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ETHICS CODE **for Energy Healing Practitioners**

Ethical standards include the highest ethical ideals of a profession, serving to ennoble and inspire practitioners, and also enforceable obligations regarding acceptable practice. Ethical standards inform all of a practitioner's professional activities and include specific responsibilities to their clients. You are free to choose who you admit as a client. Once you accept a person as a client, however, you have a duty to provide appropriate health care services or, when you cannot, to offer appropriate referrals to insure the best possible health care services.

Lack of awareness or understanding of a stated ethical standard is not itself a valid defense against a charge of unethical conduct. Because it is not possible to write an exhaustive *Ethics Code* that covers every conceivable situation, circumstances not specifically addressed here may still be evaluated in terms of ethical conduct.

A. GENERAL PRINCIPLES

1. Energy Healing (EH) practitioners hold as the highest priority for their professional activities the health and welfare of their clients, students, and others with whom they become professionally involved. All other statements in this document are elaborations upon this principle.
2. EH practitioners are committed to a lifelong process of personal development in body, mind, and spirit.
3. EH practitioners uphold professional standards of conduct and accept appropriate responsibility for their own behavior.
4. EH practitioners promote accuracy, honesty, and truthfulness in their communications and in the practice, teaching, science, and art of energy healing.
5. EH practitioners keep their agreements and avoid unrealistic or unclear commitments.
6. EH practitioners take reasonable² precautions to ensure that their personal biases, the boundaries of their competence, impairments to their health and well-being, and the

¹ This is an evolving document. Because we are asking Eden Energy Medicine Practitioners to be guided by this *Ethics Code*, we invite the Eden Energy Medicine community to send concerns about any specific point to the EEM Ethics Committee, which will consider all concerns and make recommendations for changes to Innersource. Please send correspondence to the Committee Chair, ethics@innersource.net

limitations of their expertise do not negatively impact the services they provide to their clients.

7. EH practitioners respect the dignity, worth, and uniqueness of all people, and the rights of individuals to privacy, confidentiality, and self-determination.
8. EH practitioners are committed to give all persons access to and benefit from the contributions of energy healing, while retaining the right to maintain their integrity, best judgment, and personal safety at all times.
9. EH practitioners are aware of, respect, and accommodate individual, cultural, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, representational system, element, and socioeconomic status.
10. EH practitioners contribute a portion of their professional time for little or no compensation.
11. EH practitioners demonstrate a personal commitment to acting ethically; modeling ethical behavior, encouraging ethical behavior by students, supervisees, employees, and colleagues; and consulting with others concerning ethical problems.

B. PERSONAL HEALING AND DEVELOPMENT

Energy healing is, by nature, a ðholisticö approach to well-being in that energy interacts seamlessly with mind, body, and spirit. Practitioners recognize that EH involves a way of relating to life as well as mastery of a particular set of concepts and techniques. With that consciousness, EH practitioners are committed to their own ongoing healing and the wholesome development of body, mind, and spirit.

The more practitioners have evolved personally through activities that promote awareness, health, and healing, the more proficient they become as healers and the more likely they will be to behave competently, responsibly, and ethically with those entrusted to their care, with their colleagues, and with the wider community. In the same sense that health is more than the absence of illness, self-awareness involves a commitment to discover and go beyond limitations in one's understanding and perspective, such as those rooted in unprocessed trauma or personal or professional insecurities that could have a negative impact on professional activities.

EH practitioners are aware that their personal limitations can have direct impact on the quality of the services they provide to clients and students. They are equally aware that the skills they develop in their own quest for wholeness can contribute not only to their personal development,

² As used in this ethics statement, the term *reasonable* means the prevailing professional judgment of health practitioners engaged in similar activities in similar circumstances, given the knowledge the practitioner had or should have had at the time. It is used here to ensure applicability across a broad range of contexts and to guard against establishing a set of rigid rules that might be applied out of context.

but also to their professional development as well. The obligation to cultivate personal growth and awareness, because of its impact on the quality of service a practitioner is able to provide, is an essential, ongoing process.

