



Professional Hypnotists
of WA Incorporated

Handbook Of Ethical Practice

Defining

**CODE OF ETHICS
STANDARDS OF PRACTICE
&
BY-LAWS
Of PHWA INCORPORATED**

Professional Hypnotists of WA Inc.

Revised: 18th May 2009



Handbook of Ethical Practice

PHWA INCORPORATED

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PART 1 – CODE OF ETHICS

1. INTRODUCTION

1.1 The aims and duties of the Executive Committee are:

- (1) To establish a standard of ethics to be adhered to by all Members of the Association.
- (2) To recommend to members registered with the Association, standards of practice, administration, advertising, personal and clinical conduct and hygiene. Attitudes towards fellow Members of the Association and other professionals.
- (3) To establish systems for referring patients to other Members of the Association or to other professionals.
- (4) To safeguard the welfare of patients of Members of the Association.
- (5) To support the rights of Members to practice in an ethical manner.
- (6) To support and promote the science and professional practice of Hypnotherapy.
- (7) To support and promote the teaching of Hypnotherapy in a professional environment.

1.2 General Ethics Report Form, to be completed when the Executive Committee carry out an investigation regarding a Member.

1.3 Members of the Committee will direct themselves to the care of the distressed or sick, to the spiritual welfare of the individual and the community, the cause of justice and service to the community, before personal gain or profit.

1.4 Between fellow Members, oral undertakings are accepted without writing.

1.5 All Members are expected to assist the younger or less experienced by every means in their power.

1.6 Members do not act for, or attend the patients of other Members without good cause.

1.7 Any infringement of this code could result in the removal of privileges or the expulsion of the Member concerned, after due consideration of the findings of the Executive Committee.

2. INTEGRITY OF PRACTICE

2.1 A Member must act, at all times and under all circumstances, in conformity with the laws of nature and of the community. The Member's conscience must always be in agreement with his/her thoughts, judgements, feelings, words, deeds and actions.



The Member's motives, aims and purchases must always be inspired by the spirit of unselfishness, of devotion to the service of his/her fellow man, and of self-improvement. In the management of his/her cases, his/her decisions must always be in favour of that which is best for the patient's wellbeing.

3. DEFINITION OF CLINICAL PRACTICE

- 3.1 The discipline concerned with the assessment, treatment and management of spiritual, emotional, psychological and physical wellbeing, from a holistic approach, based on the aims and ideals of PHWA Incorporated.

4. DUTY TO THE ASSOCIATION

- 4.1 A Member should regard it as his/her duty:
- (1) To support the aims and ideals of PHWA Incorporated in a professional manner.
 - (2) To support the Association in its activities for the maintenance and betterment of PHWA Incorporated, its Members and the profession.
- 4.2 To maintain the highest personal character in both public and professional life.
- 4.3 To endeavour to keep himself/herself in touch with every modern development of his/her profession, and to increase his/her knowledge and efficiency by the adoption of modern methods of proven worth and to contribute his/her share to the general knowledge and advancement of the Association.
- 4.4 A Member shall never treat a patient whilst his/her ability, skills or judgement to do so is in the opinion of the Executive Committee impaired by the consumption of alcohol or drugs.
- 4.5 To be conscientious in enlightening patients regarding the maintenance of their own wellbeing.
- 4.6 To acknowledge that the quality of his/her professional performance is a direct measure of the standing of PHWA Incorporated in the community.
- 4.7 A Member shall never indecently expose a patient or himself/herself in any way but shall always conduct himself/herself in an orderly and proper manner.
- 4.8 A Member shall never take part in any illegal, immoral or improper relations with any patient.
- 4.9 It shall be unethical to share fees in cases that are referred by a colleague, either temporarily or permanently, for partial or complete care.

5. DUTY TO THE PATIENT

- 5.1 A Member shall not neglect or abandon a patient he/she has accepted in the course of his/her practice, nor shall he/she discharge that patient before his/her recovery



without due notice to the patient, his/her relatives or persons responsible for the patient's welfare, or until another practitioner has assumed full responsibility.

