



# Code of Professional Responsibility

*for a*

# Board Certified Patient Advocate (BCPA)

Revised October 14, 2019



**CODE OF PROFESSIONAL CONDUCT  
FOR  
BOARD CERTIFIED PATIENT ADVOCATES (BCPA)**

## **Preamble**

The Patient Advocate Certification Board (PACB) is an organization of professionals—including, but not limited to, healthcare and patient advocates, patient navigators, case managers, and others who work on behalf of patients, communities, and family caregivers—who share the goal of safe, effective, and compassionate healthcare. Board Certified Patient Advocates (BCPA) work with individual clients who need assistance navigating complex medical situations by partnering with them, seeking to empower them, and supporting their ability of make autonomous decisions.

The objective of the Code is to protect the public interest. The code consists of Principles, Ethical Standards, a Code of Professional Conduct, and the Patient Advocate Certification Board (PACB) Procedures for Processing Complaints and Grievances. The Principles provide normative guidelines and are advisory in nature. The Ethical Standards prescribe the level of conduct required of every Board-Certified Patient Advocate; compliance with these levels of conduct is mandatory. A Board-Certified Patient Advocate who becomes aware of unethical behavior of others is obligated to report such alleged infractions. Enforcement will be through the PACB Procedures for Processing Complaints and Grievances. Board-Certified Patient Advocates who face ethical dilemmas regarding their own practice and/or ethical challenges that arise in the course of professional practice are encouraged to consult the Code frequently for advice. Additional resources are the Alliance of Professional Health Advocates website and Forum (<https://aphadvocates.org>) and the Standards and Best Practices document found on the National Association of Health Advocacy website (<https://www.nahac.com/standards-best-practices>). Also, an opinion can be requested from PACB's Compliance Committee by filling out the Form for Requesting Opinion on the PACB website ([www.pacboard.org](http://www.pacboard.org)).

## Principles

*The Principles are normative guidelines and are advisory in nature*

- Principle 1: BCPAs place the public interest above their own at all times
- Principle 2: BCPAs respect the rights and inherent dignity of all of their clients
- Principle 3: BCPAs always maintain objectivity in their relationships with clients and their families, proxies, or caregivers
- Principle 4: BCPAs act with integrity and fidelity with clients and others
- Principle 5: BCPAs maintain their competency at a level that ensures their clients and others receive the highest quality of service.
- Principle 6: BCPAs honor the integrity of the BCPA designation and adhere to the requirements for its use.
- Principle 7: BCPAs obey all applicable laws and regulations

## Ethical Standards

### A. Preface

The Patient Advocate Certification Board (PACB) is pleased to present these Ethical Standards for the patient advocacy profession. Agreement and adherence to this document is a condition of receipt of the Board Certified Patient Advocate (BCPA) credential.

The Patient Advocate Certification Board is an organization of professionals – including, but not limited to, healthcare and patient advocates, patient navigators, case managers, and others who work on behalf of patients, communities, and family caregivers – who share the goal of safe, effective, and compassionate healthcare. Board Certified Patient Advocates work with individual clients who need assistance navigating complex medical situations by partnering with them, seeking to empower them, and supporting their ability to make autonomous decisions.

Advocacy is a dynamic and developing field. Over time, these Ethical Standards may be revised. The Patient Advocate Certification Board welcomes questions, comments, and concerns about the standards or their implementation in professional practice.

## **B. Ethical Standards**

### **1: The Role of an Advocate**

The role of an advocate is to provide guidance and assistance to their clients in decisions related to their health needs. Advocates are committed to helping clients and client communities make informed choices and access resources, but at no time make decisions about specific treatment choices, provide clinical opinions, or perform medical care of any type, even if they possess clinical credentials.

This role shall be regarded as such at all times while using the title Board Certified Patient Advocate whether the advocate is under contract with the patient-client, working (and contracted or employed) by another individual or entity, or providing pro bono or reduced fee services.

### **2: Transparency and Honest Disclosure**

Advocates are committed to integrity and transparency in the conduct of their practices. They develop clear client expectations related to their scope of practice. Advocates have a responsibility to ensure clients are fully aware of all conflicts of interest that might result from their conditions of employment.