1. EH practitioners are committed to maintaining a personal program of their own design for developing body, mind, and spirit.
2. EH practitioners monitor the effects of their own physical health, mental state, and ego needs on their ability to help those with whom they work and take appropriate steps to maximize their well-being in each area.
3. EH practitioners have personally experienced the methods they offer others, using their own experiences with EH as a laboratory for further informing themselves about the value and power of specific techniques. At the same time, they take care not to inaccurately project their experiences with a particular method onto others.
4. EH practitioners know their limitations as individuals and as practitioners, setting their boundaries accordingly with those they serve, with colleagues, and within the larger community.
5. EH practitioners open themselves to feedback offered by their students, clients, colleagues, and mentors.
6. EH practitioners closely monitor their needs to be liked, to be admired, to achieve status, and to exercise power, as well as their sexual and romantic needs, and seek feedback, guidance, consultation, and supervision from friends, colleagues, mentors, supervisors, or other professionals to keep these needs from interfering with their effectiveness in the services they provide.
7. EH Practitioners examine their professional association's *Ethics Code* in the context of their own religious and spiritual beliefs, or other personal codes of conduct, and address any conflicts with officials in their professional association.

C. COMPETENCE AND SCOPE OF PRACTICE.

1. EH practitioners provide health care, education, supervision, consultation, and mentoring services only in areas where they have received education, training, supervised experience, or other study that qualifies them for providing those services. For instance, while coursework in Energy Psychology might give an Energy Medicine practitioner tools for teaching some basic techniques for emotional self-management, it does not qualify a practitioner to provide psychotherapy. It is the responsibility of the practitioner to draw those lines professionally and appropriately.
2. EH practitioners provide information to prospective clients about their background in both EH and other modalities that may be used. This information should address the limitations of their training regarding issues such as the diagnosis and treatment of illness, possible side

effects, and the fact that Energy Medicine and Energy Psychology are considered unconventional approaches to health care.

3. EH practitioners stay current in their field of practice and maintain and further develop their competence on an ongoing basis through supervision, consultations, workshops, published works, electronic media, and continuing education courses.
4. EH practitioners obtain appropriate insurance, permits, and licenses, and they comply with other sound business practices.
5. EH practitioners assess the body's energies and energy systems and balance and influence those energies for the client's benefit. They do not *diagnose* or *treat* illness unless they are simultaneously credentialed in a health discipline that allows them to do so.³
6. EH practitioners offering Grid or Regression sessions have received appropriate training and strictly adhere to the guidelines for providing such services.
7. The integration of other modalities into an EH practice is allowed and encouraged, based on the practitioner's training in these modalities and best professional judgment.
8. When EH practitioners provide services in emergency situations, they may use their best professional judgment in going beyond their usual scope of practice when health care practitioners who are more fully qualified to provide needed interventions are not available. Beyond appropriate follow-up, they discontinue these services, in a spirit of respect and cooperation, when the emergency has ended or more appropriate services are available.

D. INFORMED CONSENT

1. EH practitioners utilize an "Informed Consent" form or other device to provide clear information to prospective clients about the nature of their services and the logistics of their practice (including but not limited to length and frequency of sessions, fees, cancellation policies, the nature of assessment and care, et cetera).
2. EH practitioners ensure that prospective clients understand and agree to the specifics in their Informed Consent form before commencing EH services.
3. In deciding whether to provide services to those already receiving health services elsewhere, EH practitioners carefully consider the health care issues and the prospective client's welfare. They discuss these issues with the client (or a legally authorized person on behalf of the

³ Some EH practitioners are licensed, certified, or otherwise recognized in, and simultaneously practice, other healing modalities. The *Ethics Code for Energy Healing Practitioners* presupposes that EH practitioners who are bound to another code of ethics and standards of practice by virtue of their licensure and/or membership in an organization of their fellow professionals will integrate the *Ethics Code for Energy Healing Practitioners* with their own profession's codes and standards.

client) in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate and, in a spirit of respect and co-operation toward all related parties, proceed with sensitivity to the health care issues involved.

E. THE HEALING RELATIONSHIP

1. EH practitioners engage each client in identifying goals for the services being sought and mutually creating an appropriate plan of care which may, as appropriate, include engaging other health care professionals.
2. EH clients are encouraged to be pro-active about their own health needs and to take responsibility for their health care choices.
3. EH practitioners may attempt to encourage, but they do not attempt to pressure or coerce a client into any action or belief, even if the practitioner believes such act or belief would serve the best interests of the client.
4. While it is appropriate to encourage hope and convey confidence in EH methods, EH practitioners do so without overstating the power of the methods or implying that a method which has helped some people with a particular health issue will help all people with that issue. They also proceed with a sensitivity to not foster guilt in clients who are not responding as hoped.
5. EH practitioners not only elicit each client's hopes and expectations for using EH, they also discuss any unrealistic expectations as early in the healing relationship as is reasonable. Expectations are reevaluated throughout the professional relationship at times deemed appropriate by the practitioner or at any time at the client's request.
6. EH practitioners recognize the pitfalls of being overly attached to the outcomes of the services they provide. "Trying too hard," micro-managing a client, or becoming overly invested may have a paradoxical effect. This is one of the dilemmas that should be considered before providing health care services to family or friends.
7. EH practitioners exercise the right to refuse to accept into their care any person seeking their services when they judge this to not be in the best interests of the client or a threat to their own personal safety.
8. EH practitioners consult with, refer to, or cooperate with other professionals and institutions, with their clients' consent, to the extent needed to serve the best interests of their clients. In particular, they understand the boundaries and limitations of their services and make referrals accordingly. They are clear with clients about whether or not they have personal knowledge of the skills of a particular practitioner and encourage clients to interview perspective practitioners before committing themselves to that practitioner's care.