- 5.2 A Member shall not continue to treat a patient when it has become or should have become apparent to him/her that the patient is not responding to therapy, without requesting authority from the patient to consult another Member to confirm his/her diagnosis and method of therapy.
- 5.3 No exaggeration of the patient's condition should be made.
- 5.4 It should be the aim of every Member to establish and maintain high ideals of professional honour and responsibility and endeavour in every ethical way to render satisfaction to the patient.
- 5.5 No specific guarantee regarding results to be obtained by therapy should be given, but an assurance only of benefit where some can confidentially be expected is permissible.
- 5.6 It is the duty of every Member to administer methods of therapy as approved by PHWA Incorporated and outlined by the Constitution.
- 5.7** A Member shall never divulge, except with the consent of his/her patient, or when required by law, or where failure to do so might constitute a menace or danger to the patient's wellbeing or to other persons or the community, confidence of that patient, facts concerning his/her clinical history, domestic life and/or observation of his/her character, disposition of mind or body brought to light during the treatment of that patient.
- 5.8 A Member should refuse to treat a patient who is under the influence of alcohol or drugs which in the opinion of the Member affects their mental or physical stability or in any way their ability to communicate.
- 5.9 A Member shall not disclose any information regarding a patient to another party without the patient's prior, written consent.
- 5.10 Practicing Members should have a current Senior First Aid Certificate.

6. DUTIES OF MEMBERS TO EACH OTHER AND TO OTHER PROFESSIONS

- 6.1 A Member should refrain from adverse criticism of a fellow Member or a member of another health or related profession, except as required by law or the Executive in course of issues of investigation.
- 6.2 Where results of therapy are unsatisfactory, a consultation should be arranged for the patient, where possible, with another Member or other professional(s).
- 6.3 Loss due to theft or other means of membership certificate must be reported to the Executive Council.
- 6.4 When a Member refers a patient to a colleague, it is suggested relevant patient information should be forwarded.



It is not necessary to forward original or photocopies of clinical records, provided that accurate details in general terms, together with any assisting comments, are communicated to the recipient practitioner concerned.

- 6.5 When a patient wishes to transfer to another practitioner, the patient and practitioner should request in writing that all relevant information be made available to the requesting practitioner.
- 6.6 In cases where care other than clinical hypnotherapy is deemed necessary or advisable, the patient should be advised accordingly.
- 6.7 To assist in the establishment of friendly relations and professional co-operation, a Member commencing practice should pay a courtesy call on other established Members in the same locality at the time of his/her commencement in practice.
- 6.8 The Executive Committee encourages its Members to include acknowledgement of their membership of PHWA Incorporated on all stationery and business cards.
- 6.9 Under no circumstances may a Member betray the integrity of his/her profession by:
 - (1) Teaching another individual privately, or
 - (2) By encouraging another profession to practice the art and sciences of PHWA Incorporated.
- 6.10 When aligning themselves in practice with other Members, the Member must insist that the other Members maintain the standards expressed in this Code of Ethics.

7. SEMINARS, WORKSHOPS, TEACHING, TALKS AND INTERVIEWS

- 7.1 The following standard of ethics refer explicitly to personal presentations, teaching or comment, given by Members, either directly to a group or audience, or via electronic or print media, and not falling under the definition of Publicity, Advertising or Literature, as dealt with in Article 8, below.
- 7.2 When speaking publicly in his/her professional capacity as a Hypnotherapist, a Member will always uphold and support the ideals, intentions and integrity of PHWA Incorporated.
- 7.3 When teaching in his/her professional capacity as a Hypnotherapist, a Member will only teach and promote via that teaching, information, techniques and methodologies that are in accord with ethics, ideals, intentions and integrity of the PHWA Incorporated.
- 7.4 If interviewed by the media, in his/her professional capacity as a Hypnotherapist, a Member must first seek approval of the Executive Committee to take part in that interview.
- 7.5 If interviewed by the medial, in his/her professional capacity as a Hypnotherapist, a Member must:
 - (1) Uphold the ethics, ideals, intentions and integrity of PHWA Incorporated.



- (2) Remain aware of the requirements of Article 6.1 of this Code of Ethics.
- (3) Not be a part to an interview or programme that is or may be defamatory to the profession of Hypnotherapy or PHWA Incorporated, either by design, intent or predictable outcome.

8. GUIDELINES FOR PAST LIFE REGRESSION

- 8.1 The Practitioner will NOT presume that the presenting issue arose from a Past Life Experience.
- 8.2 The Practitioner's own opinion/prejudice/belief system, MUST NOT be allowed to interfere with the process.
- 8.3 The Practitioner will diligently refrain from any suggestions designed to lead the client into a Past Life Experience, except where this has been established during a previous consultation and also except according to Article 8.4 below.
- 8.4 Where a client specifically requests Past Life Regression, the following requirements must be observed:
 - (1) A Full Case History is taken and documented.
 - (2) The use of normal diagnostic tools is implemented to determine any Contra-Indications to Hypnosis and the appropriateness of this process for this client.
 - (3) Normal Contra-Indications for Hypnosis apply to Past Life Regression procedures.