Advocates providing fee-for-service assistance have an obligation to disclose their fees, training, education, experience, and credentials. They must also disclose existing contractual relationships with manufacturers or distributors of products or providers of services they recommend or use to assist their clients. Fee-for-service advocates must provide their CV/resume and references upon request.

Advocates providing fee-for-service assistance are obligated to present their clients and guarantors with service agreements that clearly define their scope of practice, fee schedule, and terms. Advocates provide the client the projected length and scope of the relationship, keeping in mind criteria for appropriate termination of that relationship.

### **3: Protecting Confidentiality and Privacy**

Advocates respect each client's right to privacy and abide by all relevant laws and regulations as they pertain to the confidentiality of records and personal identifiable information. Advocates shall, at all times, safeguard and protect the confidentiality of all medical records, and the identity of, and communications with, their clients.

Advocates will respect client's decisions concerning what health information is disclosed to others (family, friends, etc.), including the guarantor, in circumstances where the guarantor is not the client.

Before the termination of services to a client, the advocate will inform the client about the advocate's records retention policy.

#### **4: Fostering Autonomy**

Advocates shall treat all clients with compassion and respect. They will honor their clients' personal values concerning care and the right to be involved in all decisions that affect the clients' care.

Advocates uphold and respect all patients' rights by promoting recognition of existing statutory rights and supporting the rights of disenfranchised people and communities to receive fair and equal treatment.

Advocates are dedicated to promoting their clients' right to exercise autonomous decision making and meaningful informed consent. They strive to ensure their clients are fully aware of and understand all care and treatment options, including potential risks, benefits, and available alternatives (Western, traditional, alternative, complementary, integrative or others). Advocates will attempt to provide clients with complete information to facilitate informed decision making. Advocates respect their clients' dignity and the freedom to make decisions grounded in each individual's cultural, spiritual, and ethical context. An advocate's role is to ensure a client's wishes, if known, are the guiding force behind decisions affecting medical care and the withholding or withdrawing of treatment.

In the event a legally-designated surrogate becomes a client's decision-making agent, an advocate is encouraged to faithfully convey to the surrogate the client's relevant medical history, as necessary, as well as any personal conversations in which the client may have expressed certain wishes to the advocate.

Advocates shall encourage clients to complete necessary documentation as appropriate (e.g., Durable Power of Attorney for Healthcare; Durable Power of Attorney for Financial Affairs; Advance Directives).

#### **5: Provision of Competent Services**

Advocates have a responsibility to inform clients of their specific areas of proficiency and only to assist clients within those areas in which they have demonstrated expertise. If a client needs assistance in an area in which an advocate does not have sufficient knowledge or training, the advocate is obligated to refer the client to the appropriate system or resource for assistance.

Advocates ensure they have adequate referral systems in place to assist clients who need services the advocate is unable to provide. Advocates express respect toward their clients and toward other medical and non-medical professionals with whom they work.

## **6: Avoidance of Impropriety and Conflicts of Interest**

Advocates shall not accept remuneration for making referrals to other providers or services, nor steer clients to products or services from which the advocates will profit financially or earn a commission.

Advocates shall not accept paid advertising on their websites for products or other service providers. Advocates shall not require a client to purchase or subscribe to any outside service in order to benefit from the advocate's services.

A conflict of interest exists when there is a substantial risk that an advocate's services to a client will be materially limited by the advocate's personal or professional interests. An advocate shall not start or continue to provide services to a client when a conflict of interest exists, unless both of the following apply:

- (a) the advocate will be able to provide competent and diligent services to the client, and
- (b) the client gives informed consent, confirmed in writing.

A patient advocate may accept from a client a gift that is not substantial in value. A patient advocate shall not accept from a client multiple gifts with a combined value that is substantial. For purposes of this standard, a value greater than \$75 is presumed to be substantial.

