



CODE OF ETHICS AND PROFESSIONAL CONDUCT

Name: _____

I understand and agree that it is my responsibility to serve Lapeer County Community Mental Health (LCCMH) in a professional and ethical manner and abide by the following basic principles and Code of Ethics and Professional Conduct. I agree to:

ALL STAFF & BOARD MEMBERS (Please initial #1-13):

1. Respect the confidentiality of all records, materials, and communications concerning information of individuals served in accordance with Federal and State Regulations and LCCMH Policies and take all necessary actions to protect the "best interests" of individuals served. _____
2. Take reasonable action by notifying authorities when the condition of an individual served indicates a clear and imminent danger to themselves or others, in accordance with LCCMH Duty to Warn Policy 02.002.65. _____
3. Maintain respect for individuals served by fostering an objective, professional relationship at all times. I will refrain from engaging in any activities that seek to meet my personal needs at the expense of the individual served. _____
4. Refrain from engaging in dual or exploitative relationships with individuals served, including but not limited to providing services to relatives and/or friends, engaging in sexual intimacy, borrowing money, exchanging gifts of significant value, or participating in personal fundraising, as these activities are prohibited. _____
 - a. Social media connections will be avoided with individuals served. _____
 - b. The vulnerability of an individual served will not be exploited. _____
5. Neither give nor receive personal compensation and/or gifts from persons served for any reason except as established in LCCMH Personal Relationships with Persons Served Policy 05.001.60. _____
6. Not use LCCMH affiliation to recruit individuals served for a private practice or a religious or political party membership. _____
7. Respect and utilize staff, other professionals, and resources to best serve the individual. I will report known or suspected ethical violations of staff or other professionals to the Recipient Rights Officer, Corporate Compliance office, and/or administrative staff. _____
8. Assess my own strengths and limitations, biases, and recognize when it is in the best interest of the individual served to refer or transfer them to another staff or program. _____

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LCCMH Code of Ethics and Professional Conduct

9. Refrain from witnessing external documents for individuals served (such as guardianship, powers of attorney, advanced directives, etc.). I may witness internal LCCMH forms (such as IPOS signature sheets). _____
10. Respect the dignity and worth of each individual while protecting and preserving the fundamental human rights and rights to mental health treatment per the Michigan Mental Health Code. _____
11. Not compromise or reduce the public trust in mental health professionals. I will not condone, facilitate, or collaborate in inhumane, illegal, or discriminatory practices. This may include but is not limited to discrimination on the basis of race, ethnicity, culture, age, gender, sexual orientation, spiritual beliefs, political beliefs, socioeconomic status, marital status, or language. _____
12. Not use agency email or other agency resources to promote personal fundraising in accordance with LCCMH Internet and Email Policy 07.001.10. _____
 - a. Staff may engage in the exchange of gifts, money, gratuities, personal property, and personal fundraising with other staff members on their personal time and with personal resources. _____
 - b. Personal fundraising between supervisor and supervisee is allowed as long as participation is not a condition of employment and agency email or resources are not used. _____
13. Abide by all LCCMH Policies and Procedures through acceptance of employment or contractual relationship with LCCMH. _____

ALL LCCMH STAFF (Please initial #14-16):

14. Only access confidential information related to my specific job functions for treatment, payment, operations, and coordination of care purposes. I will not access records of relatives, friends, acquaintances, etc. _____
15. Report all suspected child or adult abuse, neglect, or exploitation to the Michigan Department of Health and Human Services (MDHHS). _____
16. Commit to provide the highest quality of care through ongoing training, practicing and promoting Person-Centered Planning and Self-Determination, and sharing knowledge openly with staff and individuals served. _____

ALL SUPERVISORS (Please initial #17-18):

17. Not ask staff to carry out responsibility outside their privileging, training, or licensure. Supervisors encourage staff to acquire knowledge and skills for their professional development. _____
18. Supervisors will not engage in dual/exploitive relationships with supervisees and/or other staff (such as engaging in sexual intimacy, borrowing money, and/or exchanging gifts of significant value). _____

CLINICAL STAFF / SUPERVISORS (Please initial #19-20):

19. Not misrepresent my qualifications, services, or role to individuals served. I will fully inform individuals served about the purpose, nature, scope, and progress to engage them in treatment. _____
20. Use currently approved therapies to treat individuals served. Therapy techniques not approved by LCCMH or those considered experimental are not permitted. _____
- a. Currently approved therapies are located in LCCMH Currently Approved Therapies and Plan for Evaluation/Introduction of Other Therapies Policy 02.004.80. _____
- b. Research is not permitted outside the parameters of the LCCMH Research Guidelines and Ethical Standards Policy 04.003.60. _____

CERTIFIED PEER SUPPORT SPECIALISTS (Please initial #21-22):

21. Serve as a role model of recovery for others. A CPSS will actively pursue recovery and not abuse any substances under any circumstances. _____
22. In the role of Certified Peer Support Specialist (CPSS), the boundaries with an individual served are unique. A CPSS will share lived experiences to help foster recovery, advocate for full integration or re-integration of individuals into the community of their choice, promote social and community networking, promote the value of the individual in the community, and communicate as a peer. This may include shared meals or social events with individuals served only if documented and therapeutically beneficial to the individual served. _____

My signature below represents my voluntary agreement to the following:

I have received a copy of and will abide by the LCCMH Code of Ethics and Professional Conduct.

I have received a copy of and will abide by the Region 10 PIHP Code of Conduct.

Violation of the LCCMH Code of Ethics and Professional Conduct and/or the Region 10 PIHP Code of Conduct may result in progressive discipline, up to and including termination.

Signature

Date

Printed Name

Date