



Professional Policy Catalog

As of January 29, 2019

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Policies Approved in 1990

P:1990- 01 Practice Management Groups

The CalChiro is committed to improving the access to, and utilization of, chiropractic services. This access is impeded whenever the image of the chiropractic profession is damaged by chiropractic doctors who engage in improper or unethical practices. Unfortunately, many unethical practices are taught by practice management companies. The CalChiro hereby calls upon all practice management companies to adhere to the following standards:

1. No student should be signed to a practice management agreement until after he or she graduates from chiropractic college. Many students are naive and enter into practice management contracts without understanding their practical effects.
 2. It is recommended that practice management contracts be on a fee for service basis rather than on a percentage basis, and should be terminable by either party on reasonable short notice. Percentage agreements have several pernicious effects and raise substantial ethical issues for both the practice management company and the doctor.
 - (a) For the doctor, percentage agreements often impede or prevent a doctor from being able to obtain an operating loan if that doctor wants to open an independent practice. Additionally, paying over a percentage of a doctor's professional fee raises serious and substantial concerns as to illegal fee splitting and unlicensed practice of chiropractic by the practice management firm. Finally, the substantial burden of meeting such practice management fees can easily lead to such doctors becoming so debt burdened that they will be "debt motivated" to over treat.
 - (b) For the practice management company, gross percentage agreements create a strong financial incentive to advise every doctor to set up a high volume, high overhead practice, irrespective of whether such practice can ever return a profit to the doctor. Such agreements also raise substantial issues as to fee splitting unlicensed practice of chiropractic, violation of California's Franchise Act, and violation of California's Seller Assisted Marketing Plan Act.
 3. No practice management company should ever advise or teach any doctor to say or do anything that is not completely honest, ethical, legal and truthful. The teaching of deceptive billing practices has resulted in increasing resistance by payors to reimbursement of chiropractic care. The teaching of patient solicitation under the guise of "research," "surveys," or any other false pretense is wrong and is condemned by the CalChiro. Teaching doctors to pretend to be paged to a patient "emergency" so as to attract attention to such doctor, when no such emergency exists, or any other method of self promotion that is dishonest or deceitful is wrong and is condemned by the CalChiro. The teaching of such practices can only have the long-term effect of harming both the chiropractic profession and the public.
 4. Practice management companies should not engage in self dealing with their doctor clients by advising these doctors to purchase or lease equipment or other items or services from companies owned by or affiliated with the practice management company and should not accept kickbacks or commissions for sending or referring their doctor clients to any other company. It is a direct conflict of interest for a practice management company to have a financial interest in the very transactions as to which the practice management company is advising its doctor clients. The CalChiro condemns such practices.
 5. The CalChiro also urges all practice management companies to open up their seminars and teaching material to review by neutral monitors.
- The CalChiro also declares that each chiropractic college has a duty to its students to protect

them from improper activities by practice management companies and to instruct upon each chiropractic college to exercise their authority by carefully regulating the on-campus activities of practice management personnel.

Revised: Pulled from Resolution on Practice Management Groups 1990

P: 1990-02 Chiropractic Manipulation Adjustment Under Anesthesia

The performance of a chiropractic manipulation and/or adjustment on a patient who is under local or general anesthesia is within the legal scope of practice for a licensed Chiropractic Doctor so long as the anesthesia is administered and monitored by a healthcare professional duly licensed to do so. Chiropractic manipulation and/or adjustment under anesthesia should only be performed at a duly licensed acute care facility by a Chiropractic Doctor who is both appropriately trained and who is acting pursuant to such acute care facility's written protocols.

Pulled from California Chiropractic Association (CalChiro) Position Statement: Chiropractic Manipulation Adjustment Under Anesthesia 1990

Policies Approved in 1992

P: 1992-01 M.D./ D.C. Arrangement

CalChiro cannot provide its members with specific advice on the subject of M.D./D.C. arrangements, as each arrangement may have its own particular legal requirements. We can, however, convey a general understanding as to the laws in this area. It is CalChiro's understanding that there are no express prohibitions against a Chiropractic Doctor and a medical doctor working together. A doctor's relationship with his/her patients and his/her responsibilities as a supervisor were not changed by the recent settlement of Rule 302 (the chiropractic scope of practice).

