

# Handbook Of Ethical Practice

Including

MINIMUM STANDARDS AND  
MARKETING AND MEDIA GUIDELINES

of the Hypnotherapy Council of Australia Inc.

Version 10d

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This Code of Ethical Practice is to be used in conjunction  
with the HCA Constitution.

*(Initially based on the published CCH Handbook of Ethical Practice.)*

## HCA HANDBOOK OF ETHICAL PRACTICE

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## **DEFINITIONS**

These definitions relate to this document , and are to be used in conjunction with the Hypnotherapy Council of Australia Inc.'s Constitution.

**“ANHR”** : Australian National Hypnotherapy Register

**“Black Hat Tactics”** : "Black Hat" search engine optimization (SEO) is customarily defined as the techniques that are used to get higher search rankings in an unethical manner. Wikipedia describes it as "Black Hat SEO attempts to improve rankings in ways that are disapproved of by the search engines, or involve deception".

**“CCA”** : Consumer and Competition Act 2010

**“CCH”** : Council of Clinical Hypnotherapists

**“Entity”** : Means an association or educational organisation as defined under the HCA Constitution.

**“HCA”** : Hypnotherapy Council of Australia Inc.

**“health practitioner”**: This term is used in Government legislation, and includes hypnotherapists and those who use hypnosis to provide therapy.

**"member"** means a member entity of the HCA as defined by the HCA Constitution.

**“MA”** : Member Association

**“MEO”** : Member Educational Organisation

**“Signed” or “signature”** means the impression of a mark by hand, facsimile, mechanical, electronic or other means which is properly authorised by the person purported to have signed the document, and signed shall mean the result of a signature produced by any means defined above with the permission and intent of the signatory.

**“spam”**: Unsolicited emails

**“unconscionable conduct”** : Refer to the law, specifically CCA, Volume 3, Schedule 2—The Australian Consumer Law Act, section 20).

**“written” and “in writing”**: Shall include printing, typing, lithography, email and other modes of registering or producing words of a visible form which can be archived.

## **PART 1 – INTRODUCTION**

### **1. AIMS AND DUTIES OF HCA**

1.1 The aims and duties of the Board of the HCA are:

- (1) To establish a standard of ethics to be adhered to by all Member Entities of HCA.
- (2) To set minimum standards of practice, administration, advertising, personal and clinical conduct and presentation for HCA Member Entities.
- (3) To promote the ethical treatment of members of the public.
- (4) To safeguard the professional welfare of practitioners belonging to an HCA Member Association.
- (5) To safeguard the professional welfare of students of HCA Member Educational organisations.
- (6) To support the rights of all Members Entities in an equitable manner.
- (7) To support and promote the professional practice of Clinical Hypnotherapy, including the education of the general public and other interested parties.
- (8) To allow voting membership to MAs, MEOs as defined in the HCA Constitution, and not favour any Association, Educational Organisation or methodology above others.
- (9) To bring to the attention of all its member entities any matter that relates to the profession as whole as soon as possible. Any matter pertaining to only one member entity will, at the discretion of the National Board, be directed to only that organisation .

### **2. INTEGRITY**

2.1 A Member Entity must act, at all times and under all circumstances, in conformity with the laws of the Commonwealth of Australia and the States of Australia (hereafter referred to as the law.)

2.2 Any infringement of this ethical code or the law could result in the removal of privileges or the expulsion of the Member Entity concerned, after due consideration of the findings of the Board in accordance with section 7 of the HCA Constitution.

### **3. RESPONSIBILITIES OF HCA MEMBER ENTITIES**

3.1 Member Entities are to regard it as their responsibility:

- (1) To support the aims and ideals of the HCA in a professional manner.
- (2) To support the HCA in its activities for the betterment of the profession .
- (3) To acknowledge that the member's quality of professional performance reflects upon the standing of HCA in the community and the profession at large.

3.2 To keep in touch with current developments of the profession, and to share in the general knowledge and advancement of the HCA.

3.3 Member Entities are to refrain from adverse criticism of a fellow Entity or a member of another health or related profession, except as required by law or the in course of issues of investigation.

3.4 The use of the HCA logo is to be in accordance with section 8 of this document.

3.5 HCA Member Associations shall be responsible for monitoring and regulating their practising hypnotherapist members' standards and behaviour.

3.6 HCA Member Associations shall maintain entry education requirements for their practising hypnotherapy members that equal or exceed the minimum standards of the HCA

3.7 Member Educational Organisations shall provide education that matches or exceeds the minimum education standards as laid down by HCA.

3.8 Member Educational Organisations shall advertise their courses in an ethical manner without misrepresenting the qualifications provided, or the standards required to join a HCA Member Association.

3.9 The Member Entities are responsible for keeping the HCA informed of any changes in their HCA delegates/relevant personnel and contact details.

