Chapter 246-808 WAC
CHIROPRACTIC QUALITY ASSURANCE COMMISSION

WAC

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246-808-120 Chiropractic examination scores. [Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-120, filed 8/6/96, effective 9/6/96.] Repealed by 00-17-180, filed 8/23/00, effective 9/23/00. Statutory Authority: RCW 18.25.0171 and 18.25.030.

246-808-160 License renewal—Affidavit of compliance with continuing education requirements. [Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-160, filed 8/6/96, effective 9/6/96.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-808-170 Licensees residing and practicing out-of-state—Continuing education requirements. [Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-170, filed 8/6/96, effective 9/6/96.] Repealed by 06-03-057, filed 1/11/06, effective 2/11/06. Statutory Authority: RCW 18.25.0171 and 18.25.070.

246-808-185 License renewal form. [Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-185, filed 8/6/96, effective 9/6/96.] Repealed by 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-808-410 Disparaging other practitioners. [Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-410, filed 8/6/96, effective 9/6/96.] Repealed by 97-20-163, filed 10/1/97, effective 11/1/97. Statutory Authority: Chapter 18.25 RCW.

246-808-525 Health food store ownership. [Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-525, filed 8/6/96, effective 9/6/96.] Repealed by 97-20-163, filed 10/1/97, effective 11/1/97. Statutory Authority: Chapter 18.25 RCW.

246-808-530 Vitamins, minerals and food supplements. [Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-530, filed 8/6/96, effective 9/6/96.] Repealed by 97-20-163, filed 10/1/97, effective 11/1/97. Statutory Authority: Chapter 18.25 RCW.

246-808-640 Scope of practice—Revocation or suspension of license authorized for practice outside scope. [Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-640, filed 8/6/96, effective 9/6/96.] Repealed by 09-04-041, filed 1/30/09, effective 3/2/09. Statutory Authority: RCW 18.25.0171.

246-808-710 Professional standards review organizations. [Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-710, filed 8/6/96, effective 9/6/96.] Repealed by 97-20-163, filed 10/1/97, effective 11/1/97. Statutory Authority: Chapter 18.25 RCW.

CHIROPRACTORS

WAC 246-808-001 Purpose. The purpose of these rules is to further clarify and define chapter 18.25 RCW, Chiropractic.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-001, filed 8/6/96, effective 9/6/96.]

WAC 246-808-010 Definitions. The following terms are so defined for the purposes of this chapter:

"Acquired immunodeficiency syndrome" or **"AIDS"** means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

"Approval" and **"accreditation"** are used interchangeably with reference to sanctioning of courses.

"College" means an institution whose curriculum provides education leading to the acquiring of a professional degree in chiropractic.

"Commission" means the chiropractic quality assurance commission, whose address is:

Department of Health
Health Profession Quality Assurance Division
Chiropractic Quality Assurance Commission
1112 SE Quince Street, PO Box 47867
Olympia, WA 98504-7867

"Office on AIDS" means that section within the department of health with jurisdiction over public health matters as defined in chapter 70.24 RCW.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-010, filed 8/6/96, effective 9/6/96.]

WAC 246-808-015 Adjudicative proceedings—Procedural rules for the commission. The commission adopts the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-015, filed 8/6/96, effective 9/6/96.]

WAC 246-808-020 Colleges—Policy. (1) In determining a college's eligibility for accreditation the commission may utilize, at its discretion, recognized chiropractic accrediting associations, recognized regional accrediting associations, and appropriate professional firms, agencies and individuals.

(2) Accreditation shall be primarily contingent upon a course of study which incorporates educationally sound practices and complies with the chiropractic educational requirements for the state of Washington.

(3) A college must have successfully graduated a class prior to making application for accreditation.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-020, filed 8/6/96, effective 9/6/96.]

WAC 246-808-030 Accreditation of colleges—Procedure. (1) Application and determination. A chiropractic college which desires to be accredited by the commission may secure an application form by sending a written request to the commission. The applicant shall complete the application form and submit it to the commission, along with any accompanying documents. Recent photographs of the college or the buildings in which the college is located shall be submitted with the application. Within one hundred twenty days after the receipt of the completed application, the commission shall consider the application, determine whether or not the college fulfills the requirements for accreditation, and notify the applicant, by mail, of the commission's determination. If the commission determines that the college is not approved for accreditation, the notice shall set forth the reasons for denial. The commission may withhold making a determination for a reasonable period of time for any justifiable cause upon giving notice to the applicant.

(2) Interrogatories. If the commission desires, it may request the applicant to answer specific inquiries. The granting or the denial of accreditation may be contingent upon the applicants' response to such inquiries.

(3) Oath. The answers to the inquiries in the application, and any other inquiries, shall be sworn to before a notary public.

(4) Inspection. If the commission desires, it may make the physical inspection of a particular college a condition for its being accredited. Reasonable costs for necessary on-campus visitation shall be paid by the applicant.

(5) Duration. A college which is once accredited shall continue to be accredited for so long as it fulfills the requirements set forth by the commission, or to be set forth by the commission. Upon receiving convincing evidence that a college has ceased to fulfill the requirements, the commission shall withdraw the accreditation of the college and shall inform the college of its reasons for doing so. A college shall inform the commission of changes, if any, in status which could reasonably jeopardize the college's qualifications for accreditation. Such changes shall include, but are not limited to, changes in curriculum, administration, faculty, classrooms and equipment.

(6) Revocation of accreditation. When the commission receives evidence that an accredited institution is not complying with commission criteria, it may, after meeting with institutional representatives, place the institution on probation. The institution shall be supplied with a written statement of charges setting forth the specifics of the noncompliance. The commission and chief administrative officer of the institution may agree on a mutually acceptable timetable and procedures for correction of the deficiencies or the commission may set the timetable. Should the institution not make the corrections recommended, or should further deficiencies develop during the probation, the commission may, after meeting with institutional representatives, revoke the accreditation of the college.

(7) Reinstatement of accredited status. Once the commission has revoked the accredited status of an institution, it must reapply by submitting either a new self-study or an updated self-study as may be required by the commission. The commission's usual procedure for applicants for initial accreditation and petitions for renewal is applied to petitioners for reinstatement. The visitation team report, hearing evidence and supporting data must show not only correction of the deficiencies which led to the disaccreditation but, in addition, compliance with the commission's criteria.

(8) Appeal. An appeal of a decision adverse to the college must be filed with the commission within thirty days of receipt of the commission's written decision. To be valid the appeal must contain a certified copy of a formal action authorizing the appeal, taken by a lawfully constituted meeting of the governing body of the institution. The appeal is based on a review of self-evaluation documents, catalog, visitor's report, institution's response to visitor's report, predecision hearing of the commission and commission decision. Alleged improvements effective subsequent to the evaluation which can be verified only through another on-site visit provide the basis for another evaluation, not for an appeal. An appeal does not include a dispute on a finding of fact unless appellant presents a valid reason showing the finding is clearly erroneous in view of the reliable, probative and substantial evidence on the whole record before the commission. The commission shall meet to consider the appeal at its earliest opportunity, and send a formal reply to the appealing college within thirty days of such meeting, unless it extends the time for good cause shown.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-030, filed 8/6/96, effective 9/6/96.]

WAC 246-808-040 Colleges—Educational standards required for accreditation. (1) Objectives - The college shall have clearly defined objectives.

(2) Administration and organization - The college shall:

(a) Be incorporated as a nonprofit institution and recognized as such by its state of domicile.

(b) Have full-time administrator.

(c) Have either a president or a dean of education with a doctor of chiropractic degree.

(d) Adopt policy of nondiscrimination as to national origin, race, religion, or sex.

(3) Educational offerings - The college shall:

(a) Provide educational offerings which prepare the student for successfully completing licensing examination and engaging in practice.