A Chiropractic Doctor should contact his/her own personal attorney regarding the proper legal structure for such a relationship. Issues relating to the unlicensed practice of medicine and fee splitting must be dealt with carefully so as not to create legal exposure. In so doing, it may be helpful to discuss with your legal counsel a bill CalChiro passed which addresses Doctors' of Chiropractic minority interests in medical corporations. See reverse side for a copy of AB3324, Chapter 1691(1990).

CalChiro suggests that members contact the Executive Director of the State Board of Chiropractic Examiners, for his or her responses on this subject. The State Board is empowered to interpret Rule 302 and the doctor's responsibility thereunder.

Pulled from California Chiropractic Association (CalChiro) Position Statement: M.D/D.C. Arrangement 1992

Policies Approved in 1994

P: 1994-01 Chiropractic Adjustment and Spinal Manipulation

The term chiropractic adjustment refers to a wide variety of manual and mechanical interventions. These are directed at specific joints or anatomic regions with the common purpose of removing structural and/or physiologic dysfunctions of joints and/or muscles that are caused by or associated with neurophysiologic alterations. (Chiropractic Doctors call this type of dysfunction a subluxation.) Joint

manipulation is sometimes a passive, dynamic (high velocity, low amplitude) manual procedure that results in joint cavitation (wherein there is typically an accompanying pop or clicking sound emanating from the joint upon completion of the procedure). Joint manipulation intends to increase the motion and mobility of a joint. Some, but not all, chiropractic adjustments involve this type of joint manipulation. The type of adjustment chosen is clinically tailored to the patient's particular needs.

There is now growing clinical and experimental evidence indicating that adjustments and/or spinal manipulation: decrease spinal pain, increase spinal joint range of motion, and increase pain tolerance in skin and deeper soft tissue structures. These procedures also appear to alter Beta-Endorphin levels in blood plasma and may have an impact on a variety of nerve pathways between the musculoskeletal system and internal organs.

The requisite training necessary to understand and safely analyze the indications and contraindications for adjustments and/or manipulation, as well as to determine the specific joint to be addressed, the appropriate forces and vectors of thrust as well as the frequency of care and use (if any) of ancillary and complementary procedures, is extensive.

In consideration of the foregoing, it is the opinion of CalChiro that the use of adjustments and/or joint manipulation by any individual who has received less training than that required by the core curriculum of accredited chiropractic educational institutions constitutes a danger to public health, safety and welfare.

Pulled from California Chiropractic Association (CalChiro) Position Statement: Chiropractic Adjustment and Spine Manipulation 1994

P: 1994-02 Vaccination/ Immunization Program

The CalChiro supports a conscience clause or waiver in compulsory vaccination laws, thus maintaining each individual's freedom of choice in this health care matter.

The CalChiro recognizes that the scientific and public health communities believe vaccination to be a medically and economically effective manner of prevention from certain infectious disorders. CalChiro recognizes, and the scientific community acknowledges, that vaccination is not without risk. Further, CalChiro understands there are minority opinions which hold that vaccinations are of questionable value.

CalChiro is supportive of honest, free and open dialogue regarding varying opinions on this matter.

Pulled from California Chiropractic Association (CalChiro) Position Statement: Vaccination/ Immunization Program 1994

Policies Approved in 1995

P: 1995-01 Chiropractic and Children

Nearly a century of clinical experience has found that spinal manipulation, as performed by Doctors of Chiropractic, is extremely effective for relief of pain, especially of the lower back. In many cases, as observed over the years, patients receiving chiropractic care experience improvement from a broad range of problems. There is no age specific limitation of this

effectiveness, nor, at this time, is there anyway to accurately predict which patients will recover from any particular disorder.

When children consistently complain of pain, they usually are experiencing pain. Lower back pain is common in children, as are headaches, neck pain, and other musculoskeletal discomforts. These complaints may at times be dismissed by parents and pediatricians as “growing pains.” Spinal manipulation, as performed by Chiropractic Doctors, can be very effective in relieving the above-mentioned problems in children. Due to the functional interaction between the spinal column and the nervous system, there are a number of other complaints that respond positively to chiropractic care. The Chiropractic Doctor is trained to determine the relationship between the patient’s condition, structure and function to determine the most appropriate course of care and/or referral and/or co-management. Since no surgery or drugs are utilized in the practice of chiropractic, the potential for unanticipated side effects is very limited.

California Chiropractic Association (CalChiro) Position Statement: Chiropractic and Children 1995

P: 1995-02 Foods for Special Dietary Use

Doctors of Chiropractic recognize that certain conditions and illnesses that a practitioner encounters in routine practice are associated, in whole or part, with nutritional imbalances originating from inside or outside the body.