3.10 Member Educational Organisations shall encourage their students/graduates to join a professional association.

3.11 It is recognised that Member Entities may have differing requirements for their practitioners or students as there is diversity in the profession. This diversity shall not be used to discredit any other hypnotherapy organisations in methodology, advertising or promotion.

## **PART 2 –MINIMUM STANDARDS**

Although it is recognised that the associations are responsible for guiding their practising members, these ethical guidelines are considered especially important.

### **4. MINIMUM STANDARD OF ETHICAL PRACTICE/CODE OF CONDUCT**

The NSW Code of Conduct (2012) for unregistered health practitioners serves as a basis for a commonsense code of ethical practice for practitioners, and as such the following is the HCA minimum standard for practitioners.

#### **4.1 Health practitioners to provide services in safe and ethical manner**

1. A health practitioner must provide health services in a safe and ethical manner.
2. Without limiting subclause (1), health practitioners must comply with the following principles:
  - (a) a health practitioner must maintain the necessary competence in his or her field of practice,
  - (b) a health practitioner must not provide health care of a type that is outside his or her experience or training,
  - (c) a health practitioner must not provide services that he or she is not qualified to provide,
  - (d) a health practitioner must not use his or her possession of particular qualifications to mislead or deceive his or her clients as to his or her competence in his or her field of practice or ability to provide treatment,
  - (e) a health practitioner must prescribe only treatments or appliances that serve the needs of the client,
  - (f) a health practitioner must recognise the limitations of the treatment he or she can provide and refer clients to other competent health practitioners in appropriate circumstances,
  - (g) a health practitioner must recommend to his or her clients that additional opinions and services be sought, where appropriate,
  - (h) a health practitioner must assist his or her clients to find other appropriate health care professionals, if required and practicable,
  - (i) a health practitioner must encourage his or her clients to inform their treating medical practitioner (if any) of the treatments they are receiving,
  - (j) a health practitioner must have a sound understanding of any adverse interactions between the therapies and treatments he or she provides or prescribes and any other medications or treatments, whether prescribed or not, that the health practitioner is aware the client is taking or receiving,
  - (k) a health practitioner must ensure that appropriate first aid is available to deal with any misadventure during a client consultation,
  - (k) a health practitioner must obtain appropriate emergency assistance (for example, from the Ambulance Service) in the event of any serious misadventure during a client consultation.

#### **4.2 Health practitioners diagnosed with infectious medical condition**

1. A health practitioner who has been diagnosed with a medical condition that can be passed on to clients must ensure that he or she practises in a manner that does not put clients at risk.
2. Without limiting subclause (1), a health practitioner who has been diagnosed with a medical condition that can be passed on to clients should take and follow advice from an appropriate medical practitioner on the steps to be taken to modify his or her practice to avoid the possibility of transmitting that condition to clients.

### **4.3 Health practitioners not to make claims to cure certain serious illnesses**

(1) A health practitioner must not hold himself or herself out as qualified, able or willing to cure cancer and other terminal illnesses.

(2) A health practitioner may make a claim as to his or her ability or willingness to treat or alleviate the symptoms of those illnesses if that claim can be substantiated.

### **4.4 Appropriate conduct in relation to treatment advice**

(1) A health practitioner must not attempt to dissuade clients from seeking or continuing with treatment by a registered medical practitioner.

(2) A health practitioner must accept the right of his or her clients to make informed choices in relation to their health care.

(3) A health practitioner should communicate and co-operate with colleagues and other health care practitioners and agencies in the best interests of their clients.

(4) A health practitioner who has serious concerns about the treatment provided to any of his or her clients by another health practitioner must refer the matter to the Health Care Complaints Commission.

### **4.5 Health practitioners not to practise under influence of alcohol or drugs**

(1) A health practitioner must not practise under the influence of alcohol or unlawful drugs.

(2) A health practitioner who is taking prescribed medication must obtain advice from the prescribing health practitioner on the impact of the medication on his or her ability to practice and must refrain from treating clients in circumstances where his or her ability is or may be impaired.

### **4.6 Health practitioners not to practise with certain physical or mental conditions**

A health practitioner must not practise while suffering from a physical or mental impairment, disability, condition or disorder (including an addiction to alcohol or a drug, whether or not prescribed) that detrimentally affects, or is likely to detrimentally affect, his or her ability to practise or that places clients at risk of harm.

### **4.7 Health practitioners not to financially exploit clients**

(1) A health practitioner must not accept financial inducements or gifts for referring clients to other health practitioners or to the suppliers of medications or therapeutic goods or devices.

(2) A health practitioner must not offer financial inducements or gifts in return for client referrals from other health practitioners.

