covers the following 'protected characteristics': age, disability, gender reassignment, marriage and civil partnership, race, religion and belief, sex and sexuality. Therapists must ensure that their own beliefs and values do not prejudice their patients'/clients' care and wellbeing.

On accepting a patient/client, therapists who work together in any capacity in the same practice or premises, are advised to provide the patient/client with written confirmation of:

- the name and status of the person responsible for the patient's/client's day to day care.
- the person responsible for supervising the patient's/clients' overall treatment.
- the person to whom the practice belongs, who will be responsible for the patient's/clients' records (see 3.3.2).

- the person to approach in the event of any problem with any treatment.

It shall also give written notification of any change, whenever practicable before it occurs, or if that is not possible, so soon as reasonably practicable afterwards.

2.5. Termination of responsibility for the care of patients/clients

Therapists shall not give up responsibility for the care of a patient/client without good cause, nor, where appropriate, without making a genuine attempt to ensure that the responsibility for the future care of the patient/client is assumed by a competent health professional.

2.6 Personal Relationships

2.6.1 Therapists shall not use their professional position as a means of pursuing an improper personal relationship with a patient/client or with a close relative or personal companion of a patient/client.

2.6.2 Therapists who find that they are becoming involved in such an improper personal relationship with a patient/client should end the professional relationship and arrange alternative care for the patient/client.

2.6.3 Where it appears that a patient/client is becoming involved in such an improper personal relationship with the therapist, the therapist should take care not to encourage the patient/client and may well be advised to arrange alternative care.

2.7. Undue influence

Therapists shall not attempt unduly to influence patients/clients to do anything against their will or for the financial or other benefit of the therapist or anyone associated with them.

2.8. Informed consent

2.8.1 Need for informed consent

Before instituting any examination or treatment, a therapist shall ensure that informed consent to such treatment or examination has been given. Failure to obtain informed consent may lead to criminal or civil proceedings.

2.8.2 Meaning of informed consent.

Informed consent means consent that is given by a person who has been supplied with all the necessary relevant information.

2.8.3 Capacity to give informed consent.

2.8.3.1 A person from whom informed consent to examination or treatment is sought must possess the necessary intellectual and legal capacity to give such

consent.

2.8.3.2 A person will have the intellectual capacity to give consent if able to:

- understand in simple language what the examination or treatment is, its purposes and nature, and why it is being proposed.
- understand its principal benefits, risks, and alternatives.
- understand in broad terms what will be the consequences of not undergoing the proposed examination or treatment.
- retain the information for long enough to make an effective decision; and,
- make a free choice
- Where working with animals, informed consent is obtained from the animal's owner, checking first that the animal has been seen by a vet.

2.8.3.3 A person will have legal capacity to give consent to examination or treatment if that person has attained the age specified by the relevant law for giving such consent. When working with animals, consent by the owner can only be accepted if the owner is over the age of 16.

2.8.3.4 The relevant law specifying the age for giving such consent is different in different parts of the United Kingdom and is complicated. Thus, in some parts of the UK, patients/clients under the age of 16 may have the legal capacity to give consent to certain examinations or treatments, while in other parts of the UK, such patients/clients may not have such capacity.

2.8.4 Advice on action to be taken by therapists.

Because of the practical difficulties involved in determining how the relevant law applies in a particular case, therapists are advised to act as follows:

2.8.4.1 *Patients/clients under the age of 16*

In the case of patients/clients under the age of 16, therapists are advised not to institute any examination or treatment unless they are satisfied that the patient's/clients' parent or other legal guardian has given informed consent. We also recommend that the parent/guardian remains in the room during the treatment.

2.8.4.2 *Patients/clients over the age of 16 who do not have intellectual capacity.*

In the case of patients/clients over the age of 16 who do not have the intellectual capacity to give consent (see 1.8.3) therapists are advised not to institute any examination or treatment unless they are satisfied that the examination or treatment is in the best interests of the patient/client, in the sense that the action is taken to preserve the life, health or well-being of the patient/client.