(b) Offer an educational program with a minimum of four thousand in-class hours provided over a four year academic term.

(c) Have available syllabi for all courses.

(d) Offer chiropractic curriculum as follows: Principles of chiropractic - Two hundred in-class hours; adjustive technique - Four hundred in-class hours; spinal roentgenology - One hundred seventy-five in-class hours; symptomatology and diagnosis - Four hundred twenty-five in-class hours; clinic - Six hundred twenty-five in-class hours.

(e) Offer at least one hundred twenty hours for the study of "principles of chiropractic" as the study of chiropractic philosophy, which shall be defined as the commonly held tenets which provide the basis for chiropractic as a separate and distinct form of practice.

The required one hundred twenty hours of philosophy instruction shall be clearly identified in the application and subsequent college catalogue as philosophy of chiropractic by course title and description. The remaining eighty required hours may include history of chiropractic, ethics, interprofessional relationships and other subjects specifically relating to the principles and practice of chiropractic.

(f) Not include mechanotherapy, physiotherapy, acupuncture, acupressure, or dietary therapy or any other therapy in computation of the qualifying four thousand classroom hours.

(g) Maintain a clinical program sufficient to fulfill the objectives of the college.

(4) Faculty - The college shall provide sufficient faculty to support the educational program of the college.

(5) Students - The college shall:

(a) Select students on a nondiscriminatory basis.

(b) Require that students maintain a 2.00 grade average and have no chiropractic subject grade less than 2.0.

(c) Require the student to complete a four-year academic program which meets all requirements of statute and rule for licensing to practice chiropractic in Washington state.

(6) Physical facilities and equipment - The college shall:

(a) Maintain a library of size and quality sufficient to serve the educational program.

(b) Maintain a basic plant that facilitates the educational program.

(c) Maintain clinic facilities that are of sufficient size and equipped appropriately to serve the student.

(7) Financial - The college shall:

(a) Have adequate present and anticipated income to sustain a sound educational program.

(b) Have well formulated plans for financing existing and projected education programs.

(c) Have an annual audit of financial records by a CPA.

(d) Make records available for review by the commission upon request.

(8) Self-evaluation - The college shall have a program of continuing self-evaluation and such evaluation must be made available upon request by the commission.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-040, filed 8/6/96, effective 9/6/96.]

LICENSURE - APPLICATION AND ELIGIBILITY REQUIREMENTS

WAC 246-808-101 Purpose. The purpose of WAC 246-808-101 through 246-808-190 is to establish guidelines on eligibility, and set forth the procedures for application to receive a license to practice chiropractic. By statute, the eligibility and application criterion are established in RCW 18.25.020 through 18.25.070.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-101, filed 8/6/96, effective 9/6/96.]

WAC 246-808-105 Chiropractic licensure—Initial eligibility and application requirements. To be eligible for Washington state chiropractic licensure, the applicant shall complete an application provided by the commission, and shall include written documentation to meet the eligibility criteria for licensure.

(1) Eligibility. An applicant shall provide proof that applicant:

(a) Graduated from an accredited chiropractic college approved by the commission and show satisfactory evidence of completion of a resident course of study of at least four thousand classroom hours of instruction.

(b) Successfully completed National Board of Chiropractic Examiners test parts I, II, III and IV.

(c) Completed at least one-half the requirements for a baccalaureate degree at an accredited and approved college or university if the applicant matriculated after January 1, 1975. Applicants who matriculated prior to January 1, 1975, must show proof of high school graduation or its equivalent.

(2) Application procedure. Each applicant shall submit:

(a) A completed official application including one recent photo.

(b) The application fee. (Refer to WAC 246-808-990 for fee schedule.)

(c) Official transcripts from prechiropractic schools showing successful completion of at least two years of liberal arts and sciences study.

(d) An official transcript and diploma certified by the registrar, from an approved chiropractic college.

(e) An official certificate of proficiency sent directly to the commission from the National Board of Chiropractic Examiners, parts I, II, III and IV.

(f) Verification of licensure status from all states where applicant has been issued a license to practice chiropractic. Verification is required whether license is active or inactive.

(g) Evidence of completion of four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: RCW 18.25.0171 and 18.25.030. 00-17-180, § 246-808-105, filed 8/23/00, effective 9/23/00. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-808-105, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-105, filed 8/6/96, effective 9/6/96.]

WAC 246-808-115 Examinations. (1) In order to be eligible to take the commission administered examination, all applicants shall satisfactorily pass the National Board of Chiropractic Examiners test parts I, II, III and IV which covers the subjects set forth in RCW 18.25.030.

(2) All applicants shall pass the open book written jurisprudence examination.

(3) The minimum passing score on the open book written jurisprudence examination is 95 percent.

[Statutory Authority: RCW 18.25.0171 and 18.25.030. 00-17-180, § 246-808-115, filed 8/23/00, effective 9/23/00. Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-115, filed 8/6/96, effective 9/6/96.]

WAC 246-808-130 Temporary permits—Issuance and duration. (1) An applicant may request a temporary practice permit by submitting to the commission:

(a) A completed application on forms provided by the department with the request for a temporary practice permit indicated;

(b) An application fee and a temporary practice permit fee as specified in WAC 246-808-990; and

(c) Written verification directly from all states in which the applicant has a license, attesting that the applicant has a license in good standing and is not subject to charges or disciplinary action for unprofessional conduct or impairment.

(2) The commission shall issue a one-time-only temporary practice permit unless the commission determines a basis for denial of the license or issuance of a conditional license.

(3) The temporary permit shall expire immediately upon:

(a) The issuance of a license by the commission;

(b) Initiation of an investigation of the applicant by the commission;

(c) Failure to pass the examinations given by the commission; or

(d) Three months, whichever occurs first.

An applicant who has failed the examination must apply for and take the next examination for which they are eligible.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-130, filed 8/6/96, effective 9/6/96.]

WAC 246-808-133 Background check—Temporary practice permit. The chiropractic quality assurance commission (CQAC) conducts background checks on applicants to assure safe patient care. Completion of a national criminal background check may require additional time. The CQAC may issue a temporary practice permit when the applicant has met all other licensure requirements, except the national criminal background check requirement. The applicant must not be subject to denial of a license or issuance of a conditional license under this chapter.

(1) A temporary practice permit may be issued to an applicant who:

(a) Holds an unrestricted, active chiropractic license in another state that has substantially equivalent licensing standards to those in Washington state;

(b) Is not subject to denial of a license or issuance of a conditional or restricted license; and

(c) Does not have a criminal record in Washington.

(2) A temporary practice permit grants the individual the full chiropractic scope of practice.

(3) A temporary practice permit will not be renewed, reissued, or extended. A temporary practice permit expires when any one of the following occurs:

(a) The license is granted;

(b) A notice of decision on application is mailed to the applicant, unless the notice of decision on application specifically extends the duration of the temporary practice permit; or

(c) One hundred eighty days after the temporary practice permit is issued.

(4) To receive a temporary practice permit, the applicant must:

(a) Submit the necessary application, fee(s), and documentation for the license.

(b) Meet all requirements and qualifications for the license, except the results from a fingerprint-based national background check, if required.

(c) Provide verification of having an active unrestricted chiropractic license from another state that has substantially equivalent licensing standards to those in Washington state.

(d) Submit the fingerprint card and a written request for a temporary practice permit when the department notifies the applicant the national background check is required.

[Statutory Authority: RCW 18.25.0171, 18.130.064, 18.130.075. 11-07-002, § 246-808-133, filed 3/2/11, effective 4/2/11.]

