

WAC 246-847-170 Code of ethics and standards of professional conduct.

(1) It is the professional responsibility of occupational therapists and occupational therapy assistants to provide services for clients without regard to race, creed, national origin, gender, handicap or religious affiliation.

(2) Treatment objectives and the therapeutic process must be formulated to ensure professional accountability.

(3) Services must be goal-directed in accordance with the overall educational, habilitation or rehabilitation plan and shall include a system to ensure professional accountability.

(4) Occupational therapists and occupational therapy assistants shall recommend termination of services when established goals have been met or when further skilled services are no longer beneficial.

(5) Occupational therapists and occupational therapy assistants shall accurately represent their competence, education, training and experience.

(6) Occupational therapists and occupational therapy assistants shall only provide services and use techniques for which they are qualified by education, training, and experience.

(7) Occupational therapists and occupational therapy assistants shall accurately record information and report information as required by facility standards and state and federal laws.

(8) Occupational therapists or occupational therapy assistants shall support all data recorded in the permanent files or records with observations or objective measures of data collection.

(9) Client records shall only be divulged as authorized by law or with the client's consent for release of information.

(10) Occupational therapists and occupational therapy assistants shall not delegate to other personnel those client-related services where the clinical skills and expertise of an occupational therapist or occupational therapy assistant are required.

(11) If, after evaluating the client, the case is a medical case, the occupational therapist shall refer the case to a physician for appropriate medical direction if such direction is lacking.

(a) The occupational therapist shall seek appropriate medical direction on at least an annual basis.

(b) A case is not a medical case if the following is present:

(i) There is an absence of pathology; or

(ii) If a pathology exists, the pathology has stabilized; and

(iii) The occupational therapist is only treating the client's functional deficits.

(12) Occupational therapists shall establish, review, or revise the client's treatment objectives at sufficient intervals to meet the client's needs. The occupational therapy assistant shall collaborate with the occupational therapist in this review of the client's treatment objectives.

(13) Occupational therapists and occupational therapy assistants shall have sufficient command of the English language to read and write effectively in medical charts and to communicate clearly with service recipients and team members.

[Statutory Authority: RCW 18.59.130. WSR 18-09-032, § 246-847-170, filed 4/11/18, effective 8/1/18. Statutory Authority: RCW 18.59.130 and 18.130.050. WSR 05-24-104, § 246-847-170, filed 12/7/05, effective 1/7/06. Statutory Authority: RCW 18.59.130. WSR 91-05-027 (Order 112B), recodified as § 246-847-170, filed 2/12/91, effective 3/15/91; WSR 90-22-011 (Order 094), § 308-171-301, filed 10/26/90, effective

11/26/90. Statutory Authority: RCW 18.59.130(2) and 18.130.050(1). WSR 86-17-064 (Order PM 610), § 308-171-301, filed 8/19/86. Statutory Authority: RCW 18.59.130(2) and 18.59.100 (1)(b). WSR 85-12-010 (Order PL 529), § 308-171-301, filed 5/23/85.]