2.8.4.2.1 The therapist cannot normally decide alone whether this test is satisfied in a particular case. The decision will be reached in different ways, depending on the nature of the examination or treatment.

2.8.4.2.2 Where the proposed examination or treatment is simple and uncontroversial, the therapist should seek agreement that it is in the patient's/clients' best interests from other health professionals, those close to the patient/client, and also the patient/client in so far as the patient/client can give an opinion.

2.8.4.3 *Patients/clients over the age of 16 who do have intellectual capacity.*

In the case of patients/clients over the age of 16 who do have intellectual capacity, therapists are advised not to institute any examination or treatment unless they are satisfied that:

- the patient/client has been given sufficient relevant information to allow informed consent to be given; and,
- the patient/client has given informed consent.

(* Note - Therapists should be aware of the special position concerning patients/clients in England and Wales who are over the age of 16 but under 18. Consent to the examination or treatment of such a patient/client may be given by the patient/client; or the patient's/clients' parent or other legal guardian. All these people have an equal right to give consent, but it is not necessary to obtain consent from more than one of them. In the event of conflict between the patient/client and a parent or guardian, or between parents, therapists should seek legal advice.)

2.9 Having a third-party present (chaperone)

Where a therapist intends to examine or treat a child under the age of 16 years, or to treat a patient/client in the patient's/clients' home, or where a patient/client so requests, the therapist shall arrange for a third-party (such as a suitable member of staff, or a relative or friend of the patient/client) to be present, unless this is impractical in the circumstances.

A therapist must identify when there is a need for another person to be present when they are assessing or caring for a patient/client and make appropriate arrangements for this to happen. We advise that a parent or guardian should be present but, depending on the therapist's assessment, you may decide not to have a parent or guardian present.

If the patient/client is a child under the age of 16 it is advisable to have a parent or guardian present. This is to protect the child from the possibility of any inappropriate behaviour on your part and to protect you from any false allegations of such behaviour. Nonetheless you can base your decision to have a parent or guardian present on a case-by-case basis considering the age or vulnerability of the child and the type of treatment being provided, along with the views of the child and the views of the parent or guardian. Following your assessment, when a decision is made not to have a parent or guardian present, you should make a note on the child's record, fully explaining your decision, remembering that your client records are legal documents, admissible in a Court of Law.

It might be appropriate to have another person present if the patient/client is

an adult at risk. Patients/Clients might also ask for someone to be with them when they are being assessed or cared for. You also have the right to decide whether in the best interests of yourself and the patient/client another person should be present, even if the patient/client has not asked for this.

2.10 Dealing with medical emergencies.

Therapists shall establish within their practices, and make known to staff (where applicable), proper procedures for dealing with any medical emergency occurring on their premises.

2.11 Guidance when unable to help.

In any case where a therapist discovers that the patient/client is suffering from a condition, which is outside the therapist's scope of practice, the therapist shall advise the patient/client to consult a registered medical practitioner or an appropriate, other person.

2.12 Reports on behalf of third Parties

Before a therapist prepares a report on behalf of a third-party, such as an employer or insurance company, the therapist shall obtain the patient's/clients' consent in writing to the release of information to the third-party and shall ensure at the outset that the patient/client is aware of the purpose of the report and of the obligation which the therapist has towards the third-party.

2.13 Notification of fees

Therapists shall ensure that details of their fees are made known to patients/clients either by way of notice or by personal communication before liability for payment is incurred.

2.14 Commercial transactions

Therapists who supply to patient/client goods of any description shall ensure that such goods are likely to be beneficial to the patient/client.

2.15 Complaints and claims by patients/clients.

Therapists shall deal promptly and fairly with any complaint or claim made against them by a patient/client. In particular, they shall establish within their practices and make known to patients/clients a formal complaint procedure and shall notify patients/clients of their right to refer any unresolved complaint to their professional association, the address of which they shall supply.