WAC 246-808-135 Licensure by endorsement. RCW 18.25.040 authorizes the commission to grant licensure for endorsement to individuals to practice chiropractic under the

laws of any other state, territory of the United States, the District of Columbia, Puerto Rico, or province of Canada, if the commission determines an applicant has qualifications that are substantially equivalent to the requirements in this section.

An applicant may apply for licensure by endorsement by submitting to the commission:

(1) A completed application on forms provided by the department;

(2) A fee as specified in WAC 246-808-990; and

(3) Evidence, satisfactory to the commission that the applicant, at the time of application under this section:

(a) Is licensed to practice chiropractic in another jurisdiction including, but not limited to, another state, a territory of the United States, the District of Columbia, the Commonwealth of Puerto Rico or a province in Canada;

(b) Has credentials and qualifications that are substantially equivalent to Washington state's requirements for licensure by examination;

(c) Has been engaged in the full-time practice of chiropractic, or has taught general clinical chiropractic subjects at an accredited school of chiropractic;

(d) Has not been convicted of a crime, if the crime would be grounds for the denial, suspension, or revocation of a license to practice chiropractic in the state of Washington;

(e) Has a license to practice chiropractic that is not suspended, revoked, or otherwise conditioned or restricted, in any jurisdiction, which would be grounds for the denial, suspension or revocation of a license to practice chiropractic in the state of Washington; and

(f) Of passing an open book written jurisprudence examination with a minimum passing score of ninety-five percent.

[Statutory Authority: RCW 18.25.0171 and 18.25.040. 05-20-105, § 246-808-135, filed 10/5/05, effective 11/5/05. Statutory Authority: RCW 18.25.0171 and 18.25.030. 00-17-180, § 246-808-135, filed 8/23/00, effective 9/23/00. Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-135, filed 8/6/96, effective 9/6/96.]

WAC 246-808-140 Thirty-day permit. A chiropractor practicing under authority of RCW 18.25.190(1) shall register with the commission by:

(1) Notifying the commission of the nature and dates of their practice in the state of Washington;

(2) Submitting a copy of their current, valid license in the other jurisdiction in which they are licensed; and

(3) Submitting a declaration, on forms provided by the commission, attesting to the possession of a current, valid license and not having had a license to practice chiropractic suspended, revoked, or conditioned in any jurisdiction in the preceding five years. No fee shall be charged to register under this section.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-140, filed 8/6/96, effective 9/6/96.]

WAC 246-808-150 Commission approved continuing education. (1) Chiropractors must complete twenty-five hours of continuing education per year under RCW 18.25.-070 and chapter 246-12 WAC, Part 7.

(2) The commission approves the following subject material for continuing chiropractic education credit:

(a) Diagnosis and treatment of the spine or immediate articulations within the scope of practice;

(b) X-ray/diagnostic imaging;

(c) Adjustive technique;

(d) Detection of a subluxation;

(e) Physical examination;

(f) Hygiene;

(g) Symptomatology;

(h) Neurology;

(i) Pathology;

(j) Orthopedics;

(k) Patient/case management;

(l) Impairment within the scope of practice;

(m) CPR;

(n) Dietary and nutrition advice; and

(o) Chiropractic philosophy and business management (not to exceed a total of eight hours).

(3) Subject matter not approved for continuing education credit:

(a) Subject matter not directly relating to the chiropractic clinical scope of practice; and

(b) Conduct prohibited by Washington state statutes or rules governing chiropractic practice.

(4) A chiropractor may earn a maximum of twelve hours for:

(a) Completing a multimedia chiropractic education program, which includes, but is not limited to, the internet, and video presentations.

(b) Serving as teachers or lecturers in continuing education programs. A chiropractor may receive credit on the same basis as the doctors attending the program.

(5) The individual or organization responsible for a continuing education presentation must provide documentation of attendance to participants, including course content and number of hours.

(6) Chiropractors in active status who reside and practice outside Washington must meet all the requirements of this section.

[Statutory Authority: RCW 18.25.0171 and 18.25.070. 06-03-057, § 246-808-150, filed 1/11/06, effective 2/11/06. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-808-150, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-150, filed 8/6/96, effective 9/6/96.]

WAC 246-808-155 Prior approval not required. (1) It shall be unnecessary for a chiropractor to inquire into the prior approval of any continuing chiropractic education. The commission shall accept any continuing chiropractic education that falls within these regulations and relies upon each individual chiropractor's integrity in complying with this requirement.

(2) Continuing chiropractic education program sponsors need not apply for, nor expect to receive, prior commission approval for a formal continuing chiropractic education program. The number of creditable hours may be determined by counting the contact hours of instruction and rounding to the nearest quarter hour. The commission relies upon the integrity of program sponsors to present continuing chiropractic education that constitutes a meritorious learning experience and complies with RCW 18.25.070.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-808-155, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-155, filed 8/6/96, effective 9/6/96.]

WAC 246-808-165 Exemptions. The commission may grant exemptions or time extensions on an individual basis, if a licensee fails to meet continuing education requirements due to illness, retirement, or other extenuating circumstances.

[Statutory Authority: RCW 18.25.0171 and RCW 18.25.070. 06-03-057, § 246-808-165, filed 1/11/06, effective 2/11/06. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-808-165, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-165, filed 8/6/96, effective 9/6/96.]

WAC 246-808-180 Expired licenses—Requirements for reinstating a license. (1) If the license has expired for three years or less, the practitioner must meet the requirements of chapter 246-12 WAC, Part 2.

(2) If the license has expired for more than three years and the practitioner can submit proof of continuing education, the practitioner must:

(a) Successfully complete the jurisprudence examination given by the department;

(b) Meet the requirements of chapter 246-12 WAC, Part 2.

(3) If the license has expired for more than three years and the practitioner cannot submit proof of continuing education courses during the time the license was expired, the practitioner must:

(a) Successfully pass the examination as provided in RCW 18.25.040 and 18.25.070(2);

(b) Meet the requirements of chapter 246-12 WAC, Part 2.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-808-180, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-180, filed 8/6/96, effective 9/6/96.]

WAC 246-808-181 Inactive credential. (1) A chiropractor may obtain an inactive credential. Refer to the requirements of chapter 246-12 WAC, Part 4.

(2) To return to active status the practitioner must:

(a) Take and pass the jurisprudence examination given by the department; and

(b) Meet the requirements of chapter 246-12 WAC, Part 4.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-808-181, filed 2/13/98, effective 3/16/98.]

WAC 246-808-190 Preceptor or direct supervisory doctor. A preceptor is a doctor of chiropractic who is approved by the commission to provide direct supervision to, clinical postgraduate trainee, or regular senior student, as set forth in RCW 18.25.190. The commission maintains a list of approved preceptors.

(1) An approved preceptor shall:

(a) Provide direct supervision and control;

(b) Be on the premises any time the clinical postgraduate trainee, or regular senior student, treats patients in accordance with WAC 246-808-535; and

(c) Meet with the patient prior to commencement of chiropractic care, and inform the patient in writing of the unlicensed status of the person from whom care is being received.

(2) To apply for commission approval to function as a preceptor, a doctor of chiropractic shall submit to the commission:

(a) Proof of licensure as a Washington chiropractic doctor for the preceding five years, during which time the license has not been suspended, revoked, or otherwise conditioned or restricted;

(b) A completed official application;

(c) Verification of approval to participate in the program by an approved chiropractic college;

(d) Evidence of malpractice insurance for the clinical postgraduate trainee, the preceptor applicant, the regular senior student; and

(e) A fee as specified in WAC 246-808-990.

[Statutory Authority: RCW 18.25.0171 and 18.25.190. 06-02-088, § 246-808-190, filed 1/4/06, effective 2/4/06. Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-190, filed 8/6/96, effective 9/6/96.]