Chiropractors are trained to recognize and treat nutritional imbalances through dietary means. Section 302.5 of the Chiropractic Practice Act of California authorizes the employment of vitamins, food supplements, or foods for special dietary use.

Pulled from California Chiropractic Association (CalChiro) Position Statement: Food for Special Dietary Use 1995

P: 1995- 03 Fraudulent Behavior

Fraud is the deliberate misrepresentation of the truth for monetary gain at the expense of a patient, insurance carrier, or other payor. Fraud may also be considered the deliberate misrepresentation of a patient’s condition or expected outcome (or lack thereof) of patient management and is condemned by CalChiro.

Avenues exist to investigate and, if applicable, to prosecute doctors of chiropractic for fraudulent behavior. These include filing a complaint with the Board of Chiropractic Examiners as well as the local district attorney’s office. Further, those individuals who are CalChiro members and are found guilty of fraud will be appropriately evaluated and, if deemed necessary, disciplined according to the CalChiro Code of Ethics.

Pulled from California Chiropractic Association (CalChiro) Position Statement: Fraudulent Behavior 1995

P: 1995-04 HIV

Chiropractic procedures are non-invasive and generally carry no currently recognized risk of transmission of HIV infection. Doctors of Chiropractic should observe universal precautions that are standard to all health professions.

No patient should be denied chiropractic care based on the real or perceived risk of HIV infection. The license of an HIV-infected doctor of chiropractic should not be restricted assuming the individual is capable of performing his/her duties in a responsible manner.

Confidentiality of the HIV infection status of patients and staff must be maintained with disclosure limited as defined by local laws, statutes, or regulations.

The CalChiro is committed to conducting, through the CCF, periodic HIV education sessions and to develop resources for chiropractors and their staff. Specific annual training mandated by the Division of Occupational Safety and Health Administration (OSHA) must be provided by employers with employees whose duties put them at risk of exposure to bloodborne pathogens. Patient education efforts are encouraged as well.

Pulled from California Chiropractic Association (CalChiro) Position Statement: HIV 1995

P: 1995-05 Chiropractic Practice and Procedures

The practice of chiropractic is a science, art, and philosophy involving patient assessment, diagnosis and treatment. We recognize that the nervous system is the first system in the body to develop, and is necessary for the integration and function of all processes in the body. As such, treatment to affect the nervous system through spinal adjustments is the primary method utilized by Doctors of Chiropractic to restore and maintain well being in patients. Chiropractors recognize that human beings are greater than the sum of their parts and thus we treat the whole person. Recognizing that many factors affect health, we utilize a variety of treatment techniques and modalities.

We do not prescribe drugs or perform surgery to influence the recovery of patients.

Doctors of Chiropractic are licensed to treat the conditions, illnesses and injuries of human beings with the use of natural therapies including but not limited to: the chiropractic adjustment, physiotherapy, nutritional supplements and exercise instruction.

Pulled from California Chiropractic Association (CalChiro) Position Statement: Chiropractic Practice and Procedures 1995

P: 1995-06 Stroke

In very rare cases, chiropractic manipulation (or adjustment) of the cervical spine may result in vertebral artery injury. The most serious complication of vertebral artery injury is stroke. Risk of Complications from Cervical Spine Manipulation, from LACC's 8th Annual Interdisciplinary Symposium - The Cervical Spine: Hyperflexion - Extension (Whiplash) Injuries, March 25-26, 1995, reports a risk rate of 5-10 per 10 million manipulations.

For comparison purposes, the risks of other procedures are:

- 1) chymopapain injections for back and leg pain is 1400 **deaths** per million,
- 2) neurosurgery for neck pain is 15,000 cases of **paralysis** per million,
- 3) and angiograms is 10,000 **strokes** per million.

Other activities which may precipitate stroke are neck positioning while under anesthesia for surgery and such simple procedures as having hair shampooed in a beauty salon.

The National Chiropractic College Clinics in Chicago report no cases of stroke between the years 1965 to 1980--about 5 million cervical adjustments.

Manipulation is also practiced by medical doctors and osteopaths. The literature shows a worldwide fatality rate from manipulation (across all professions) of one death every 4.2 years. At this time, there are no reliable tests (invasive or non-invasive) or criteria to determine just who may be at risk. However, a patient's present complaints, past history, and examination findings may indicate contraindications to manipulation.