Where a patient/client wishes to make a complaint against another health professional, the therapist shall give to the patient/client such assistance as is reasonable in the circumstances.

SECTION 3: PATIENT/CLIENT RECORDS AND CONFIDENTIALITY

3.1 Confidentiality - the general rule

Subject to the exceptions mentioned below, therapists shall not disclose to a third-party any information about a patient/client, including the identity of the patient/client, either during or after the lifetime of the patient/client, without the consent of the patient/client or the patient's/clients' legal representative. Therapists are responsible for taking all reasonable steps to ensure that any employee or agent adheres to this general principle and that any information relating to a patient/client is protected from improper use when it is received, stored, transmitted, or disposed of. If in doubt a therapist should take legal advice on the question of disclosure of information. Failure to observe confidentiality may be regarded as unacceptable professional conduct.

3.2 Exceptions to the general rule of confidentiality

3.2.1 The exceptions to the general rule of confidentiality are that a therapist may disclose to a third-party information relating to a patient/client.

- if the therapist believes it to be in the patient's interest to disclose information to another health professional or emergency services (in the case where there is genuine belief that either the patient/client's life is in danger or there is a danger of someone else being harmed).
- if the therapist believes that disclosure to someone other than another health professional is essential for the sake of the patient's/clients' health (such as emergency services).
- if disclosure is required by statute.
- if the therapist is directed to disclose the information by any official having a legal power to order disclosure; or
- if, upon seeking the advice of the regulatory authority, the therapist is advised that disclosure should be made in the public interest.

3.2.2 In each case where disclosure is made by a therapist in accordance with an exception to the general rule of confidentiality, the therapist shall:

- inform the patient/client before disclosure takes place.
- So far as is reasonably practicable, make clear to the patient/client the extent of the information to be disclosed, the reason for the disclosure, and the likely consequence of disclosure, where to do so is appropriate.
- disclose only such information as is relevant; ensure so far as possible that the person to whom disclosure is made undertakes to hold the information on the same terms as those to which the therapist is subject; and,
- record in writing the reasons for such disclosure in the patients'/clients' consultation form.

3.3 Ownership of, and responsibility for records as between therapists

3.3.1 Where therapists work together, in any capacity, in the same practice or premises, they are advised to enter into a specific agreement as to the

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ownership of, and hence the responsibility for, the records of patients/clients whom they treat in that practice or those premises.

- 3.3.2 In the absence of any legal rule or such specific agreement as is mentioned in 3.3.1 to the contrary, patients'/clients' records (including any case history, treatment chart, reports, correspondence, and other records of a similar nature) shall be deemed for the purposes of the provisions of the Code to be the property and responsibility of the therapist or therapists (if any) to whom the practice belongs.
- 3.3.3 Therapists who are deemed to own and have responsibility for patients'/clients' records (see 3.3.2) are also responsible for ensuring that patients/clients have the written confirmation as required by Section 2.4.

Records must be returned to the patient/client where practicable or destroyed in accordance with section 3.5.

3.4 Retention of records

- 3.4.1 Therapists shall ensure that when ceasing to practice as a therapist or on the closure of a practice that the patient's/clients' records are returned to the patient (where practicable) or destroyed in accordance with section 3.5. Therapists also need to make provision for the correct destruction of all patients'/clients' records in their will, in the event of their death. This should be by the executor of the will or will need to comply with confidentiality rules and dispose of these records securely, by incineration or shredding.

3.5 Disposal

Patient/client records (as defined in 3.3.2 above) provide valuable information. Such records shall be retained in safe custody by the therapist to whom they belong for a period of six years from the date of the last treatment. After the six-year period and in view of the confidentiality to be observed with regard to patients'/clients' records, all their records must be disposed of securely, usually by incineration or shredding.