## **7: Avoidance of Discriminatory Practices**

Essential to the profession of advocacy is the belief that equal access to appropriate healthcare and treatment is the right of each individual. Advocates strive for clients' equal access to health services without regard to age, race, religious/spiritual practice, culture, ethnicity, sexual orientation or gender identity, or immigration status.

Advocates are committed to assisting clients of all cultural and ethnic backgrounds. They shall be mindful of the cultural context of medicine and each client's cultural contexts by respecting individual perspectives. When unfamiliar with a client's ethnic or cultural background, advocates will work to understand preferences, and to include that regard into the provision of the client's healthcare.

## **8: Continuing Education & Professional Development**

Advocates are committed to lifelong learning to keep their knowledge and skills current, hone their professional expertise, and keep abreast of current conditions in the rapidly changing healthcare environment. Advocates participate in the continued learning of their colleagues by sharing information and resources for the benefit of the profession and the public. (cont)

## 8: Continuing Education & Professional Development (cont)

Where applicable, advocates shall obtain continuing education credits as dictated by professional license and regulatory/credentialing bodies. Advocates shall consult with colleagues regarding challenging client situations as an opportunity to learn. In order to foster development of the advocacy profession and of junior colleagues, advocates will participate in the professional development of other patient advocates by mentoring or participating in professional education programs, as appropriate.

## Codes of Professional Conduct

- Code 1: Advocates must provide services to clients sufficient for them to make informed decisions. Advocates may not make specific medical recommendations, even if the Advocate possesses clinical credentials. This standard will be applicable at all times the title Board Certified Patient Advocate is used, regardless of the source of payment (client or organization) or if the Advocate is working pro bono.
- Code 2: Advocates shall act with reasonable diligence and promptness in representing a client.
- Code 3: Advocates shall explain matters to the extent reasonably necessary to permit the client to make informed decisions regarding the client's treatment.
- Code 4: Advocates must provide information regarding care and treatment options. This includes potential risks, benefits, and available alternatives. Advocates must grant clients freedom to make decisions pertaining to each individual's cultural, spiritual, and ethical context.
- Code 5: Advocates shall provide competent representation to a client. Competent representation requires knowledge, skill, thoroughness, and preparation reasonably necessary for the representation.
- Code 6: Advocates shall not represent a client or shall withdraw from representing a client if the advocate's physical or mental condition materially impairs the advocate's ability to represent the client.
- Code 7: Advocates shall abide by a client's decisions concerning the client's treatment and consult with the client as to the means to accomplish the treatment. An advocate may take appropriate action on behalf of the client when authorized to do so.



- Code 8: Advocates shall 1) promptly inform clients of decisions or circumstances where the client's informed consent is required, 2) reasonably consult with clients on the means to accomplish client's objectives, 3) Keep the client reasonably informed about the status of relevant matters, 4) comply as soon as practicable with reasonable request for information from the client, and 5) consult with the client about relevant limitations when the advocate knows the client expects assistance not permitted by law.
- Code 9: Advocates providing fee-for-service assistance must disclose fees, training, education, experience, and credentials as well as provide a written service agreement (before commencing the representation) which clearly defines the scope of practice, fee schedule, and terms.
- Code 10: Advocates may limit the scope of a new or existing representation if the limitation is reasonable under the circumstances and communicated to the client, preferably in writing.
- Code 11: Advocates shall not make an agreement for, charge, or collect an illegal or clearly excessive fee. A fee is clearly excessive when, after a review of the facts, an advocate of ordinary prudence would be left with a definite and firm conviction that the fee is in excess of a reasonable fee.
- Code 12: An advocate shall not solicit services if the advocate knows or reasonably should know that the person to whom the communication is addressed is a minor or an incompetent or that the person's physical, emotional, or mental state makes it unlikely that the person could exercise reasonable judgment.
- Code 13: Every communication soliciting professional employment from anyone must disclose accurately and fully the manner in which the advocate became aware of the identity and specific needs of the addressee.
- Code 14: An advocate who withdraws representation shall refund any part of a fee paid in advance that has not been earned.
- Code 15: Advocates shall abide by all relevant laws and regulations. Additionally, Advocates shall at all times, safeguard and protect the confidentiality of all client medical records, identities, and communications.
- Code 16: An advocate who has formerly represented a client in a matter shall not thereafter reveal information relating to the representation except as permitted or required by law.

