

Ethics FAQs

Ethical Practices Committee (EPC) and Process

- **What is the difference between an ethics *inquiry* and an ethics *complaint*?**
 - An inquiry is a question from an Academy member about an ethical behavior, not an actual complaint against another Academy member.
 - A complaint is an allegation lodged against an Academy member for possible noncompliance with the Academy's Code of Ethics.
- **Are inquiries or complaints to the EPC anonymous?**
 - Name and contact information must be shared with the EPC, but that information is kept confidential. **Names are never published or shared outside of committee, with potential exceptions being Academy Board of Directors, applicable Academy staff, those involved in the case after signing waivers.**
- **Is the respondent notified who made the complaint?**
 - Yes. In the case of a formal complaint against a specific member, the complainant must complete a formal complaint form that includes their name and contact information, along with information about the complainant. A waiver of confidentiality is requested from the complainant to obtain all relevant facts from both the complainant and respondent. Only then are names shared with relevant parties.
- **Are Academy members bound to report unethical behaviors of other Academy members?**
 - As a member of the American Academy of Audiology (the Academy), you are required under [Principle 8, Rule 8c](#) to inform the EPC when there is sufficient reason to believe that another Academy member has violated the Code of Ethics.
- **Can the EPC become involved if I suspect a manufacturer or buying group is not following Academy's Code of Ethics?**
 - Corporations and businesses do not hold membership in the Academy; only individuals do. Therefore, the EPC is unable to directly address these entities. The EPC recommends that personal legal counsel, as well as state and federal laws and regulations, be consulted regarding specific practices of concern of a company.

Business Practices

- **Is it ethical for a multi-office practice to market services by an audiologist when some of the offices are staffed by hearing aid specialists exclusively?**
 - Audiology hearing aid offices staffed by non-audiologist hearing aid dispensers are not ruled out by the Code of Ethics, even if an audiologist member might oversee multiple offices. However, the EPC advises Academy members to be transparent in marketing their services, in line with the Code of Ethics Principles/Rules, as well as local laws and regulations.
- **Is it ethical to offer patients incentives for referring other patients to your practice?**
 - The EPC defers to state and federal laws and regulations to answer this question. The federal government offers guidance regarding [Medicare and Medicaid patients](#). Nominal gifts of \$10 or less individually or a combined value of \$50 per year per beneficiary are allowed, with certain exceptions. See also the [American Academy of Audiology Ethical Practice Guideline for Relationships with Industry for Audiologists Providing Clinical Care \(September 2017\)](#) (Ethical Guideline #1 on page 3). Common sense often dictates in these situations, but the EPC considers each case on its own merits.
- **A hearing aid dispenser introduced himself to patients as the expert to dispense hearing aids. Example: John Doe, Hearing Instrument Specialist, California license number ...**
 - The EPC has no jurisdiction over the behavior of individuals who are not members of Academy. For guidance, the EPC recommends contacting the specific state's licensing board and regulations in which the dispenser practices.
- **Is it appropriate to limit the hearing aid options offered to your patients? Can an insurance company dictate the choices that are made?**
 - The role of the audiologist is to provide clinically appropriate hearing aids with documented verification and validation measurements and patient-specific outcomes. The audiologist is expected to have access to products to appropriately fit a variety of hearing losses and patient needs, whether choices are dictated by insurance companies, an employer, or a private practice. The following principles and rules from the Code of Ethics should be considered in this scenario: [Principle 1, Rule 1a; Principle 4, Rule 4c; and Principle 5, Rule 5a](#).
- **Does attending a dinner with a manufacturer who pays for all food and drinks cross any ethical lines, even if there was discussion regarding their products?**
 - Social aspects of the Academy's Annual Conference and similar conferences are meant to facilitate discussion among members and serve professional interest. Sponsored activities, such as after-hours dinners or parties, can create educational and networking opportunities, but should be experienced with no overt or covert

feelings of obligation. Conflicts of interest are defined as "incentives that cause, or can appear to cause, a loss of independent judgment, a loss of impartiality, or a loss of objectivity." Sponsored events that are private or "invitation only" should be avoided. Events that are open to all attendees, held in typical convention or seminar locations, and which are not extravagant, would be acceptable to attend. See the [American Academy of Audiology Ethical Practice Guideline for Relationships with Industry for Audiologists Providing Clinical Care \(September 2017\)](#) (Ethical Guideline #3 on page 5). Members should also refer to their employer's guidelines.