(3) A health practitioner must not provide services and treatments to clients unless they are designed to maintain or improve the clients' health or wellbeing.

### **4.8 Health practitioners required to have clinical basis for treatments**

A health practitioner must not diagnose or treat an illness or condition without an adequate clinical basis.

#### **4.9 Health practitioners not to misinform their clients**

(1) A health practitioner must not engage in any form of misinformation or misrepresentation in relation to the products or services he or she provides or as to his or her qualifications, training or professional affiliations as defined HCA Member Associations and all relevant State and Federal legislation.

(2) A health practitioner must provide truthful information as to his or her qualifications, training or professional affiliations if asked for information about those matters by a client.

(3) A health practitioner must not make claims, either directly or in advertising or promotional material, about the efficacy of treatment or services provided if those claims cannot be substantiated.

#### **4.10 Health practitioners not to engage in sexual or improper personal relationship with clients**

(1) A health practitioner must not engage in a sexual or other close personal relationship with a client.

(2) Before engaging in a sexual or other close personal relationship with a former client, a health practitioner must ensure that a suitable period of time has elapsed since the conclusion of their therapeutic relationship.

#### **4.11 Health practitioners to comply with relevant privacy laws**

A health practitioner must comply with the relevant legislation of the State or the Commonwealth relating to his or her clients' health information, including the *Privacy Act 1988* of the Commonwealth and the *Health Records and Information Privacy Act 2002*.

#### **4.12 Health practitioners to keep appropriate records**

A health practitioner must maintain accurate, legible and contemporaneous clinical records for each client consultation.

#### **4.13 Health practitioners to keep appropriate insurance**

A health practitioner should ensure that appropriate indemnity insurance arrangements are in place in relation to his or her practice.

#### **4.14 Certain health practitioners to display code and other information**

(1) A health practitioner must display a copy of each of the following documents at all premises where the health practitioner carries on his or her practice:

- (a) Their Association's Code of Conduct,
- (b) A document that gives information about the way in which clients may make a complaint to the Health Care Complaints Commission, being a document in a form approved by the Director-General
- (c) Any additional documentation required by State and Federal legislation



## **5. SPECIFIC GUIDELINES**

### **5.1 GUIDELINES FOR PAST LIFE REGRESSION**

- (1) The Practitioner will NOT presume that the presenting issue arose from a Past Life Experience.
- (2) The Practitioner's own opinion/prejudice/belief system, MUST NOT be allowed to interfere with the process.
- (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 paragraph 5.1(4) below.
- (4) Where a client specifically requests Past Life/Between Life Regression, the following requirements must be observed:
  - (i) A Case History is taken and documented.
  - (ii) The practitioner will assess the client to determine any Contra-Indications to Hypnosis and the appropriateness of this process for the client.
  - (iii) Normal Contra-Indications for Hypnosis apply to Past Life/Between Life Regression procedures.

### **5.2 GUIDELINES FOR FORENSIC HYPNOSIS**

- (1) During Forensic Hypnosis, it is normally required that the Practitioner refrain from administering any Therapeutic Procedures to the subject.
- (2) Where the Forensic Hypnosis requires regression, the Practitioner must not implant any confabulation.
- (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 their Association.
- (4) The practitioner will assess the client to determine any Contra-Indications to Hypnosis and the appropriateness of this process for the client.
- (5) Normal contra-indications for hypnosis apply to Forensic Hypnosis procedures.

### **PART 3. COMPLAINTS**

6.1 If a complaint about a practising hypnotherapist (in writing and signed) is brought to the attention of the HCA National Board, then

(1) the Board shall investigate which HCA Association the practitioner belongs to, and then shall refer the complaint to the practitioner's own Association for them to follow their due processes in the matter.

(2) If the practitioner at the subject of the complaint is not a member of any of the HCA Member Associations, then the Board shall communicate such back to the complainer, and recommend they refer the matter if necessary to the appropriate Health Quality Complaints Commission or appropriate Consumer Affairs body in their State.

(3) Responsibility for handling complaints of any unethical conduct of Practitioners in any HCA Member Association lies within the Practitioner's Professional Association.

6.2 If complaint is received about the conduct of a HCA Member Entity (in writing and signed), then the matter shall be referred to the HCA National Board. The Board may deal with any serious matter under section 7 of the HCA Constitution.

6.3 Before any investigation by the Board into a complaint of unethical conduct by a Member Entity against another Member Entity, evidence of such complaint shall be submitted to the Board.

6.4 In the event of a legal criminal charge being made against any member of a HCA National Board or member of a HCA subcommittee, or a there is a change in circumstances that may affect the HCA Directors Insurance, the National Board must be informed immediately.

6.5 A report is to be completed when the National Board carries out an investigation regarding a Member, and kept in the Board records.