3.6 Access to records by Patients/Clients.

If requested by a patient/client in writing, a therapist shall make available to the patient/client without delay, copies of any records in accordance with any legislative provisions relating to data protection or access to health reports or records. Advice on these provisions may be obtained from CHP. Where a therapist releases original records to a patient/client for purposes other than their transmission to another health professional, the therapist is advised to obtain from the patient/client an undertaking for their return.

SECTION 4: CONDUCT IN RELATION TO COLLEAGUES AND OTHERS

4.1 Criticism and discrimination

Therapists shall not unjustly criticise or discriminate against a colleague or other health professional.

4.2 Complaints against other aromatherapists

Therapists shall report in the first instance any concern that they may have about the conduct, competence, or health of another therapist to their Association having first made an honest attempt to verify the facts upon which their concern is based. The safety of patients/clients must always come first and override personal and professional loyalties.

4.3 Approaching patients of other therapists.

4.3.1 Where therapists work together, in any capacity, in the same practice or premises, they are advised to enter into a specific agreement governing their respective responsibilities for the patients/clients whom they treat in that practice or those premises.

4.3.2 In the absence of any legal rule or such specific agreement as is mentioned in 3.3.1 to the contrary a patient/client who has been treated by one or more of the therapists, shall be deemed for the purposes of the provisions of the Code to be the patient/client of the therapist or therapists (if any) to whom the practice belongs, whose identity has been notified to the patient/client in accordance with section 2.4.

4.3.3 Therapists shall not approach someone who is the patient/client of another therapist with the intention of persuading that person to become their patient/client.

4.4 Commission and split fees

Therapists shall not offer or accept any form of commission or split fee relating to referred cases.

4.5 Provision of information contained in records: Health Professionals

4.5.1 Therapists shall make available to another health professional, with the patient's/clients' written consent, and without delay, full information relating to a patient's/clients' condition (including the originals or copies of any case history forms and treatment notes) where such information is required for the proper care of the patient/client.

4.5.2 Therapists who receive on loan records belonging to another health professional shall return them promptly.

4.6 Provision of information contained in health records: Evidence.

Therapists who are required or requested to give evidence or information to legal bodies should do so with care. Where the evidence is given as an expert witness, the therapist must be independent and impartial.

4.7 Employing other health professionals.

4.7.1 Therapists who employ health professionals of any description shall ensure that they are:

- properly qualified, and registered with the appropriate statutory or regulatory body if any;
and

- properly insured against any liability to, or in relation to patients/clients.
The nature and amount of such insurance relating to each health professional, and the conditions of cover, shall be those prescribed by the appropriate statutory or voluntary self-regulatory body.

4.7.2 Unqualified persons

Therapists shall not practise in circumstances in which a person who is not a qualified therapist takes decisions about the therapy treatment of the patient/client, unless that person is the medical practitioner for that patient/client.

4.7.3 Teaching and training

Therapists who undertake to teach or train therapy students shall ensure that they have the necessary skills and knowledge, and that those students whom they teach, or train are properly supervised, and, where necessary, insured. Subject to these provisions, the therapist may allow therapy students to treat consenting patients/clients provided that any such treatment is carried out under the qualified therapists' supervision.

SECTION 5: EDUCATION AND PROFICIENCY

5.1 Statutory Requirements

Therapists must comply with all standards laid down by the appropriate regulatory Council concerning education and proficiency and with the Statement of the Standard of Proficiency required for the competent and safe practice of each therapy which has been published by the Council, and with any subsequent rules governing post registration training made by the Council Continuing Professional Development.

SECTION 6: RESEARCH

6.1 taking part in clinical trials or other research, therapists shall ensure that, in appropriate cases, they:

- adhere strictly to a research protocol which has been approved in accordance with rules made by an appropriate ethics committee.
- obtain the informed consent of any patient/client taking part in the research.

- accept When only such payments as are specified in the protocol.
- conduct the research uninfluenced by payments or gifts.
- maintain adequate records.
- record results truthfully.
- make no unauthorised claims to authorship; and,
- make no attempt to prevent publication of any criticism of the research.