9. GUIDELINES FOR FORENSIC HYPNOSIS

- 9.1 During Forensic Hypnosis, it is normally required that the Practitioner refrain from administering any Therapeutic Procedures to the subject.
- 9.2 Where the Forensic Hypnosis requires regression, the Practitioner must not implant any confabulation.
- 9.3 If during Forensic Hypnosis, any situation should arise which might compromise the subject's emotional or psychological wellbeing, the Practitioner is bound to act on behalf of the subject according to the Code of Ethics of PHWA Incorporated.
- 9.4 The use of normal diagnostic tools is implemented to determine any Contra-Indications to Hypnosis and the appropriateness of this process for this subject.
- 9.5 Normal Contra-Indications for Hypnosis apply to Forensic Hypnosis procedures.



10. PUBLICITY, ADVERTISING AND LITERATURE

10.1 The following standards of ethics refer explicitly to publicity, advertising and literature for Members of PHWA Incorporated.

10.2 No written word shall be circulated using the Association logo, without official endorsement.

10.3 LITERATURE – (Definition):

- (1) The Association's literature is that material propagated and accepted by the Executive Committee for direct distribution or to be published in the media, including newspapers, magazines, television, radio, telephone and business directories, cinema, the internet and such other legitimate media as may emerge, designed to promote the Association and the ethical advancement of its Members and its aims, into the community, the industry and the cultural organisations and governments of Australia.
- (2) Literature concerning hypnotherapy and/or allied practices or subjects, published or distributed by a Member as a Member of the Association must be in accord with the ethics and spirit of the Association.

10.4 ADVERTISING:

- (1) Advertising should be truthful and in good taste and must be in accord with the ethics and spirit of the Association.
- (2) Misleading statements or exaggerations must not be used to attract patients.
- (3) Advertising should not compare one Member with another Member and should not compare one technique with another technique or qualification of one to the other.
- (4) A Member shall be conscientious in enlightening the public regarding the benefits of therapies approved by the Association, remembering that quality of service shall be a measure of the standing of the profession as a whole.

10.5 NEWSPAPERS:

Advertising will be permitted in the following manner:

- (1) Members are encouraged to place advertisements in the professional pages or specific and appropriate sections in the publication. (For example, Health or Wellbeing Section).
- (2) Advertising must be restricted in size to not more than a quarter page.
- (3) Personal advertising will be limited to the use of name, address, Member's qualifications, services offered, telephone numbers, hours of practice, practice name if different to the Member's name, practice logo and Association's logo. (No additions within or around the PHWA emblem will be permitted).



10.6 STATIONERY:

- (1) Letterheads and business cards should contain name, address, qualifications and telephone numbers. It is recommended that the official logo be used. (No additions within or around the PHWA emblem will be permitted).
- (2) Office bearers of the Association must not advertise their official positions on office stationery.

10.7 SIGNS:

- (1) Signs should be made of material in keeping with good taste and should conform to Local Government regulations.
- (2) Signs incorporating the PHWA logo should conform to Association guidelines as set by the Association from time to time. (For example: colour, layout, etc.).

10.8 YELLOW PAGES AND/OR BUSINESS DIRECTORIES:

Members are encouraged to take part in any group listings of Hypnotherapists authorised by the Executive Committee.

10.9 RADIO, TELEVISION, CINEMA AND INTERNET:

All such advertising via these media should be in accord with the ethics and spirit of the Association.

11. MALPRACTICE

- 11.1 In the event of a claim or charge or suggestion of a claim or charge being made against a Member of the Association for malpractice, it shall be the duty of the Member concerned to submit immediately to the Executive Committee a full and detailed written report of the case. Immediately after consideration by the Executive Committee the Member shall be advised on what action the Executive Committee considers should be taken (if any).
- 11.2 If the Member concerned shall accept and follow the advice given by the Executive Committee then the Association shall give such assistance as it may determine.
- 11.3 Professional indemnity insurance is compulsory for all practicing Members on attaining membership.

12. UNETHICAL CONDUCT

- 12.1 Before any investigation by the Executive Committee into a complaint of unethical conduct by a Member against another Member of the Association, evidence of such complaint shall be submitted to the Executive Committee by Statutory Declaration.
- 12.2 Where a complaint made to the Executive Committee, of unethical conduct by a member, is alleged by another professional, not being a Member, or by a patient or



a member of the public, the Executive Committee shall request that evidence of such complaint be submitted to the Executive Committee by Statutory Declaration.