## **PART 4. MEDIA AND MARKETING GUIDELINES – HCA RELATED**

### **7. SEMINARS, WORKSHOPS, TEACHING, TALKS AND PRESS RELEASES**

7.1 Any officer of HCA, a member of the National Board or member of any HCA subcommittee shall clearly differentiate between what is expressed with reference to HCA as a personal opinion from that of HCA's views in any interviews, promotions or discussions on relevant issues.

### **8. PUBLICITY, ADVERTISING AND LITERATURE**

8.1 The following standards of ethics refer explicitly to publicity, advertising and literature for Members of HCA.

8.2 The use of the HCA logo is to be in accordance with this section.

8.3 Literature concerning hypnotherapy and/or allied practices or subjects, published or distributed by an HCA Member must be in accord with the ethics and spirit of the HCA.

### **9. ADVERTISING:**

9.1 Advertising is to be truthful and must be in accord with the ethics and ethos of the HCA, and comply with the Competition and Consumer Act 2010 and relevant State legislation.

9.2 Advertising must be respectful of the variety of teachings and modalities that are an integral part of the hypnotherapy profession.

### **10. STATIONERY:**

10.1 The official HCA logo may be used by Member Entities, however, no additions within or around the logo will be permitted.

### **11. SIGNS:**

11.1 Signs are to conform to State and/or Local Government regulations.

## PART 5. MEDIA AND MARKETING GUIDELINES – AND THE LAW

The Australian Consumer and Competition Commission (ACCC) is a statutory body that is responsible for ensuring compliance with the Competition and Consumer Act 2010 (CCA), previously the Trade Practices Act 1974. Its main functions with respect to protecting consumers relate to the enforcing and administering the CCA, monitoring price changes and price exploitation, distributing information to consumers and administering product safety standards. Members are strongly advised to familiarise themselves with the ACCC's policies, research and educational publications that are available via its website at [www.accc.gov.au](http://www.accc.gov.au). There are hefty penalties under the new laws that apply across Australia. For this reason, this section relates to both practitioners and HCA Members Entities.

The following guidelines should be read in conjunction with the rest of this document, and each Entity's own ethical codes.

**12.1** A Practitioner or HCA Entity must not act in a way that is misleading, deceptive or be likely to mislead or deceive.

For example:

(1) You may not claim skills, qualifications or experience you do not have. If you are not a medical doctor, but have a doctorate, then wherever you use the title "Dr", you should be clear about what "doctorate" it refers to so that no one can misunderstand. Remember, it says "*likely to mislead*" in the legislation.

(2) You may not cite or link to a professional organisation in such a way that it implies membership that you do not have.

(3) You may not use protected titles without correct qualifications and registrations eg: to use the title "Psychologist" you must be registered. You must comply with the law.

**12.2** Claims made in advertising must not be misleading or deceptive, or be likely to mislead or deceive.

Eg: "World renowned", "Most qualified", "Can cure" ..... all such claims must be able to be substantiated.

**12.3** Claims should not directly, or by inference, denigrate other practitioners or entities or other techniques.

**12.4** Testimonials and case studies must be legitimate, and the actual details and written permission for its use must be kept on file.

**12.5** Testimonials and case studies must also adhere to privacy legislation and safeguard the client.

**12.6** Claims about who is able to practice hypnotherapy, or allowed to train hypnotherapists in Australia must not be misleading or deceptive, or be likely to mislead or deceive.

**12.7** Claims about who can get health funds rebates for their clients, or potential annual earnings from a hypnotherapy practice, must not be misleading or deceptive, or be likely to mislead or deceive.

**12.8** A Practitioner or HCA Entity must not engage in unconscionable conduct (refer to CCA, Volume 3, Schedule 2—The Australian Consumer Law Act, Section 20).

**12.9** Proof of transaction should be provided for services and or goods provided.

**12.10** Any offer of guarantee must be clearly stated and explained as to what is actually being offered.

**12.11** Claims of success rates must be able to be substantiated. Eg: 98% success rate

**12.12** No HCA Entity or practitioner shall send spam.

**12.13** Internet marketing should not use “black hat tactics” . For more information, we recommend you Google “black hat SEO”

## **Conclusion**

**13.** In cases different in interpretation of the above Code of Ethical Practice and/or the HCA Constitution, the interpretation of the HCA Board shall prevail.

**14.** Every HCA Member Entity shall, in the interests of HCA and the profession, remain familiar with the HCA Constitution, Code of Ethical Practice of the HCA and details of any Act of Parliament with its amendments and regulations that may affect the profession.

**15.** Failure to comply with any aspect of the HCA policies, codes, standards or Government legislation, may result in a practitioner being disciplined by their Association, or in the case of a Member Entity, by the HCA. Discipline in this context may include suspension or cancellation of membership.