REGISTRATION OF CHIROPRACTIC X-RAY TECHNICIANS

WAC 246-808-201 Purpose. The purpose of WAC 246-808-201 through 246-808-215 is to establish eligibility criterion for registration of chiropractic X-ray technicians as allowed under RCW 18.25.180.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-201, filed 8/6/96, effective 9/6/96.]

WAC 246-808-215 Registration of chiropractic X-ray technicians. (1) Chiropractic doctors shall employ only commission registered technicians to operate X-ray equipment.

(2) Application. An X-ray technician may apply for registration by submitting to the commission:

(a) Proof of satisfactory completion of a course of classroom instruction of at least forty-eight hours which has been approved by the commission in accordance with subsection (4) of this section; and

(b) Verification of passing a proficiency examination in radiologic technology, which is approved by the commission. A passing grade shall be seventy-five percent or a standardized score approved by the commission. If the applicant fails the initial examination, the applicant may reapply to take the examination one additional time without additional classroom instruction. If the applicant fails a second examination, the applicant shall complete an additional sixteen hours of classroom instruction prior to reapplying for a third examination.

(3) Exceptions. An applicant who holds a current active registration, license, or certification from a national certifying agency or other governmental licensing agency whose standards for registration, licensure or certification are equal to or exceed the standards under these rules may register without examination.

(4) Course approval. An individual may request commission approval of a course of classroom instruction for X-ray technicians by submitting the following information to the commission no later than ninety days prior to the first day of instruction:

(a) An outline of the course of instruction, which shall include:

(i) Physics and equipment;

(ii) Principles of radiographic exposure;

(iii) Radiation protection;

(iv) Anatomy and physiology; and

(v) Radiographic positioning and procedures.

(b) Proficiency examination;

(c) Verification that the course instructor has on-campus or postgraduate faculty status in the field of radiology with a commission approved chiropractic college; and

(d) Any other information deemed necessary by the commission to make a determination.

(5) Continuing education. Registered chiropractic X-ray technicians must demonstrate completion of six hours of continuing education as provided in chapter 246-12 WAC, Part 7.

The commission approves continuing education of subject matter listed in subsection (4) of this section. Prior approval of continuing education programs is not required by the commission.

[Statutory Authority: RCW 43.70.280. 98-05-060, § 246-808-215, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-215, filed 8/6/96, effective 9/6/96.]

STANDARDS OF CARE

WAC 246-808-301 Purpose. The purpose of WAC 246-808-301 through 246-808-720 is to provide standards of care to guide the practitioner of chiropractic in the conduct of their practice.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-301, filed 8/6/96, effective 9/6/96.]

WAC 246-808-320 Privileged communications. A chiropractor shall not, without the consent of the patient, reveal any information acquired in attending such patient, which was necessary to enable the chiropractor to treat the patient. This shall not apply to the release of information in an official proceeding where the release of information may be compelled by law.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-320, filed 8/6/96, effective 9/6/96.]

WAC 246-808-330 Patient abandonment. The chiropractor shall always be free to accept or reject a particular patient, bearing in mind that whenever possible a chiropractor shall respond to any reasonable request for his/her services in the interest of public health and welfare.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-330, filed 8/6/96, effective 9/6/96.]

WAC 246-808-340 Consultation. In difficult or protracted cases consultations are advisable, and the chiropractor shall be ready to act upon any desire the patient may express for a consultation, even though the chiropractor may not personally feel the need for it.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-340, filed 8/6/96, effective 9/6/96.]

WAC 246-808-350 Unethical requests. A chiropractor shall not assist in any immoral practice such as aiding in the pretense of disability in order to avoid jury or military duty, or the concealment of physical disability in order to secure favorable insurance.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-350, filed 8/6/96, effective 9/6/96.]

WAC 246-808-360 Patient welfare. The health and welfare of the patient shall always be paramount, and expectation of remuneration or lack thereof shall not in any way affect the quality of service rendered the indigent patient.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-360, filed 8/6/96, effective 9/6/96.]

WAC 246-808-370 Patient disclosure. Absolute honesty shall characterize all transactions with patients. The chiropractor shall neither intentionally exaggerate nor minimize the gravity of the patient's condition, nor offer any false hope or prognosis.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-370, filed 8/6/96, effective 9/6/96.]

WAC 246-808-380 Degree of skill. The chiropractor owes their patient(s) the highest degree of skill and care of which they are capable. To this end the chiropractor shall endeavor to keep abreast of new developments in chiropractic and shall constantly endeavor to improve their knowledge and skill in the science and art or philosophy of chiropractic, as defined in chapter 18.25 RCW.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-380, filed 8/6/96, effective 9/6/96.]

WAC 246-808-390 Illegal practitioners. Chiropractors shall safeguard their profession by exposing those who might attempt to practice without proper credentials, and by reporting violations of the laws regulating chiropractic to the proper authorities.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-390, filed 8/6/96, effective 9/6/96.]

WAC 246-808-400 Excessive professional charges. (1) A chiropractor shall not enter into an agreement for, charge, or collect an illegal or clearly excessive fee.

(2) A fee is clearly excessive when, after a review of the facts, a chiropractor would be left with a definite and firm conviction that the fee is in excess of a reasonable fee. Factors to be considered as guides in determining the reasonableness of a fee include the following:

(a) The time, effort and skill required requisite to perform the chiropractic service properly;

(b) The fee customarily charged in the locality for similar chiropractic services;

(c) The experience, reputation, and ability of the chiropractor performing the services.

(3) A chiropractor shall not prescribe nor perform any services which are not reasonably necessary in consideration of the patient's condition and shall furnish an explanation of charges for chiropractic services upon request of the commission.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-400, filed 8/6/96, effective 9/6/96.]

WAC 246-808-505 Classification of chiropractic procedures and instrumentation. (1) Procedures, instruments for treatment and/or diagnostic evaluation used by a doctor of chiropractic shall be classified by the commission as follows:

(a) **"Approved":** A procedure or instrument which is taught by a commission approved chiropractic college for patient clinical application and not for research or experimental purposes and is allowable by statute. All factors listed under subsection (4) of this section shall be considered before a procedure or instrument is placed in the approved classification.

(b) **"Nonapproved or experimental":** Any procedure or instrument that does not meet with commission approval. A procedure or instrument in this classification shall pass further testing in the laboratory before it can be used on the public. These may be defined by previous declaratory rules or rules and regulations.

(c) **"Research or investigational":** A procedure or instrumentation that is not approved, but may have a positive benefit in the diagnosis or care of a patient's condition. No billing is allowed for procedures or instruments used under this classification.

(2) The commission shall maintain a classified list of chiropractic procedures and instrumentation. The list shall be made available upon request.

(3) A doctor who intends to use a new procedure or instrument in practice shall notify the commission to determine the classification of the procedure or instrument. If the procedure or instrument is not classified or if new information on a previously classified procedure or instrument is available the doctor shall:

(a) Provide the commission with supporting documentation concerning the use of such a procedure or instrumentation;

(b) Demonstrate sufficient additional training or study for the doctor and utilizing staff to properly use the procedure or instrumentation.

(4) The commission may use the following factors to determine the classification of the procedure or instrumentation, and shall notify the doctor of such classification:

(a) The new procedure or instrument is taught at an approved chiropractic college.

(b) There is a scientific basis for the new procedure or instrument.

(c) The procedure or instrument has a direct and positive relationship to chiropractic care.

(d) Comparison of potential risk to benefit to the patient.

(e) Any other factors the commission may wish to consider.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-505, filed 8/6/96, effective 9/6/96.]

WAC 246-808-510 Definitions. "Auxiliary services" means those services, excluding those practices which are restricted to licensed chiropractors, which may be needed for the support of chiropractic care.