- 12.3 Upon receipt of a Statutory Declaration evidencing alleged unethical conduct by a Member, the Association shall conscientiously investigate the complaint.
- 12.4 Where a patient or a member of the public alleges unethical conduct by a Member, but does not evidence the complaint by Statutory Declaration, despite the Executive Committee having requested this according to Article 10.2 above, the Executive Committee may investigate the matter at their discretion.
- 12.5 No Member may employ a locum tenens unless the locum tenens is a fully qualified Member. In the case of incapacity or emergency, a member may notify the Executive Committee. The Executive Committee will endeavour to assist the Member.
- 12.6 The payment of a commission to any person in consideration of the introduction of new patients is forbidden absolutely.



PART 2 – MINIMUM STANDARDS OF PRACTICE

13. INTRODUCTION

13.1 The need for an established routine of practice, suitable to the Association becomes necessary when it is considered that the Association has among its members graduates from different schools and of varying years of experience in the field. In setting out minimum routine procedures, due consideration has been given to technical advancement taking place in the profession. It has also been taken into consideration that, in the event of legal proceedings against a Member, office records become of prime importance as evidence and some suggestions have been made with this in view.

The routine has been based on these factors and is published here with earnest request that it should be universally adopted.

14. OFFICE PROCEDURE

14.1 All Members should conform to a minimum standard in recording new cases and recording progress of the patient, while the patient is under a Member's care. It is suggested that case history and progress records should be kept separate from financial records.

15. CASE HISTORY

15.1 A case history should in all cases include the following:

- (1) Name, address, occupation, date of birth and telephone numbers (business and after hours).
- (2) Presenting symptoms and duration of same.
- (3) Previous treatment and/or therapy.
- (4) Past illnesses, operations and/or accidents.
- (5) Abnormalities noted.
- (6) Medical diagnosis (if any).

16. PROGRESS REPORTS

16.1 It is recommended that in addition to complete case history records, progress notations be made in the following instances:

- (1) Date of each consultation to be recorded.
- (2) When a patient reports changes to symptoms.
- (3) Therapy and any advice given to patient or relatives.



- (4) Results and any remarks to patient, or by patient, to be recorded on each visit, and on conclusion of therapy.

17. RECORDS

- 17.1 All records should be securely filed for a period of not less than seven (7) years following the last consultation with the patient.

18. CONCLUSION

- 18.1 Every Member, in the interest of the Association and himself/herself, shall remain familiar with the Constitution, Code of Ethics, Code of Practice and By-Laws of the Association and details of any Act of Parliament with its amendments and regulations affecting his/her profession.
- 18.2 The above provisions may be altered, amended or rescinded and new clauses added at an Annual General Meeting of the Association, by a majority vote of those present at the meeting, provided such alterations, amendments, rescindments or new clauses are proposed in writing by a voting Member and received by the Secretary, one month before the next Annual General Meeting, to allow it to become an agenda item.
- 18.3 In cases different in interpretation of the above Code of Ethics and Code of Practice, the interpretation of the Executive Committee shall prevail.



PART 3 – BY-LAWS

19. INTRODUCTION

- 19.1 The By-Laws of the Association shall deal with those matters of governance, administration and operation of the business of the Association and the practice of the Association Members that are not addressed by the Constitution, Code of Ethics or Code of Practice of the Association.
- 19.2 The By-Laws of the Association may be altered, amended or rescinded and new By-Laws added, by a motion carried by a quorum of the Executive Committee in meeting.
- 19.3 Any By-Laws of the Association altered, amended, rescinded or added, will be identified by the Meeting and Motion number as it appears in the Minutes of the Executive Committee meeting where the motion was tabled and carried.
- 19.4 By-Laws of the Association can not alter or vary any Article of the Constitution, Code of Ethics or Code of Practice of the Association, except where such discretion is admitted to the Executive Committee by the relevant Article of the Constitution, Code of Ethics or Code of Practice of the Association.
- 19.5 By-Laws written at the time of establishment and ratification of the original version of this document will be known as Primary By-Laws.
- 19.6 By-Laws altered, amended or added by the Executive Committee according to Article 16.2 above, after the establishment and ratification of the original version of this document, will be known and recorded as Added By-Laws.
- 19.7 Added By-Laws will be communicated to all Association Members within 30 days of the carriage of the motion by the Executive Committee.
- 19.8 Primary and Added By-Laws bind Members just as they are bound by the Constitution, Code of Ethics and Code of Practice of the Association.
- 19.9 Members will be bound by any Added By-Law from the time the Executive Committee can reasonably declare that the Added By-Law has been communicated to Members, or by such time thereafter that the Executive Committee deems to be reasonable.