While a risk of injury is very low and the risk of serious injury even rarer, complications can occur as with any medical procedure.

Pulled from California Chiropractic Association (CalChiro) Position Statement:Stroke 1995

Policies Approved in 1998

P: 1998-01 Paper Reviews

CalChiro member Review Doctors should base their paper reviews on appropriate knowledge of and competence in the areas underlying such work, including specialized knowledge concerning special populations; and

FURTHER RESOLVED, that CalChiro member Review Doctors should adequately support the statements or conclusions made in paper reviews, whether they favor the Interested Party or not; and

FURTHER RESOLVED, that when it is not feasible for a CalChiro Member Review Doctor to conduct an examination of the patient, he or she should clarify the impact of the limited information on the reliability and validity of their reports and testimony; and

FURTHER RESOLVED, that CalChiro member Review Doctors should appropriately limit the nature and extent of their conclusions or recommendations in paper reviews; and

FURTHER RESOLVED, that CalChiro member Review Doctors' paper reviews should be truthful, honest and candid, whether their conclusions favor the Interested Party or not.

Pulled from Revised: Pulled from California Chiropractic Association (CalChiro) Position Statement: Paper Review 1998

Policies Approved in 2000

P: 2000-01 The Mercy Document

CalChiro does not endorse any treatment guidelines, but does encourage the appropriate use of treatment guidelines and deplores the abuse of such guidelines, whether such abuse is promulgated by treating doctors or individuals/entities working in or for the insurance industry, attorneys, patient advocates, or others.

Pulled from Revised: Pulled from California Chiropractic Association (CalChiro) Position Statement: Resolution Concerning The Mercy Document 2000

Policies Approved in 2013

P: 2013-01 Universal Healthcare

1.Support universal access to healthcare for all consumers for necessary treatments and procedures and oppose any action that restricts patient access to necessary treatments, procedures and the patient's provider of choice.

2.If a single payer system is to be considered in California, chiropractic should be included in the development of the system which must allow direct access to doctors of chiropractic at a reasonable pay scale.

Pulled from CalChiro Health Policy Position 2013

P: 2013-02 Health Savings Account

Support proposals that will increase the use of consumer-driven healthcare options (Health Savings Accounts/Medical Savings Accounts/Flex Plans).

Pulled from CalChiro Health Policy Position 2013

P: 2013-03 Federal Programs

1. Maximize enrollment in Medi-Cal and the Healthy Families Program (HFP), and expand the programs to secure maximum federal funding, including funding to cover parents of children under HFP.

2. Increase Medi-Cal payments to doctors of chiropractic to cover the cost of providing care to Medi-Cal patients.

Pulled from CalChiro Health Policy Position 2013

P: 2013-04 Doctor Visit Caps

1. Remove arbitrary California visit caps (24 per treatment issue) on patient care that do nothing to ensure quality patient care.

2. Eliminate the Medi-Cal two-visit limitation to allow more flexibility in treatment and allow enough visits to provide necessary care.

Pulled from CalChiro Health Policy Position 2013

P: 2013-05 Patient Education

1. Require all primary contact healthcare providers educate their patients on wellness.

2. Require all primary contact healthcare providers discuss conservative treatment options with patients when dangerous drugs or invasive procedures are considered.

3. Expand disclosure requirements for health care provider disciplinary actions, hospital quality indicators, all medical errors and life-threatening adverse events.

Pulled from CalChiro Health Policy Position 2013

P: 2013-06 Patient Outcomes

1. Work toward the elimination of treatment guidelines.

2. Require that patient outcome data be collected at the provider level and be made publicly available, along with the methodology of how that data was retrieved, for all reimbursement settings.

3. Patient outcome data should be used to train providers to improve their outcomes.

Pulled from CalChiro Health Policy Position 2013

P: 2013-07 Conservative Care

Require conservative treatment options be covered for patients when dangerous drugs or invasive procedures are considered

Pulled from CalChiro Health Policy Position 2013

P: 2013-08 Chiropractic Care Efficacy

Encourage state, regional and local government to fund research to test the cost-effectiveness of chiropractic care.

Pulled from CalChiro Health Policy Position 2013

P: 2013-09 Provider Education, Diagnostic, and Treatment Protocol

1. Require that all providers have the proper experience, training and education for their scope of practice to ensure patient care is not jeopardized.