- Code 17: Advocates shall keep a detailed record of former clients for the space of 3 years after representation has concluded.
- Code 18: Advocates shall not counsel a client to engage, or assist a client, in conduct the advocate knows is illegal or fraudulent. An advocate may discuss the consequences of any proposed course of conduct with a client.
- Code 19: Advocates must inform clients of their specific areas of proficiency. Additionally, Advocates must have an adequate referral system to assist clients with needs the advocate is unable to provide.
- Code 20: Advocates shall disclose conflicts of interest, which exists when there is a substantial risk that advocate's services to a client will be materially limited by the Advocate's personal or professional interests. This includes employment by someone or some entity other than the patient.
- Code 21: An advocate may withdraw from representing a client if 1) withdrawal can be accomplished without material adverse effect on the interest of the client, 2) the client persists in a course of action involving the advocate's services that the advocate believes is illegal or fraudulent, 3) the client fails substantially to fulfill an obligation, financial or otherwise, to the advocate regarding the advocate's services and has been given reasonable warning that the advocate will withdraw unless the obligation is fulfilled, 4) representation will result in an unreasonable financial burden on the lawyer or has been rendered unreasonably difficult by the client, 5) the client gives informed consent to termination of the representation, or 6) other good cause for withdrawal exists.
- Code 22: Advocates may not accept gifts valued in excess of \$75 while actively providing services to a client.
- Code 23: Advocates may not discriminate based on age, race, religious/spiritual practice, culture, ethnicity, sexual orientation or gender identity, or immigration status.
- Code 24: Advocates shall not participate in any behavior contrary to PACB's applicable policies, practices, ethics, or codes whether or not in conjunction with a professional position.

# Certification Compliance and Disciplinary Procedures

## I. Purpose

The purpose of this policy is to outline the procedures to be followed when a BCPA certificant is accused of having violated any policies of the organization. All certificants are expected to conform to the PACB's published Ethical Standards and Code of Conduct at all times.

## II. Application of Policies

- A. No individual is eligible to maintain certification unless the individual is in compliance with all applicable PACB Policies, Practices, Positions, and Ethics. Each individual bears the burden for demonstrating and maintaining compliance at all times. The PACB may deny or revoke a certification when an individual is found to be out of compliance with the applicable PACB policies, practices, roles, or ethics whether or not made in conjunction with a professional position or has made a material misrepresentation as part of his or her application for certification.
- B. The Executive Committee of the PACB shall have the power to revoke permanently any certificate issued by the PACB, or to take any other appropriate disciplinary action that lies within the purview of the Compliance Committee, upon presentation of sufficient evidence indicating the person in whose name the certificate is issued has acted in violation of the PACB's Policies, Practices, Positions, or Ethics.
- C. A certificant subsequently convicted of a felony is subject to immediate revocation of his or her certification without further hearing. An individual convicted of a felony shall be ineligible to apply for certification until release from confinement and completion of any probationary period.
- D. The PACB Board of Directors shall appoint a Compliance Committee to consider alleged violations of any applicable PACB Policies, Practices, Positions, or Ethics. The Compliance Committee shall be composed of at least three, not more than five, BCPAs, one of whom shall be a Director of the PACB. A committee member may not serve on the Compliance Committee in the review of any matter in which his or her impartiality might reasonably be questioned, or which presents either an actual or an apparent conflict of interest. All actions by the Compliance Committee shall be determined by a majority vote.