20. PRIMARY BY-LAWS

- 20.1 Not less than fourteen (14) days notice must be given for all meetings unless exceptional circumstances prevail and do not disadvantage any Member who may wish to attend.
- 20.2 Fellowships will be awarded to Members for outstanding contributions to the Association and/or the profession. These Fellowships would still attract an annual membership fee. Fellowship is denoted as FPHWA after the Member's name.



- 20.3 That in the situation where an application tenders qualifications in practices/therapies or modalities which are not approved by the Executive Committee, or about which the Executive Committee holds some reasonable reservation(s) as to the ethics, safety or morality of those practices, therapies or modalities, the Executive Committee or its delegates(s) shall:
- (1) Inform the applicant of the provisions in the PHWA Incorporated Code of Ethics which forbids the association of the PHWA Incorporated logo with any practice, therapy or modality which is not approved officially by the PHWA Incorporated.
 - (2) Inform the applicant that the practice, therapy or modality included in his/her application is not approved by the PHWA Executive Committee and express to the applicant, any further reservations which the Executive Committee may hold with regard to these practices, therapies or modalities.
 - (3) Advise the applicant of any Executive Committee recommendation for the applicant to seek further education or take other action, which the Executive Committee may deem appropriate.
 - (4) Withhold granting of membership at any level until evidence of compliance with item (3) above or grant a special provisional membership at the level appropriate to the normal PHWA Incorporated parameters for membership, the special provision being that evidence of compliance with item (3) above is forthcoming within a time specified by the Executive Committee.
 - (5) The membership status of the applicant will be reviewed by the Executive Committee at any future date, at its discretion.
- 20.4 Associate Membership will only be granted to applicants from professions allied to the objectives and ideals of the PHWA Incorporated.
- 20.5 Students who wish to practice must apply for provisional status before commencing practice.
- 20.6 Students, who have, in the opinion of the Executive Committee, completed enough of their studies to allow them to practice competently under supervision, may be considered for Provisional status upon their written application.
- 20.7 PHWA Members include a “consent to treat” section in their Case History forms, to be signed by the patient. Suggested wording would be:
- “I the undersigned, hereby state that all information provided here by me is a true and accurate record of my personal status and I give consent for therapy from this clinic.”
- 20.8 In accord with the guidelines for Professional Indemnity Insurance claims notification, the notification must be made to the insurance company within one month. Members must forward a copy of this information to the PHWA administration within the same time frame.
- 20.9 In certain circumstances, telephone consultations are acceptable as follows:



- (1) Circumstances dictate that there is no practical alternative than to conduct a telephone consultation.
- (2) The consultation is carried out professionally and in accordance with the Association's Constitution and Code of Ethics by which the practitioner is bound.
- (3) Proper notes of the consultation are made and retained.
- (4) The client is made aware that Health Fund rebates may not apply to telephone consultations.
- (5) The practitioner must ensure that any receipts issued for such a consultation, must clearly state that the consultation was a "telephone consultation"

20.10 Temporary Leave of Absence

In circumstances such as maternity or paternity leave, personal or family illness, further education, extended travel, or other reason considered valid by the Executive Committee, temporary leave of absence may be granted according to the following provisions:

- (1) That the Member shall apply in writing for the leave of membership, stating the reasons for the request and the period of leave requested.
- (2) That the Member shall not practice during the period of leave of absence.
- (3) That the leave of absence shall be for a fixed period of time as agreed between the Member and the Executive Committee and shall not exceed twelve (12) months, except in exceptional circumstances as approved by the Executive Committee.
- (4) That the requirement for professional indemnity insurance and current senior first aid qualification shall be waived during the period of absence.
- (5) That the membership fee due during the period of leave of absence shall be 50% of the normal membership fee due during that time and shall be calculated on a pro-rata basis for that part of the year(s) in which the leave of absence falls.
- (6) That at the end of the period of leave of membership, the Member shall be reinstated at the same level of membership that they held at the time that they applied for the leave of membership and that normal membership fees shall resume.
- (7) The member is encouraged where possible, to maintain a programme of Continued Professional Education (CPE) during the period of leave of absence. However this is not mandatory.

Upon resumption of membership, the Member will not be required to show CPE points for the period of the leave of absence. The Member shall be required to present the normal quota of CPE points at the time of the next



scheduled renewal of membership, after the period of leave of absence has finished. At that time, the requirement for CPE points shall be calculated pro-rata for the time from the end of leave of absence up to the scheduled renewal of membership. CPE points gained during the leave of absence will be allowed to be used in the first period following the leave of absence.