"Auxiliary staff" means personnel, except regular senior students and clinical postgraduate trainees, who receive ongoing on-the-job training and who work for or at the direction of a licensed doctor of chiropractic.

"Chiropractor," "doctor of chiropractic," means a person licensed under chapter 18.25 RCW.

"Clinical postgraduate trainee" means a graduate doctor of chiropractic serving a period of postgraduate chiropractic training in a program of clinical chiropractic training sponsored by an accredited school of chiropractic approved by this state. The clinical postgraduate trainee works under the direct supervision and control of a commission approved preceptor as described in WAC 246-808-190 and 246-808-535. Clinical postgraduate trainees who have had their chiropractic license suspended, revoked, or otherwise conditioned or restricted under authority of any competent jurisdiction shall not perform any delegated tasks listed in WAC 246-808-535(4).

"Direct supervision" and **"direct supervision and control"** means a licensed chiropractor is on the premises and immediately available, and has examined the patient prior to delegating duties to auxiliary staff, regular senior students, or clinical postgraduate trainees.

"Mentally or physically disabled chiropractor" means a chiropractor who has either been determined by a court to be mentally incompetent or mentally ill or who is unable to practice chiropractic with reasonable skill and safety to patients by reason of any mental or physical condition.

"Regular senior student" means a student in his or her last term (quarter or semester) at an accredited school approved by the commission who has met all clinical and graduation requirements except clinical training hours.

"Unprofessional conduct" as used in these regulations means the conduct described in RCW 18.130.180 and 18.25.-112.

[Statutory Authority: RCW 18.25.0171. 06-09-033, § 246-808-510, filed 4/12/06, effective 5/13/06. Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-510, filed 8/6/96, effective 9/6/96.]

WAC 246-808-520 Identification. (1) A chiropractor must clearly identify oneself as a chiropractor on his/her office signs.

(2) All identification of chiropractic practice shall be presented in a dignified manner and shall not be sensational or misleading.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-520, filed 8/6/96, effective 9/6/96.]

WAC 246-808-535 Delegation of services to auxiliary staff, regular senior students, and clinical postgraduate trainees. (1) A licensed chiropractor may delegate certain services to auxiliary staff, regular senior students, and clinical postgraduate trainees, if these services are performed under the licensed chiropractor's direct supervision and control. The supervising chiropractor shall be responsible for determining that auxiliary staff, regular senior students, and clinical postgraduate trainees are competent to perform the delegated services. The licensed supervising chiropractor must render adequate supervision so that the patient's health and safety is not at risk.

(2) Auxiliary staff shall not perform the following services:

(a) Detection of subluxation;

(b) Adjustment or manipulation of the articulations of the body;

(c) Interpretation or analysis of radiographs;

(d) Determining the necessity for chiropractic care;

(e) Orthopedic or neurological examinations.

(3) Regular senior students may perform the following under the direct supervision and control of an approved preceptor:

(a) Detection of subluxation;

(b) Expose, interpret or analyze radiographs;

(c) Determine the necessity for chiropractic care;

(d) Orthopedic or neurological examinations.

(4) Clinical postgraduate trainees may perform the following under the direct supervision and control of an approved preceptor:

(a) Detection of subluxation;

(b) Adjustment or manipulation of the articulations of the body;

(c) Expose, interpret or analyze radiographs;

(d) Determine the necessity for chiropractic care;

(e) Orthopedic or neurological examinations.

(5) Auxiliary staff, regular senior students, and clinical postgraduate trainees may perform the following auxiliary services: Preliminary patient history, height, weight, temperature, blood pressure, pulse rate, gross postural observation, active spinal range of motion utilizing a generally accepted measuring device, and oversight of patients during approved therapeutic procedures, rehabilitation exercises or use of therapeutic or rehabilitation equipment as incident to chiropractic services.

[Statutory Authority: RCW 18.25.0171 and 18.25.190. 06-02-088, § 246-808-535, filed 1/4/06, effective 2/4/06. Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-535, filed 8/6/96, effective 9/6/96.]

WAC 246-808-540 Billing. A doctor of chiropractic may bill for all provided services that are allowable under chapter 18.25 RCW and the rules adopted pursuant to the foregoing statute. The doctor shall utilize codes and/or descriptions of services that accurately describe the professional services rendered.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-540, filed 8/6/96, effective 9/6/96.]

WAC 246-808-545 Improper billing practices. The following acts shall constitute grounds for which disciplinary action may be taken:

(1) Rebating or offering to rebate to an insured any payment to the licensee by the third-party payor of the insured for services or treatments rendered under the insured's policy.

(2) Submitting to any third-party payor a claim for a service or treatment at a greater or an inflated fee or charge than the usual fee the licensee charges for that service or treatment when rendered without third-party reimbursement.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-545, filed 8/6/96, effective 9/6/96.]

WAC 246-808-550 Future care contracts prohibited. It shall be considered unprofessional conduct for any chiropractor to enter into a contract which would obligate a patient to pay for care to be rendered in the future, unless the contract provides that the patient is entitled to a complete refund for any care not received.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-550, filed 8/6/96, effective 9/6/96.]

WAC 246-808-560 Documentation of care. A doctor of chiropractic must keep complete and accurate documentation on all patients and patient encounters. This documentation is necessary to protect the health, well-being and safety of the patient.

(1) The patient record must detail the patient's clinical history, the rationale for the examination, diagnostic or analytical procedures, and treatment services provided. The diagnosis or clinical impression must be contained in the patient record, not merely recorded on billing forms or statements. Subjective health status updates, whether or not symptoms are present, must be documented for every patient encounter.

(2) Documentation for the initial record must include at a minimum:

(a) The patient's history;

(b) Subjective presentation;

(c) Examination findings or objective findings relating to the patient's presenting condition;

(d) Any diagnostic testing performed;

(e) A diagnosis or impression;

(f) Any treatment or care provided; and

(g) Plan of care.

(3) Reexaminations, being necessary to monitor the progress or update the current status of a patient, must be documented at reasonable intervals sufficient to reflect the effectiveness of the treatment. Reexaminations must also be documented whenever there is an unexpected change in the subjective or objective status of the patient. Reexamination documentation must include the subjective presentation and objective findings. This documentation shall also reflect changes in the patient's care and progress and in the treatment plan.

(4) Documentation between examinations must be recorded for every patient encounter. Documentation must sufficiently record all the services provided, as well as any changes in the patient's presentation or condition. The region(s) of all treatment and, if applicable, the specific level(s) of chiropractic adjustments must be recorded in the patient encounter documentation.

(5) Patient records must be legible, permanent, and recorded in a timely manner. Documentation that is not recorded on the date of service must designate both the date of service and the date of the chart note entry. Corrections or additions to the patient's records must be corrected by a single line drawn through the text and initialed so the original entry remains legible. In the case of computer-organized documentation, unintended entries may be identified and corrected, but must not be deleted from the record. Errors in spelling and grammar may be corrected and deleted.

(6) Correspondence relating to any referrals concerning the diagnosis or treatment of the patient must be retained in the patient record.

(7) Patient records should clearly identify the provider of services by name, initials, or signature. If the chiropractor

uses a code in the documentation, a code legend must be made available upon request.

[Statutory Authority: RCW 18.25.0171 and chapter 18.25 RCW. 10-15-084, § 246-808-560, filed 7/19/10, effective 8/19/10. Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-560, filed 8/6/96, effective 9/6/96.]

WAC 246-808-565 Radiographic standards. The following requirements for chiropractic X ray have been established because of concerns about over radiation and unnecessary X-ray exposure.

(1) The following shall appear on the films:

(a) Patient's name and age;

(b) Doctor's name, facility name, and address;

(c) Date of study;

(d) Left or right marker;

(e) Other markers as indicated;

(f) Adequate collimation;

(g) Gonad shielding, where applicable.