2. Mandate that any direct access provider be able to differentially diagnose conditions that are contraindicated to any treatment he or she administers or any procedure he or she

performs. Increase continuing education requirements for doctors of chiropractic to 24 hours per year.

3. Limit chiropractic continuing education providers to state chiropractic-related associations and chiropractic colleges.

4. Require all healthcare providers be taught what illegal practices are and how to avoid them.

5. Use provider level outcome data to improve provider skills.

6. Require all providers to have continuing education to learn adverse event avoidance procedures for the procedures they perform and the treatments they administer.

Pulled from CalChiro Health Policy Position 2013

P: 2013-10 Provider/ Patient Relationship

Support proposals to reinforce the importance and integrity of the provider-patient relationship and oppose proposals that would further undermine this relationship.

Pulled from CalChiro Health Policy Position 2013

P: 2013-11 Managed Care Reform

1. Create additional reasonable affirmative rights for providers and enrollees in managed care plans.

2. Increase patient understanding of their rights.

3. Use premium dollars for patient care, not administrative costs or excessive profits.

4. Promote doctors of chiropractic as primary contact/portal of entry providers.

5. Support parity in provider reimbursement.

6. Support fair and equitable provider contracts.

7. Remove mandates that require a provider of a panel to participate in any other plan or discount program.

Pulled from CalChiro Health Policy Position 2013

P: 2013-12 Medical Decisions to Licensed Healthcare Providers

1. Create additional reasonable affirmative rights for providers and enrollees in managed care plans.

2. Increase patient understanding of their rights.

3. Use premium dollars for patient care, not administrative costs or excessive profits.

4. Promote doctors of chiropractic as primary contact/portal of entry providers.

5. Support parity in provider reimbursement.

6. Support fair and equitable provider contracts.

7. Remove mandates that require a provider of a panel to participate in any other plan or discount program.

Pulled from CalChiro Health Policy Position 2013

P: 2013-13 Dispute Resolution

1. Enact a fair dispute resolution/IMR process and support dispute resolution processes that meet the following criteria:

a. "reasonable" and enforceable rules, including consequences for reviewers who

consistently deny care inappropriately

- b. adequate protections to ensure proper patient care is not denied
- c. a test of independence by reviewers
- d. strict timelines for decision-making
- e. reviews performed by “like providers”
- f. reviewers must be licensed in CA and have demonstrated competency based

on adequate training and experience. CalChiro opposes any legislation that would inhibit the ability of a patient to obtain a fair and expeditious resolution of his or her grievances.

Pulled from CalChiro Health Policy Position 2013

P: 2013-14 Provider Neutrality

- 1. Maintain provider neutrality in state law
- 2. Oppose legislation that should be inclusive of all providers, but specifically refers to “physician” when referencing healthcare providers generally.

Pulled from CalChiro Health Policy Position 2013

P: 2013-15 California Board of Chiropractic Examiners

- 1. Maintain independence of state Board of Chiropractic Examiners
- 2. Oppose measures to require the state Board of Chiropractic Examiners to be placed under state administrative oversight.

Pulled from CalChiro Health Policy Position 2013

P: 2013- 16 Small Businesses

- 1. Support legislation that aids the formation of new small businesses and benefits existing small businesses, except where such legislation adversely affects public health.
- 2. Reject legislation or regulations that would impede efficient or effective delivery of care or compromise access by imposing unfunded costs or mandates on providers.

Pulled from CalChiro Health Policy Position 2013

Policies Approved in 2017

P: 2017-01 CalChiro Code of Ethics

**CALIFORNIA CHIROPRACTIC ASSOCIATION
CODE OF ETHICS**

PREAMBLE

This Code of Ethics is based upon the acknowledgement that the social contract dictates the profession's responsibilities to the patient, the public, and the profession; and upholds the fundamental principle that the paramount purpose of the chiropractic doctor's professional services shall be to benefit the patient.