9. EH practitioners provide a safe, clean, welcoming, supportive, appropriate, and comfortable environment for their services that is conducive to healing. They also provide their undivided and uninterrupted attention during an EH session.
10. EH practitioners recognize and articulate what is healthy and right in the person's energies as well as identifying areas requiring attention.
11. EH practitioners may use "energy testing" and other non-traditional ways of assessing the flow within a client's energy system. They understand, however, the limitations and subjective nature of such methods. EH practitioners realize that energy testing is intended to assess the body's energies and is not to be used to replace physical diagnostic tests or to confirm or disconfirm beliefs, memories, or anticipated courses of action. EH practitioners are particularly cautious about energy testing potential customers on products they are selling.
12. EH shall always be administered in a caring, considerate manner, with respect for the client's preferences and capacities. Clients shall be informed in advance about the purpose of any invasive procedures and given an explicit choice about whether to proceed or to have alternative methods applied. If the choice is to proceed, agreement is reached in advance about how the client will communicate to the practitioner the desire to stop the procedure. The practitioner will immediately respect this signal and immediately halt the procedures.
13. EH practitioners are sensitive to a client's feelings about being touched, discuss those feelings as appropriate, and gain permission before applying any procedure that requires touch. For procedures that require making contact or putting pressure in the areas of a client's genitals, breasts, buttocks, navel, or throat, the practitioner is especially alert to the client's sensitivities and offers alternative methods if appropriate, such as asking clients to use their own hands for making the direct contact.
14. If limitations to services can be anticipated because of financial hardship, the related issues are discussed with the recipient of services as early as is feasible. EH practitioners do not maintain a client relationship solely for financial reasons, but they may terminate a relationship if the client is unable or unwilling to pay for such services. Prior to any termination of services, the issues involved and possible alternatives are discussed, with the client's well-being as the highest priority.
15. If conflicts occur regarding EH practitioners' ethical obligations, EH practitioners attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm, seeking consultation or supervision as appropriate.
16. EH practitioners may choose to barter⁴ for services only if this arrangement will not interfere with the quality of the services being provided and if the resulting arrangement is not exploitative to either party.

⁴ Barter is the acceptance of goods, services, or other non-monetary remuneration from clients in return for EH services.

17. EH practitioners may recommend nutritional supplements, technological devices, or other healing aids only when they have adequate and appropriate qualifications to responsibly make such recommendations.
18. EH practitioners terminate a client relationship when it becomes reasonably clear that the client no longer needs or is benefiting from the continued service.
19. EH practitioners who reach an interpersonal impasse with a client, or an impasse in the healing services they are providing, consider a range of options, such as enlisting supervision, suggesting bringing a consultant into a session, referring the client to another practitioner, and suggesting terminating their services.
20. EH practitioners may terminate a client relationship if they feel their physical safety is at risk.
21. Practitioners who are in an ongoing relationship providing EH services make reasonable efforts to facilitate a continuity of services in the event that their services are interrupted by factors such as their illness, relocation, retirement, or by the client's relocation or financial limitations.
22. Responsibilities of the EH practitioner following termination of services include continuing to maintain confidentiality and sharing client information with other professionals as requested by the client. If the client requests that such information be forwarded, it may not be withheld for any reason, including non-payment of fees.

F. CONFIDENTIALITY

1. The client (or the client's legal guardian or conservator) is the only person who has the right to determine who has access to information about the EH services, including the very question of whether a person is receiving such services from the practitioner. Exceptions to this principle are made explicit in the disclosure statements:

Exception: When disclosure of information is required to prevent clear and imminent danger to the client or to others.

Exception: When there is a clear legal requirement in the country, region, or area to disclose certain types of information.