- **Is it ethical to evaluate hearing and/or fit family or friends at a reduced cost?**
 - Caution is advised when providing services that are billed to Medicare and/or insurance companies and your local institution. Please consult your local/state laws and regulations.

Supervision and Mentorship

- **If the requirement for Medicare/Medicaid is 100 percent direct supervision, does 60 percent supervision apply to non-insurance billed appointments?**
 - All insurers have their own required levels of supervision. If you fail to meet the required level of supervision defined under an insurance program, you are prohibited from billing for patient services. Prior to providing services, all students should be introduced, and their role should be clear to the patient. Ultimately the best interests of the patient should be taken into consideration and the preceptor is responsible for the student they are supervising. [See Principle 2, Rules 2d and 2e.](#)
- **What is/is not a student's role in telehealth?**
 - All practice is governed by the state where the encounter takes place. If audiological care is being provided regardless of the mechanism used to provide those services or whether there is an associated charge, those same state regulations apply.
- **Do we have a responsibility to ensure our audiology students are eligible for any specific credentialing? Does a supervisor have to have to hold credentialing beyond licensure to supervise a student?**
 - Audiologists are governed under their state license practice act. Students must earn a degree from an accredited audiology program and be eligible to be licensed in the state of practice. All other professional credentials are voluntary. As a supervisor it is your responsibility to ensure that the student's program is aware of your qualifications to ensure their program requirements align with your qualifications.

Credentials and Labeling

- **Are there any ethical issues in how you address your credentialing in marketing and correspondence, including “double doctoring” in ads (e.g., Dr. Jane Doe, AuD)?**
 - The main consideration here is transparency to avoid misleading the consumer of an individual’s qualifications. Consumers should be able to recognize what your “Dr.” title and degree mean. See [FTC Guides](#) and the [Academy’s Position Statement](#) on Use of the Term “Doctor” in Advertising, as well as to your state’s laws and regulations, which may be more restrictive.
- **May a student in an audiology doctoral program introduce himself or note on business cards “AuD Candidate” or other similar terms?**
 - Incidental reports and a search of the internet reveal that the term "AuD candidate" continues to be used, despite the original advisory in 2005. The Consensus Conference on AuD Education (2005) recommended against the use of the term "AuD candidate," as it is not consistent with first professional degrees, regardless of the student's academic standing, and it may also be disallowed by some state licensure laws. There is a diversity of AuD curricula among the university programs, and attempts to restrict the use to those who have completed the majority of the degree requirements would likely result in disparity of the qualifications among those allowed by their university to use the term. Therefore, to avoid misleading advertisement of an individual’s qualifications, there should be no public use of the term "AuD candidate" while a person is a student.

Telehealth

- **What are the ethical considerations when billing for telehealth services?**
 - An audiologist who practices audiology remotely must follow all applicable Health Insurance Portability and Accountability Act (HIPAA) privacy and security regulations and is subject to the same standard of care required of an audiologist practicing audiology in a clinic or office setting. Services that are delivered remotely must be equivalent to the quality of services delivered in person or office setting. Billing should be consistent with in person appointment billing.
- **Can I provide telehealth services to an individual in another state if I am not billing for those services?**
 - All practice is governed by the state where the encounter takes place. If audiological care is being provided regardless of the mechanism used to provide those services or whether is an associated charge, those same regulations apply.