### III. Review and Appeal Procedures

- A. Allegations of any violation of the PACB Ethics, Practices, or any PACB policies, professional position statements, procedures, codes, ethics or standards shall be submitted to the PACB Administrator to [admin@pacboard.org](mailto:admin@pacboard.org). The complaint will be forwarded to the Chairperson of the Compliance Committee and the PACB Executive Director.
1. Any person alleging a violation of PACB Policies, Practices, Positions, or Ethics should identify in writing the certificant in question and the specific facts concerning the alleged conduct with as much detail as possible. That person alleging wrongful conduct by a candidate will be known as “the Complainant.”
  2. The complaint must contain sufficient identifying and contact information for the Compliance Committee to positively identify the certificant who is the subject of the complaint. Anonymous complaints will not be entertained.
  3. The Complainant can be any individual with relevant and verifiable concerns about a PACB certificant. The complainant shall submit a formal complaint statement as directed by the published "Complaint Policy" within six (6) months of the event
- B. If the Compliance Committee determines the allegations are frivolous or fail to state a violation of the PACB’s Policies, Practices, Positions, or Ethics, no further action shall be taken, and the complainant shall be notified of the determination. The subject of the complaint may not be notified in this instance.
- C. If the Compliance Committee determines the allegations state a violation or violations of the PACB’s policies, roles, codes, or ethics, whether or not in conjunction with a professional position, the Compliance Committee shall request further evidence from the complainant to conduct an initial review of the matter. If, after the initial review, the Compliance Committee determines the allegations and facts are inadequate to sustain a finding of a violation, no further action shall be taken. The Compliance Committee will notify the Board of Directors, the Complainant, and may notify the subject of the complaint.
- D. If, after the initial review, the Compliance Committee finds that good cause exists to question whether a violation of the PACB’s policies, roles, codes, or ethics has occurred, the Compliance Committee shall transmit a statement of the allegations, supporting evidence to the certificant (hereafter referred to as “Respondent”) by electronic mail (“email”), and a request that any counter evidence be submitted with statement in Respondent’s defense. After receiving the Respondent’s counter evidence and statement in defense, the Compliance Committee will conduct an in-depth review of the matter.

- E. After completing its in-depth review of the evidence, the Compliance Committee shall make a decision on the allegation. The Compliance Committee will then transmit this decision, in writing, to the Executive Committee with a recommendation on sanctions. Based on the Compliance Committee's decision, the Executive Committee shall decide an appropriate sanction. After notifying the certificant-in-question of the Compliance Committee's decision on the allegation and the Executive Committee's decision on sanctions in a written communication, both decisions shall be filed with the corporation's records.
- F. Neither the initial review nor the in-depth review consists of a formal hearing or appearance before the Compliance Committee, Executive Committee, or the Board of Directors. However, these PACB bodies reserve the right to request such hearings or appearances when necessary. Decisions shall contain findings of fact and conclusions of the Compliance Committee and Executive Committee and shall be transmitted to the certificant by mail or email.

#### **IV. Certification Compliance and Disciplinary Procedures**

- A. All certificants are responsible for keeping their contact information up-to-date with the PACB at all times.
- B. The statement of allegations within the complaint shall set forth the applicable standard and a statement of facts constituting the alleged violation.
- C. The Respondent shall have 30 calendar days from receipt of the statement of facts to respond to the allegations, by email. The Respondent may submit written evidence, photographic and/or video evidence, witness statements, and any other appropriate evidence to support his or her position.
- D. Any witness statement submitted into evidence by the Respondent must be submitted in affidavit form and must contain the name, address, email address, and telephone number of the witness, as well as an attestation of truthfulness statement signed by the witness.
- E. In the event no response to the statement of facts is received by the Compliance Committee within the 30-day time period, the Respondent will be deemed to have admitted to the allegations as presented and the Compliance Committee will recommend a default judgment to the Executive Committee.
- F. The Compliance Committee may, at its discretion, contact any witnesses for either party with regard to their statements. A written recording will be made of any conversation with the witness or witnesses. If the witness refuses to permit the recording of the conversation, that witness' evidence will not be considered. A report of those conversations shall be forwarded to the Respondent.