(2) Minimum of A/P and lateral views are necessary for any regional study unless clinically justified.

(3) As clinical evidence indicates, it may be advisable to produce multiple projections where there is an indication of possible fracture, significant pathology, congenital defects, or when an individual study is insufficient to make a comprehensive diagnosis/analysis.

(4) Each film shall be of adequate density, contrast, and definition, and no artifacts shall be present.

(5) The subjective complaints, if any, and the objective findings substantiating the repeat radiographic study must be documented in the patient record.

(6) These rules are intended to complement and not supersede those rules adopted by the radiation control agency set forth in chapter 246-225 WAC, Radiation protection—X rays in the healing arts.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-565, filed 8/6/96, effective 9/6/96.]

WAC 246-808-570 Pelvic or prostate examination prohibited. The physical examination to determine the necessity for chiropractic care does not include vaginal (pelvic) examination or prostate examination. Chiropractors are prohibited from performing such examination and from directing any agent or employee to perform such examination.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-570, filed 8/6/96, effective 9/6/96.]

WAC 246-808-575 Intravaginal adjustment restricted. It shall be considered unprofessional conduct for a chiropractor to perform an adjustment of the coccyx through the vagina unless the following conditions are met:

(1) The coccyx cannot be adjusted rectally or the patient is offered and declines the option of the rectal technique;

(2) The coccyx adjustment is performed with the use of a disposable finger cot or rubber glove; and

(3) A female attendant is present at all times the patient is examined and the coccyx adjustment is being performed.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-575, filed 8/6/96, effective 9/6/96.]

WAC 246-808-580 Acupuncture. No chiropractor shall:

(1) Employ the use of needles in the treatment of a patient; or

(2) Hold himself or herself out as practicing acupuncture in any form: This prohibition shall not restrict a chiropractor who is also a certified acupuncturist pursuant to chapter 18.06 RCW from practicing acupuncture, provided that the chiropractor differentiates chiropractic care from acupuncture care at all times as is required by RCW 18.25.112.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-580, filed 8/6/96, effective 9/6/96.]

WAC 246-808-585 Clinically necessary X rays. All offers of free X rays shall be accompanied by a disclosure statement that X rays shall only be taken if clinically necessary in order to avoid unnecessary radiation exposure.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-585, filed 8/6/96, effective 9/6/96.]

WAC 246-808-590 Sexual misconduct. (1) The chiropractor shall never engage in sexual contact or sexual activity with current clients.

(2) The chiropractor shall never engage in sexual contact or sexual activity with former clients if such contact or activity involves the abuse of the chiropractor-client relationship. Factors which the commission may consider in evaluating if the chiropractor-client relationship has been abusive include, but are not limited to:

(a) The amount of time that has passed since therapy terminated;

(b) The nature and duration of the therapy;

(c) The circumstances of cessation or termination;

(d) The former client's personal history;

(e) The former client's current mental status;

(f) The likelihood of adverse impact on the former client and others; and

(g) Any statements or actions made by the chiropractor during the course of treatment suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the former client.

(3) The chiropractor shall never engage in sexually harassing or demeaning behavior with current or former clients.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-590, filed 8/6/96, effective 9/6/96.]

WAC 246-808-600 Prohibited publicity and advertising. (1) A chiropractor shall not, on behalf of himself/herself, his/her partner, associate or any other chiropractor affiliated with his/her office or clinic, use or allow to be used, any form of public communications or advertising which is false, fraudulent, deceptive or misleading, including, but not limited to, such advertising which takes any of the following forms which are prohibited:

(a) Advertising which guarantees any result or cure;

(b) Advertising which makes claims of professional superiority;

(c) Advertising which fails to differentiate chiropractic care from all other methods of healing;

(d) Advertising for a service outside the practice of chiropractic as permitted in Washington.

(2) A chiropractor shall, upon request made by the commission, provide the commission with substantiation of the truth and accuracy of any and all claims made in their advertisements.

(3) Advertising is prohibited which offers gratuitous goods or services or discounts in connection with chiropractic services, unless the chiropractor provides a disclosure statement to be signed by the patient which explains:

(a) When there shall be a charge for goods and services;

(b) When the free services have been completed and that any additional services the patient requests are subject to charge; or

(c) When the discount has been exhausted and any additional services shall be subject to full charge: This subsection shall not be construed to relate to the negotiation of fee between chiropractors and patients or to prohibit the rendering of chiropractic services for which no fee is charged.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-600, filed 8/6/96, effective 9/6/96.]

WAC 246-808-605 Honoring of publicity and advertisements. (1) If a chiropractor advertises a fee for a service, the chiropractor must render that service for no more than the fee advertised.

(2) Unless otherwise specified in the advertisement, if a chiropractor publishes any fee information authorized under chapter 246-808 WAC, the chiropractor shall be bound by any representation made therein for the periods specified in the following categories:

(a) If in a publication which is published more frequently than one time per month, for a period of not less than thirty days after such publication.

(b) If in a publication which is published once a month or less frequently, until the publication of the succeeding issue.

(c) If in a publication which has no fixed date for publication of the succeeding issue, for a reasonable period of time after publication, but in no event less than one year.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-605, filed 8/6/96, effective 9/6/96.]

WAC 246-808-610 Prohibited transactions. A chiropractor shall not compensate or give anything of value to representatives of the press, radio, television or other communication media in anticipation of or in return for professional publicity of any individual chiropractor in a news item.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-610, filed 8/6/96, effective 9/6/96.]

WAC 246-808-615 Professional notices, letterheads, cards, and mailings. In his/her use of professional notices, letterheads, cards, and mailings, a chiropractor is subject to the same regulations of chapter 246-808 WAC which apply to his/her use of other print media.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-615, filed 8/6/96, effective 9/6/96.]

WAC 246-808-620 Suggestion of need of chiropractic services. A chiropractor who has given in-person, unsolicited advice to a lay person that he/she should obtain chiropractic care shall not accept employment resulting from that advice except that:

(1) A chiropractor may accept employment by a close friend, relative, former patient (if the advice is germane to the former treatment), or one whom the chiropractor reasonably believes to be a patient; and

(2) Without affecting his/her right to accept employment, a chiropractor may speak publicly or write for publication on chiropractic topics so long as he/she does not emphasize his/her own professional experience or reputation and does not undertake to give individual advice.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-620, filed 8/6/96, effective 9/6/96.]

WAC 246-808-625 Public testimonial advertising. (1) Public testimonial advertising includes the use of a statement testifying as to a chiropractor's qualifications, abilities and character, or to the value of chiropractic services.

(2) The use of testimonial advertising shall not be considered false or misleading if the following guidelines are met:

(a) Testimonials must relate to patient care provided within the immediately preceding five-year period.

(b) The testimonial shall be documented by a notarized statement of the patient, a copy of which is kept by both the chiropractor and the patient.

(c) The testimonial must be consistent with the history of the patient's care, including office records, examination reports and X rays.

(d) Testimonials shall not:

(i) Be exaggerated or misrepresented;

(ii) State that a technique or doctor is superior;

(iii) Claim specific cures;

(iv) Compare one chiropractor to another;

(v) Include a named diagnosis.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-625, filed 8/6/96, effective 9/6/96.]

WAC 246-808-630 Full disclosure of cost of services. (1) This rule shall apply to all representations made in public advertising regarding the provision of chiropractic services, including X rays or chiropractic examinations, on a free basis or at a reduced cost. This rule shall also apply to all billings or other written or oral communications regarding charges for chiropractic services whether made to patients, third-party health care payors, or to any other person, firm, or governmental agency.