Exception: When records are subpoenaed by a court.

Exception: If the EH practitioner is a defendant in a civil, criminal, or disciplinary action arising from the client relationship, information about that relationship may be disclosed as part of the proceeding.

Exception: EH practitioners who seek *consultation* or *supervisory* services from other EH practitioners agree that information about their competency may be disclosed to designated professional associations (with client identity concealed) for the purpose of evaluating the practitioner's readiness to enter advanced training or to be listed for referral.

2. EH practitioners who work with children or with more than one member of the same family (including "significant others") establish with the relevant parties at the outset (or when new family members begin to receive services from the practitioner) the kinds of information that may be shared, and with whom, and the kinds of information that may not be shared by the practitioner. Services are provided to more than one member of a family only after weighing potential disadvantages, conflicts, and confidentiality issues.
3. When consulting with colleagues, EH practitioners do not disclose confidential information that reasonably could lead to the identification of a client with whom they have a confidential relationship unless they have obtained the prior consent of the person or the disclosure cannot be avoided. Informed consent forms may include a stipulation that the practitioner can seek supervision or consultation about the client.
4. Before recording the voices or images of individuals to whom they provide services, EH practitioners obtain permission from all such persons or their legal representatives and disclose how the voices or images may be used.
5. EH practitioners do not disclose in their writings, lectures, or other public media, personally identifiable information concerning their clients, students, research participants, or other recipients of their services that they obtained during the course of their work unless 1) they take reasonable steps to disguise the recipient of service, 2) the recipient has consented in writing or in the recorded session, or 3) there is legal authorization for doing so.

G. PERSONAL AND INTERPERSONAL BOUNDARIES

1. EH practitioners take steps to ensure that their personal biases, the boundaries of their competence, and the limitations of their training do not negatively impact the services they provide to their clients.
2. EH practitioners clarify professional roles and obligations and seek to manage conflicts of interest to avoid exploitation or harm.
3. EH practitioners recognize that clear, compassionate communication is integral to providing the highest level of service possible and act accordingly.
4. EH services may open issues that are private, delicate, or embarrassing. EH practitioners are prepared to articulate these issues when they emerge and discuss them in a frank, professional, and respectful manner, while at the same time acknowledging the client's right not to discuss the issue.

5. EH practitioners recognize that in dealing directly with their client's energy systems, at times the subtle nature of those energy systems and their sometimes intangible perception can create boundary issues that don't arise in other disciplines. EH practitioners maintain appropriate boundaries, acknowledge the client's authority to make fundamental choices about the healing relationship, and recognize how the wisdom of the client's body also directs the healing process. EH practitioners do not aggrandize themselves or dramatize their abilities to perceive or work with subtle energies.
6. EH practitioners do not use their abilities to work with energy to wield power over another person, to manipulate another person, or to create an unequal relationship with another person. This includes, but is not limited to, abilities associated with intuition or other intangible means of assessment.
7. Because EH practitioners work with their clients' energies, they acknowledge a special responsibility to take steps that keep their own energy systems strong and resilient, and they utilize methods that decrease their vulnerability to being negatively impacted by the energies of their clients.
8. If an EH practitioner is unable to competently offer services due to illness, stress, or other factors, or if personal problems are likely to interfere with competently performing a professional activity, the practitioner cancels or postpones the activity until the limiting factors have been resolved.
9. EH practitioners do not provide services under the influence of any medication, drug, other substance, or state of mind that might impair their work.
10. EH practitioners are sensitive to differences in power between the practitioner and the client and do not exploit such differences during or after the professional relationship for the benefit or personal gratification of the practitioner.
11. EH practitioners obtain explicit or clearly implied permission prior to engaging in "distant" or "remote" or "surrogate" or "non-local" assessment or healing, and they perform such services with the client's welfare as their highest priority.
12. EH practitioners treat colleagues with dignity, respect, and courtesy; talk about colleagues in respectful ways; resist gossip; credit colleagues for their contributions and innovations; and show respect for the teachings, teachers, and practitioners before them.
13. EH practitioners do not enter into a dual relationship⁵ that could reasonably be expected to impair the practitioner's objectivity, competence, or effectiveness in the delivery of healing

⁵ A dual relationship occurs when an EH practitioner is in a professional role with a person and 1) at the same time is in another role with the same person, 2) at the same time is in a relationship with a person closely associated with or related to the person with whom the practitioner has the professional relationship, or 3) promises to enter into another role in the future with the person or a person closely associated with or related to the person.