- G. After completing its in-depth review of the evidence, the Compliance Committee shall make a decision on the allegation by a majority vote. The Compliance Committee will then transmit this decision, in writing to the Executive Committee with a recommendation on sanctions. Based on the Compliance Committee's decision, the Executive Committee shall decide an appropriate sanction by a majority vote.
- H. After notifying the certificant-in-question of the Compliance Committee's decision on the allegation and the Executive Committee's decision on sanctions in a written communication, both decisions shall be filed with the corporation's records within 30 business days of the close of the record. The decision, including any sanctions determined by the Executive Committee, shall be transmitted to the Respondent via email.
- I. If the Executive Committee concurs with a recommendation of the Compliance Committee that allegations have not been established by a preponderance of the evidence, the Respondent shall be so notified, and no further action on the matter will be taken by the PACB.
- J. If the Respondent believes a decision by either the Compliance Committee or the Executive Committee to be in error, he or she may appeal these decisions to the Board of Directors within 30 days of receiving written notice. Appeals shall be made by a brief written statement, submitted to the Board of Directors for review. Upon review of the statement, if the Board of Directors sees probable cause it may request additional evidence and conduct its own review of the matter. The Board of Directors will have the authority to affirm or reverse the decisions of either the Compliance Committee or the Executive Committee by a majority vote and such decision shall be final.
- K. Upon written request a former certificant may seek reinstatement of his or her certification by submitting a request for reinstatement to the Board of Directors. All reinstatement requests shall be signed by the former certificant and filed with the Secretary. The Board of Directors shall review the reinstatement request and may approve reinstatement by affirmative majority vote of the directors' present. Such vote is only valid if a quorum is present.

## V. Committee Actions and Sanctions

*Permissible actions include the following:*

- A. *Letter of Instruction.* A letter of instruction is a written statement expressing concern with a Certified Patient Advocate's actions in regard to the applicable policies, practices, ethics, and codes. In the event it is determined that an applicable policy, practice, ethic, or code has been violated, the Executive Committee will consider the degree of harm and significant mitigating circumstances and may issue a letter of instruction.
  
- B. *Sanctions.* In the event it is determined that the applicable policies, practices, ethics, and codes have been violated, and a letter of instruction is not appropriate under the circumstances, the Executive Committee will impose one or a combination of the possible sanctions that follow:
  - 1. *A reprimand* in the form of a written statement criticizing a Certified Patient Advocate's action as violating the applicable policies, practices, ethics, and codes in one or more ways. The Executive Committee may impose remedial requirements to be completed within a specified period of time.
  
  - 2. *Probation* for a specified period of time subject to Committee review of compliance. The Executive Committee may impose remedial requirements to be completed within a specified period of time.
  
  - 3. *Suspension* from PACB certification for a specified period of time. The Executive Committee may impose remedial requirements to be completed within a specified period of time.
  
  - 4. *Revocation* of PACB certification.
  
- C. Compliance with remedial requirements will be subject to oversight by the Compliance Committee.
  
- D. The penalty for failing to fulfill, in a satisfactory manner, a remedial requirement imposed by the Executive Committee as a result of sanction will be automatic revocation unless the Executive Committee determines the remedial requirements should be modified based on good cause.

## VI. Publication

Disciplinary action taken against a certificant will be published on the PACB website. PACB is not a state licensing agency. Our certificants are held to high standards and are expected to comply with our Code of Ethics and Code of Conduct. As part of our mission, we will investigate complaints alleging violations of either of these sets of standards.

## Instructions for Filing a Complaint with PACB

1. An individual desiring to file a complaint about a PACB certificant must complete the Complaint Form and submit it to PACB via email to [admin@PacBoard.org](mailto:admin@PacBoard.org) or via mail to:

PACB  
2300 Wildwood Ave  
#6771  
Sherwood, AR 72120

2. The Compliance Committee will review the complaint and determine if the complaint alleges facts that violate either the PACB Code of Ethics or Practices.
3. If it appears from the allegations that either the Code, Ethics or the Practices has been violated, the identified witnesses will be contacted and may be asked to sign an affidavit.
4. A copy of the Complaint Form, including the name(s) of the complainant, will be given to the individual cited in the form.
5. Upon completion of the investigation, the Compliance Committee will notify the PACB Executive Committee of its findings in compliance with the PACB Certification Compliance and Disciplinary Procedures.