TENETS

- I. Doctors of chiropractic should adhere to a commitment to the highest standards of excellence and should attend to their patients in accordance with established best practices.
- II. Doctors of chiropractic should maintain the highest standards of professional and personal conduct. and should comply with all governmental jurisdictional rules and regulations.
- III. Doctor-patient relationships should be built on mutual respect, trust and cooperation. In keeping with these principles, doctors of chiropractic shall demonstrate absolute honesty with regard to the patient's condition when communicating with the patient and/or representatives of the patient.
- IV. Doctors of chiropractic shall not mislead patients into false or unjustified expectations of favorable results of treatment. In communications with a patient and/or representatives of a patient, doctors of chiropractic should never misrepresent their education, credentials, professional qualification or scope of clinical ability.
- V. Doctors of chiropractic should preserve and protect the patient's confidential information, except as the patient directs or consents, or the law requires otherwise.
- VI. Doctors of chiropractic should employ their best good faith efforts to provide information and facilitate understanding to enable the patient to make an informed choice in regard to proposed chiropractic treatment. The patient should make his or her own determination on such treatment.
- VII. The doctor-patient relationship requires the doctor of chiropractic to exercise utmost care that he or she will do nothing to exploit the trust and dependency of the patient. Sexual misconduct is a form of behavior that adversely affects the public welfare and harms patients individually and collectively. Sexual misconduct exploits the doctor-patient relationship and is a violation of the public trust.
- VIII. Doctors of chiropractic should willingly consult and seek the talents of other health care professionals when such consultation would benefit their patients or when their patients express a desire for such consultation.
- IX. Doctors of chiropractic should never neglect nor abandon a patient. Due notice should be afforded to the patient and/or representatives of the patient when care will be withdrawn so that appropriate alternatives for continuity of care may be arranged.
- X. With the exception of emergencies, doctors of chiropractic are free to choose the patients they will serve, just as patients are free to choose who will provide healthcare services for them. However, decisions as to who will be served should not be based on race, religion, ethnicity, nationality, creed, gender, handicap or sexual preference.
- XI. Doctors of chiropractic should conduct themselves as members of a learned profession and as members of the greater healthcare community dedicated to the promotion of health, the prevention of illness and the alleviation of suffering. As such, doctors of chiropractic should collaborate and cooperate with other health care professionals to protect and enhance the health of the public with the goals of reducing morbidity, increasing functional capacity, increasing the longevity of the U.S. population and reducing health care costs.
- XII. Doctors of chiropractic should exercise utmost care that advertising is truthful and accurate in representing the doctor's professional qualifications and degree of competence. Advertising should not exploit the vulnerability of patients, should not be misleading and should

conform to all governmental jurisdictional rules and regulations in connection with professional advertising.

XIII. As professions are self-regulating bodies, doctors of chiropractic shall protect the public and the profession by reporting incidents of unprofessional, illegal, incompetent and unethical acts to appropriate authorities and organizations and should stand ready to testify in courts of law and in administrative hearings.

XIV. Doctors of chiropractic have an obligation to the profession to endeavor to assure that their behavior does not give the appearance of professional impropriety. Any actions which may benefit the practitioner to the detriment of the profession must be avoided so as to not erode the public trust.

XV. Doctors of chiropractic should recognize their obligation to help others acquire knowledge and skill in the practice of the profession. They should maintain the highest standards of scholarship, education and training in the accurate and full dissemination of information and ideas.

Approved at 9.16.17 BOD Mtg, revised CalChiro Code of Ethics, February 19-20, 2000

Policies Approved in 2018

P:2018-01 DTC Prescription Drug Advertising Policy

Given that chiropractic, since its formation in 1895, has been a drugless profession, CalChiro stands firmly against DTC prescription drug advertising.

Approved at 7.13.18 BOD Mtg.

Policies Approved in 2019

P:2019-01, Social Media Policy

1. Ultimately, you are solely responsible for what you post online. Before creating online content, consider some of the risks and rewards that are involved. "Keep in mind that any of your conduct that adversely affects CalChiro, its clients, sponsors, and its ability to secure the resources needed to fulfill its mission promises may result in disciplinary action up to and including termination or removal from your position."
2. A disassociation statement may be published by the Executive Director or his/her designee when the Executive Director or his/her designee believes the statement is injurious to CalChiro or inconsistent with its position. An example disassociation statement would be: *The opinions expressed by (Member/ Staff/ Speaker) are those of the writer and do not necessarily reflect the opinion of CalChiro or any other institution or individual.*
 - a. A social media policy statement shall be placed on any social media platform branded by CalChiro and on CalChiro's website, and any other location deemed appropriate by the Executive Director or Board of Directors.
 - b. The Executive Director or his/her designee may remove or comment on any CalChiro social media platform at their discretion. Deletion or non deletion does not imply endorsement or non endorsement by CalChiro.

3. All new staff and members in any leadership position will receive, sign and return to CalChiro this Social Media Policy.

Approved at 1.25.19 BOD Mtg.