or educational services, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

14. Dual relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical. However, it is the practitioner's responsibility to ensure that each party is aware of issues related to shifting between the client-practitioner setting and the social setting of the personal relationship. These issues should be discussed with the client and take precedence in decisions about the dual relationship.
15. If an EH practitioner finds that, due to unforeseen factors, a potentially harmful dual relationship has arisen, the practitioner takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the *Ethics Code for Energy Healing Practitioners*.
16. When EH practitioners are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, they clarify role expectations and the extent of confidentiality as early as possible.
17. Dual relationships that are never acceptable are ones in which a practitioner develops any kind of romantic or sexual relationship with any client while EH services are being provided.
18. EH practitioners do not engage in sexual relations with a former client for at least a full year after termination of the client relationship, and only then after a good faith determination through appropriate consultation that there is no exploitation of the former client.
19. In their work-related activities, EH practitioners model respect and tolerance and do not engage in harassment or demeaning behavior toward others or unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, or socioeconomic status. EH practitioners do, however, reserve the right to refuse service to anyone the practitioner feels may compromise their safety.
20. EH practitioners do not engage in sexual harassment. Sexual harassment includes sexual solicitation, physical advances, energetic advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the practitioner's professional role or activities, and that is 1) unwelcome, offensive, or creates an objectionable interpersonal atmosphere and the practitioner has been informed of this, or 2) sufficiently severe or intense to be considered abusive to a reasonable person in the context; or 3) unnecessarily or inappropriately provocative under the guise of evaluating a health concern or providing services. Sexual harassment can consist of a single severe act or of persistent multiple acts of less intensity. This principle applies in all professional settings, from the consulting room to the classroom.

H. RECORD KEEPING

1. EH practitioners document having acquired informed consent from all clients.

2. EH practitioners use their own professional judgment on the kinds of intake information, assessments, interventions, and session-by-session outcomes they record and maintain in the client's file.
3. EH practitioners store client records in a safe and secure place, maintain such records for at least seven years (or longer if dictated by legal requirements or other circumstances) following the termination of services, and dispose of client records in a secure manner.
4. EH practitioners do not alter records. Additions that correct earlier information should be dated.
5. EH practitioners ensure that clerical or other staff members who have access to client records are educated to do so only under strictly controlled circumstances and to uphold confidentiality at all times.
6. EH practitioners adhere to the principle that any client records to be used for research purposes may only be used with the client's written consent or with pertinent identifying personal information removed or adequately disguised.
7. EH practitioners maintain session records, if they are licensed in an allied profession, in the manner required by that particular profession.
8. EH practitioners are aware of and adhere to relevant laws and regulations regarding a client's rights to obtain his or her EH records.

I. PUBLIC STATEMENTS⁶ AND ADVERTISING

1. EH practitioners assist clients, students, and the general public in developing informed judgments concerning the role of energy healing in choices that impact their health and optimal functioning.
2. Public statements, whether intended for informational or advertising purposes, should be evaluated for any unintended impact before they are released.
3. EH practitioners use clear, accessible language in their advertisements, and their advertisements are honest, dignified, and representative of services that can be delivered.
4. EH practitioners do not make false, deceptive, or fraudulent statements concerning 1) their training, experience, or competence; 2) their academic degrees; 3) their credentials; 4) their institutional or association affiliations; 5) their services; 6) the scientific or clinical basis for,

⁶ Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials.

or results or degree of success of, their services; 7) their fees; or 8) their publications or research findings.

5. EH practitioners do not make public statements that use sensationalism or that prey on the public's vulnerability to irrational fears and anxieties.
6. EH practitioners who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.
7. EH practitioners do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item.
8. EH practitioners associated with the development or promotion of products disclose any vested interest when informing clients or students about such products and ensure that such products are presented in a factual and professional manner.
9. A paid advertisement relating to an EH practitioner's activities or products must be identified or clearly recognizable as such.
10. To the degree to which they exercise control, EH practitioners responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.
11. When EH practitioners provide public advice or comment via radio, television, print, or internet, they take precautions to ensure that statements are based on their professional knowledge, training, or experience and that the welfare of any demonstration subjects is of highest priority.
12. If EH practitioners learn of the misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

J. TEACHING AND PRESENTATIONS

1. EH practitioners responsible for educational programs or presentations take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences and to fulfill the goals of the presentation or program. This may require that the practitioner has acquired experience or training in curriculum design and presentation methods.
2. EH practitioners responsible for educational programs or presentations take reasonable steps to ensure the ready availability of accurate descriptions of the program content, goals, benefits, costs, prerequisites, and any special requirements that must be met for satisfactory completion of the program.