SECTION 7: MATTERS RELATING TO THE PERSONAL CONDUCT OF THERAPISTS

7.1 Personal behaviour generally

Therapists shall always avoid conduct which may undermine public confidence in their profession or bring the profession into disrepute, whether or not such conduct is directly concerned with professional practice.

7.2 Appearance & Cleanliness

Therapists shall, while practising, wear suitable clean clothing and maintain standards of hygiene in respect of all aspects of personal cleanliness and specifically including the cleansing of hands & nails to prevent the likely spread of infection. Similarly, all necessary cleaning of equipment and therapy room shall be adhered to for proper hygiene and infection control before and after each patient/client.

7.3 Alcohol or other drugs

Complaints of the misuse of alcohol or other drugs may lead to a charge of unacceptable professional conduct, whether the complaint is the subject of criminal proceedings or not. Impairment of a therapist's ability to practise because of the misuse of alcohol or other drugs may lead to the question of the therapist's fitness to practise being referred to CHP.

7.4 Dealing with ill health.

Therapists who have reason to believe that patients/clients may be at risk because of the therapist's ill health, whether mental or physical, must seek and follow proper advice as to whether or how they should modify their practice. Failure to do so may be regarded as unacceptable professional conduct.

7.5 Use of qualifications

Therapists shall not use any title or qualification in such a way that the public may be misled as to its meaning or significance. In particular, therapists who use the title "doctor" and who are not registered medical practitioners shall ensure that, where appropriate (for example, in any advertisements and in their dealings with patients/clients and other health professionals) they make it clear that they are registered therapists and not registered medical practitioners.

SECTION 8: PUBLICITY AND THE PROMOTION OF A PRACTICE

8.1 Generally

Therapists may publicise their practices, or permit another person to do so, subject to the provisions of the principles of the British Code of Advertising Practice and Sales Promotion for the time being in force, and to the following provisions:

8.2 Legality

The publicity of a therapist shall comply with the general law and shall not encourage or condone breaches of the law by others. The therapist will comply with the Advertising Standards Authority in the UK. This means that therapists must not make any medical claims on their treatments or services or claim to cure or heal any specific medical conditions.

8.3 Decency

The publicity of a therapist shall contain nothing nor be in a form nor be published or circulated in any way which would be likely, in the light of generally prevailing standards of decency and propriety, either to cause serious or widespread offence or to bring the therapy profession into disrepute.

8.4 Honesty

The publicity of a therapist shall be worded in such a way that it does not abuse the trust of members of the public nor exploit their lack of experience or knowledge, either of matters of health or of complementary therapy services.

8.5 Truthfulness

Publicity of a therapist shall not be misleading or inaccurate in any way.

8.6 Frequency of Publicity

Publicity shall not be generated so frequently or in such a manner as to put those to whom it is directed under pressure to respond. It also needs to comply with GDPR and all Data Protection requirements.

8.7 Physical details of publicity

The design, size, lettering, colouring, degree of illumination, material, and other physical details of the publicity used by a therapist (for example, but not by way of limitation, nameplates, signs identifying professional premises, professional stationery, directory entries, professional announcements, and advertising for staff) shall be consistent with a professional approach towards

the provision of information to members of the public.

8.8 Identity of a Therapist

The publicity of a therapist shall contain sufficient information to enable the therapist to be contacted.

8.9 Claims to specialisation or expertise

Unless reference to a specialist qualification has been entered on the Register held by an association, a therapist shall make no claim that the therapist is a specialist, or an expert in a particular field of therapy. Nevertheless, a therapist may indicate that a practice is wholly or mainly devoted to types of treatment.

8.10 Published material and broadcasts

The publicity of therapists may refer to clinical or research material published by them or others in a professional journal, and to their authorship of books and articles relating to professional matters, provided that the reference is accurate and clearly identified, and no suggestion is made in either the publicity or the published material or the broadcasts that they should be consulted in preference to any other therapist.