(2) When a chiropractic service is represented in public advertising as available without cost, or at a reduced cost, that service must be made available to everyone who wishes to take advantage of the offer on an equal basis. No charge may be made to any individual or third-party health care payor for any services which have been provided on a free basis.

(3) All billings to third-party payors for patients who are also being treated for an unrelated condition must fully disclose the additional treatment being provided and the charges for that treatment.

(4) Billings to patients or to third-party health care payors shall accurately reflect the actual charge to the patient,

including any discounts, reduced fees, or waiver of copayment.

(5) Because of the potential element of fraud being present, advertising full or partial forgiveness of coinsurance shall be prohibited unless the insurance company is given accurate and complete information relating to the actual charge to the patient and that coinsurance has been fully or partially waived.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-630, filed 8/6/96, effective 9/6/96.]

WAC 246-808-650 Records and X rays and withdrawal from practice—Maintenance and retention of patient records. (1) Any chiropractor who treats patients in the state of Washington shall maintain all treatment records regarding patients treated. These records may include, but shall not be limited to, X rays, treatment plans, patient charts, patient histories, correspondence, financial data, and billing. These records shall be retained by the chiropractor for five years in an orderly, accessible file and shall be readily available for inspection by the commission or its authorized representative: X rays or copies of records may be forwarded pursuant to a licensed agent's written request. Also, office records shall state the date on which the records were released, method forwarded and to whom, and the reason for the release. A reasonable fee may be charged the patient to cover mailing and clerical costs.

(2) A chiropractor shall honor within fifteen days a written request from an adult patient or their legal representative or the legal representative of a minor child to release:

(a) Original X rays and records to other licensed health care providers; or

(b) The chiropractor may provide duplicate films or a copy of the patient records to the health care provider or the patient. The health care provider may bill the patient reasonable duplication costs. Once the original films have been loaned at patient request, the chiropractor is no longer responsible for them, or for their retrieval or subsequent production.

A chiropractor who has received original X rays on a loan basis shall return them to the loaning chiropractor upon request within sixty days unless other arrangements are made.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-650, filed 8/6/96, effective 9/6/96.]

WAC 246-808-655 Duties of a chiropractor who retires or withdraws from practice. Any chiropractor who ceases practice in their community for any reason, including retirement, illness, disability, or relocation shall comply with the following duties:

(1) The chiropractor shall notify all current patients that they shall not be able to provide chiropractic services and shall notify the patient to seek another chiropractor to continue their care.

(2) The chiropractor shall offer to deliver to the patient, or to another chiropractor or licensed health care professional chosen by the patient, the originals or copies of all patient examination and treatment records and X rays or notify the patient of a community area location where the records and X rays shall be maintained and accessible for at least one year after the notice is sent to the patient.

(3) The chiropractor shall refund any part of fees paid in advance that have not been earned.

(4) The commission requests that the executor or executrix of a deceased chiropractor comply with the duties set forth herein to the fullest extent possible. The commission staff shall provide advice and assistance to such executor or executrix upon request.

(5) For the purpose of this section, any relocation or restriction of practice which substantially interferes with a patient's reasonable access to their chiropractor shall be cause for the chiropractor to comply with the duties set forth.

(6) Willful failure to comply with this section shall be cause to suspend a chiropractor's license until the required duties are fulfilled.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-655, filed 8/6/96, effective 9/6/96.]

WAC 246-808-660 Mandatory reporting. (1) All reports required by these regulations shall be submitted to the commission as soon as possible, but no later than sixty days after a determination is made.

(2) A report shall contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name, address, and telephone number of the chiropractor being reported.

(c) The name of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid the evaluation of the report.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-660, filed 8/6/96, effective 9/6/96.]

WAC 246-808-670 Chiropractic associations or societies. The president or chief executive officer of any chiropractic association or society within this state shall report to the commission when an association or society determines that a chiropractor has committed unprofessional conduct or that a chiropractor may not be able to practice chiropractic with reasonable skill and safety to patients as the result of any mental or physical condition and constitutes an apparent risk to the public health, safety, or welfare. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-670, filed 8/6/96, effective 9/6/96.]

WAC 246-808-680 Insurance carriers. The executive officer of every insurer, licensed under Title 48 RCW operat-

ing in the state of Washington, shall report to the commission any evidence that a chiropractor has charged fees for chiropractic services not actually provided, or has otherwise committed unprofessional conduct.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-680, filed 8/6/96, effective 9/6/96.]

WAC 246-808-685 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to chiropractors shall send the commission a complete report of any malpractice settlement, award or payment over thirty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured chiropractor's incompetence or negligence in the practice of chiropractic. Such institution or organization shall also report the payment of three or more claims during a year as the result of alleged incompetence or negligence in the practice of chiropractic regardless of the dollar amount of the payment.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-685, filed 8/6/96, effective 9/6/96.]

WAC 246-808-690 Courts. The commission requests the assistance of all clerks of trial courts within the state to report to the commission, all professional malpractice judgments and all criminal convictions of licensed chiropractors, other than for minor traffic violations.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-690, filed 8/6/96, effective 9/6/96.]

WAC 246-808-695 State and federal agencies. The commission requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a chiropractor has been judged to have demonstrated incompetence or negligence in the practice of chiropractic, or has otherwise committed unprofessional conduct; or whose practice is impaired as a result of a mental, physical or chemical condition, to report to the commission all professional malpractice judgments and decisions.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-695, filed 8/6/96, effective 9/6/96.]

WAC 246-808-700 Cooperation with investigation. (1) A chiropractor shall comply with a request for records, documents or explanation from an investigator who is acting on behalf of the commission, by submitting the requested items within fourteen calendar days of receipt of the request by the chiropractor or the chiropractor's attorney, whichever is first.

(2) If the chiropractor fails to comply with the request within fourteen calendar days, the investigator shall contact the chiropractor or the chiropractor's attorney by telephone or letter as a reminder.

(3) Investigators may extend the time for response if the chiropractor requests an extension for a period not to exceed seven calendar days.

(4) If the chiropractor fails to comply with the request within three business days after the receipt of the reminder, then a subpoena shall be served upon the chiropractor to obtain the requested items.

(5) If the chiropractor fails to comply with the subpoena, a statement of charges shall be issued pursuant to RCW 18.130.180(8) and, if there is sufficient evidence to support additional charges, then those charges may be included in the statement of charges.

(6) If the chiropractor complies with the request after the issuance of the statement of charges, the commission's assistant attorney general-prosecutor shall decide whether the charges based on RCW 18.130.180(8) shall be prosecuted or settled. If the charges based on RCW 18.130.180(8) are to be settled, the settlement proposal shall be presented to the commission or a duly constituted panel of the commission for a decision on ratification and until ratified, the settlement is not final.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-700, filed 8/6/96, effective 9/6/96.]

WAC 246-808-720 Commission conflict of interest. Members of the commission shall not participate in deciding a case or in rule making where their participation presents a conflict of interest, creates an appearance of a conflict of interest or where the commission determines the member's participation raises questions as to the impartiality of the commission.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-720, filed 8/6/96, effective 9/6/96.]

SUBSTANCE ABUSE MONITORING

WAC 246-808-801 Purpose. The commission recognizes the need to establish a means of proactively providing early recognition and treatment options for chiropractors whose competency may be impaired due to the abuse of drugs or alcohol. The commission intends that such chiropractors be treated and their treatment monitored so that they can return to or continue to practice their profession in a way which safeguards the public. To accomplish this, the commission shall approve voluntary substance abuse monitoring programs and shall refer chiropractors impaired by substance abuse to approved programs as an alternative to instituting disciplinary proceedings as defined in RCW 18.130.160.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-801, filed 8/6/96, effective 9/6/96.]