3. EH teachers anticipate the capabilities and limitations of those they teach and structure their presentations to accommodate these capabilities and limitations.
4. EH teachers appropriately credit those whose methods, theories, research, or other contributions are being taught.
5. EH teachers convey the appropriate applications of the methods and concepts being presented, including their limitations and any risks.
6. EH teachers develop methods to evaluate the proficiency of those they train prior to providing any formal certification of competency.
7. EH teachers prioritize the welfare of volunteers for demonstrations above the presentation itself, taking all reasonable steps to ensure that volunteers who are selected for demonstrations will not be harmed by the demonstration.
8. EH teachers provide follow-up for any immediate distress that arises during or as a consequence of a demonstration and to offer an appropriate referral. They do not charge for such follow-up in this circumstance.
9. If a more serious health issue is uncovered during a demonstration, or if what is uncovered goes beyond the scope of the demonstration, the presenter is not obligated to provide ongoing services to resolve that issue. The presenter's obligation is limited to providing immediate first aid, as described above, and referral suggestions.
10. EH teachers who show video or audio tapes of their work are responsible for acquiring the informed consent of those being portrayed.
11. EH practitioners do not provide demonstrations, live or on video, that may be exploitive.
12. EH practitioners who offer educational programs take steps to ensure that graduates of their programs represent the training received appropriately and with an understanding of the limitations as well as the potentials of the skills they have developed.
13. EH teachers engaged in formal supervision of EH students establish a timely and specific process for providing feedback to those they supervise, and information regarding this process is provided to the student at the beginning of supervision.
14. EH teachers do not commence sexual or romantic relationships with students in their classes and do not engage in sexual or romantic relationships with those they supervise or for whom they have evaluative responsibilities during the time they are engaged in this teaching or supervisory role.

K. THE RESOLUTION OF ETHICAL ISSUES⁷

1. When EH practitioners believe there may have been an ethical violation by another EH practitioner, they attempt to resolve the issue by bringing it to the attention of that individual if an informal resolution appears possible and appropriate. Such interventions may not, however, violate any confidentiality rights that are involved.
2. If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution as described above, or is not adequately resolved in that fashion, EH practitioners take further action appropriate to the circumstances. Such action might include informing the appropriate ethics committee of the situation.

Exceptions: EH practitioners are not obligated to take action based on information gained when serving as a member of a peer review panel, as a consultant to another practitioner who is seeking consultation on the specific ethical situation in question, or as a mediator between a practitioner and one or more clients.

3. EH practitioners do not attempt to harass, intimidate, or manipulate any person who brings a grievance before an ethics committee.
4. EH practitioners cooperate in formal ethics investigations, proceedings, and determinations, and they submit relevant information as requested by a duly authorized ethics committee. In attempting to comply with these guidelines, they address confidentiality issues and conform to confidentiality guidelines appropriately. Failure to cooperate with an ethics investigation is itself an ethics violation.
5. EH practitioners show respect for various personalities, rhythms, representational styles, educational levels, and backgrounds, do not falsely impugn the reputation of their colleagues, and do not file or encourage the filing of ethics complaints that are made with disregard for facts that would disprove the allegation.
6. EH practitioners do not deny other EH practitioners employment, advancement, or admissions to training programs based solely upon their being the subject of an ethics complaint. This does not preclude making decisions based upon the outcome of such proceedings.
7. EH ethics committees may take action based on information other than a formal complaint, particularly if that information is perceived by the committee as constituting a danger to the public.

⁷ The *Ethics Code for Energy Healing Practitioners* is intended to provide guidance for professional conduct that can be applied by professional organizations whose members provide EH services. They are not intended to be a basis of civil liability. Whether an EH practitioner has violated the *Ethics Code* does not by itself determine whether the practitioner is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur.

8. EH ethics committees may dismiss a claim if the client involved is unwilling to release the practitioner from confidentiality requirements that would allow a fair defense to be presented.
9. If an EH practitioner's ethical responsibilities, as set forth in this document, conflict with a legal requirement (this may happen, for instance, if confidential health care information is subpoenaed) or with the requirements of an organization employing the practitioner, EH practitioners make known their commitment to the ethics requirements of their professional association and take steps to resolve the conflict in a responsible manner. If the conflict is unresolvable via such means, EH practitioners may adhere to the requirements of the law or other authority according to the dictates of their conscience.