8.11 Interactions with the media

Publicity about a therapist or a practice which arises through, or from interviews with representatives of the media, and which may be regarded as likely to bring the profession into disrepute, should be avoided. A therapist should wherever possible request access to the article, statement or interview before publication or broadcast to ensure that it does not contravene the provisions of the Code.

8.12 Claims to superiority

No claim shall be made by a therapist and or training organisation that the services, which they are able to offer, or their personal qualities or skills, are in any way superior to that of any other.

8.13 Criticism of services or charges

No publicity may, in relation to any other therapist or other health professional, whether identifiable or not, criticise the quality or cost of services provided.

8.14 Guarantees of successful treatment.

No publicity shall employ any words, phrases or illustrations, which suggest a guarantee that any condition will be cured or healed.

8.15 Statements relating to fees.

Any publicity relating to fees shall be clearly expressed. A therapist shall state what services will be provided for each fee.

8.16 Personal approaches

Therapists shall not publicise their services by making any unsolicited and direct approach to a private individual who is not a patient/client, whether in person, or by mail, telephone, email, or other form of communication. Therapists may approach representatives of organisations such as firms, companies, schools, clubs, or other health professionals to publicise their services.

No publicity shall employ any words, phrases or illustrations which suggest a guarantee that any condition will be cured or healed.

8.17 Business names

Therapists shall not use a name for a practice which may be misleading or cause confusion with similar names for the practices of other therapists or other health professionals.

8.18 Personal names

Therapists shall not practise under any family or given names other than those which are entered on the CHP Members list.

SECTION 9: PRACTICE ARRANGEMENTS, PREMISES AND ADMINISTRATION

9.1 Registration with the Appropriate Council

9.1.1 Therapist Members of the CHP are also strongly advised to join the Voluntary Self-Regulation Register(s) of any therapy which they practise where such a body exists.

9.2 Agreements of partnership, association or employment

Therapists who enter any contract of partnership, association or employment shall abide by the terms of such contract and ensure that such terms are recorded without delay in a formal, written document.

9.3 Limited companies

Therapists who work in a practice which is run by a limited company are reminded that they will remain personally liable to individual patients/clients in respect of any treatment or advice which they provide.

9.4 Health and safety legislation

Therapists shall ensure that they are aware of and comply with all relevant legislative provisions relating to health and safety applying to practice premises, whether such provisions apply to them as employers or as employees.

9.5 Appearance and maintenance of Premises

Therapists shall ensure that the premises in which they practise reflect the professional nature of the practice; are well maintained and orderly; and are hygienic, suitably lit, heated and ventilated.

9.6 Privacy of changing and treatment areas

Therapists shall ensure that the privacy of changing, and treatment areas is secured so far as is reasonably possible.

9.7 Insurance

9.7.1 Therapists who are involved in advising or treating patients/clients must be indemnified against claims for professional negligence. This is in the interests both of patients/clients, who may have a right to compensation, and of therapist themselves who may require professional and legal advice in connection with claims made against them.

9.7.2 Failure to arrange adequate indemnity cover which includes the cost of obtaining professional and legal advice, may lead to a charge of unacceptable professional conduct.

9.7.3 Therapists should also always maintain adequate public liability insurance and, where appropriate, employers' liability insurance.

9.8 Debt Collection

Therapists shall not use debt-collecting agencies, or institute legal proceedings to recover sums due, until all other reasonable measures to obtain payment have been taken, and shall ensure that, if such methods are used, only such information relating to the patient/client is disclosed as is necessary.

9.9 Separation of funds and financial information

9.9.1 In cases where therapists hold money on behalf of another person or body, they shall do so in such a way that it is kept separately from their own money, and that they account to the other party for any interest earned by such money.

9.9.2 So far as is practical, financial information relating to a patient should be kept separately from clinical notes.