WAC 246-808-810 Definitions. The following general terms are defined within the context used in this chapter:

"Aftercare" is that period of time after intensive treatment that provides the chiropractor and the chiropractor's family with group or individual counseling sessions, discussions with other families, ongoing contact and participation in self-help groups and ongoing continued support of treatment program staff.

"Approved substance abuse monitoring program" or **"approved monitoring program"** is a program the commission has determined meets the requirements of the law and the criteria established by the commission in WAC 246-808-820 which enters into a contract with chiropractors who have substance abuse problems regarding the required components of the chiropractor's recovery activity and oversees the chiropractor's compliance with these requirements. Substance

abuse monitoring programs do not provide evaluation or treatment to participating chiropractors.

"Approved treatment facility" is a facility approved by the bureau of alcohol and substance abuse, department of social and health services according to RCW 70.96A.020(2) or 69.54.030 to provide intensive alcoholism or drug treatment if located within Washington state. Drug and alcohol treatment programs located out-of-state must be equivalent to the standards required for approval under RCW 70.96A.020 (2) or 69.54.030.

"Contract" is a comprehensive, structured agreement between the recovering chiropractor and the approved monitoring program stipulating the chiropractor's consent to comply with the monitoring program and its required components of the chiropractor's recovery activity.

"Health care professional" is an individual who is licensed, certified, or registered in Washington to engage in the delivery of health care to patients.

"Random drug screens" are laboratory tests to detect the presence of drugs of abuse in body fluids which are performed at irregular intervals not known in advance by the person being tested.

"Substance abuse" means the impairment, as determined by the commission, of a chiropractor's professional services by an addiction to, a dependency on, or the use of alcohol, legend drugs, or controlled substances.

"Support group" is a group of health care professionals meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced health care professional facilitator in which chiropractors may safely discuss drug diversion, licensure issues, return to work, and other professional issues related to recovery.

"Twelve-step groups" are groups such as alcoholics anonymous, narcotics anonymous, and related organizations based on a philosophy of anonymity, belief in a power outside of oneself, a peer group association, and self-help.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-810, filed 8/6/96, effective 9/6/96.]

WAC 246-808-820 Approval of substance abuse monitoring programs. The commission shall approve the monitoring program(s) which shall participate in the commission's substance abuse monitoring program. A monitoring program approved by the commission may be contracted with an entity outside the department but within the state, out-of-state, or a separate structure within the department.

(1) The approved monitoring program shall not provide evaluation or treatment to the participating chiropractor.

(2) The approved monitoring program staff must have the qualifications and knowledge of both substance abuse and the practice of chiropractic as defined in this chapter to be able to evaluate:

(a) Clinical laboratories;

(b) Laboratory results;

(c) Providers of substance abuse treatment, both individuals and facilities;

(d) Support groups;

(e) The chiropractic work environment; and

(f) The ability of the chiropractor to practice with reasonable skill and safety.

(3) The approved monitoring program shall enter into a contract with the chiropractor and the commission to oversee the chiropractor's compliance with the requirements of the program.

(4) The approved monitoring program may make exceptions to individual components of the contract on an individual basis.

(5) The approved monitoring program staff shall recommend, on an individual basis, whether a chiropractor shall be prohibited from engaging in the practice of chiropractic for a period of time and restrictions, if any, on the chiropractor's access to controlled substances in the workplace.

(6) The approved monitoring program shall maintain records on participants.

(7) The approved monitoring program shall be responsible for providing feedback to the chiropractor as to whether treatment progress is acceptable.

(8) The approved monitoring program shall report to the commission any chiropractor who fails to comply with the requirements of the monitoring program.

(9) The approved monitoring program shall receive from the commission guidelines on treatment, monitoring, and limitations on the practice of chiropractic for those participating in the program.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-820, filed 8/6/96, effective 9/6/96.]

WAC 246-808-830 Participation in approved substance abuse monitoring program. (1) In lieu of disciplinary action, the chiropractor may accept commission referral into the approved substance abuse monitoring program.

(a) The chiropractor shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation shall be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The chiropractor shall enter into a contract with the commission and the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:

(i) The chiropractor shall undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The chiropractor shall agree to remain free of all mind-altering substances including alcohol, except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(iii) The chiropractor must complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The treatment counselor(s) shall provide reports to the approved monitoring program at specified intervals. Reports shall include treatment, prognosis, and goals.

(v) The chiropractor shall submit to random drug screening as specified by the approved monitoring program.

(vi) The chiropractor shall attend support groups facilitated by a health care professional and/or twelve-step group meetings as specified by the contract.

(vii) The chiropractor shall comply with specified employment conditions and restrictions as defined by the contract.

(viii) The chiropractor shall sign a waiver allowing the approved monitoring program to release information to the commission if the chiropractor does not comply with the requirements of this contract.

(c) The chiropractor is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(d) The chiropractor may be subject to disciplinary action under RCW 18.130.160 if the chiropractor does not consent to be referred to the approved monitoring program, does not comply with specified employment restrictions, or does not successfully complete the program.

(2) A chiropractor who is not being investigated by the commission or subject to current disciplinary action or currently being monitored by the commission for substance abuse may voluntarily participate in the approved substance abuse monitoring program without being referred by the commission. Such voluntary participants shall not be subject to disciplinary action under RCW 18.130.160 for their substance abuse, and shall not have their participation made known to the commission if they meet the requirements of the approved monitoring program as defined in subsection (1) of this section.

(3) The treatment and pretreatment records of license holders referred to or voluntarily participating in approved monitoring programs shall be confidential, shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena or admissible as evidence except for monitoring records reported to the disciplinary authority for cause as defined in subsection (1) of this section. Records held by the commission under this section shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena except by the license holder.

[Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-830, filed 8/6/96, effective 9/6/96.]

CHIROPRACTIC FEES

WAC 246-808-990 Chiropractic fees and renewal cycle. (1) Licenses and registrations must be renewed on the practitioner's birthday every year as provided in chapter 246-12 WAC, Part 2.

(2) The following nonrefundable fees will be charged for chiropractic license:

Title of Fee	Fee
Application/full examination or reexamination	$630.00
Temporary permit application	205.00
Temporary practice permit	105.00
Preceptorship	155.00
License renewal	582.00
Late renewal penalty	302.00
Expired license reissuance	302.00
Inactive license renewal	257.00
Expired inactive license reissuance	157.00
Duplicate license	30.00
Certification of license	30.00
UW online access fee (HEAL-WA)	16.00

(3) The following nonrefundable fees will be charged for chiropractic X-ray technician registration:

Title of Fee	Fee
Application	47.00
Original registration	47.00
Renewal	62.00
Late renewal penalty	62.00
Expired registration reissuance	62.00
Duplicate registration	30.00
Certification of registration	30.00

[Statutory Authority: RCW 43.70.110 (3)(c) and 43.70.250. 12-19-088, § 246-808-990, filed 9/18/12, effective 11/1/12. Statutory Authority: RCW 43.70.110, 43.70.250, and 2011 1st sp.s. c 50. 11-20-092, § 246-808-990, filed 10/4/11, effective 12/1/11. Statutory Authority: RCW 43.70.110, 43.70.250, 2008 c 329. 08-15-014, § 246-808-990, filed 7/7/08, effective 7/7/08. Statutory Authority: RCW 43.70.250, [43.70.]280 and 43.70.110. 05-12-012, § 246-808-990, filed 5/20/05, effective 7/1/05. Statutory Authority: RCW 43.70.250. 99-08-101, § 246-808-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280. 98-05-060, § 246-808-990, filed 2/13/98, effective 3/16/98. Statutory Authority: Chapter 18.25 RCW. 96-16-074, § 246-808-990, filed 8/6/96, effective 9/6/96.]