

Chapter Chir 6

STANDARDS OF CONDUCT

Chir 6.01 Authority.
Chir 6.015 Definition.

Chir 6.02 Unprofessional conduct.
Chir 6.03 Duty to evaluate and inform.

Chir 6.01 Authority. The rules in ch. Chir 6 are adopted under authority in ss. 15.08 (5) (b), 227.11 and 446.04, Stats.

History: Cr. Register, December, 1984, No. 348, eff. 1-1-85; correction made under s. 13.93 (2m) (b) 7., Stats., Register, March, 1990, No. 411.

Chir 6.015 Definition. In this chapter:

(1) "Advertisement" means any communication disseminated or intended to be disseminated to the public which is likely to or intended to induce, directly or indirectly, the rendering of professional services by the chiropractor named in or identified by the communication. "Advertisement" includes professional business cards, professional announcement cards, office signs, letterhead, telephone directory listings, directories or listings of health care practitioners, and communications which are likely to or intended to induce, directly or indirectly, the rendering of professional services by the chiropractor named in or identified by the communication in newspapers, broadsides, flyers, radio, television, books, magazines, or motion pictures.

History: Cr. Register, November, 1997, No. 503, eff. 12-1-97.

Chir 6.02 Unprofessional conduct. Unprofessional conduct by a chiropractor includes:

(1) Engaging in any practice which constitutes a substantial danger to the health, welfare or safety of a patient or the public.

(2) Practicing or attempting to practice when unable to do so with reasonable skill and safety to patients.

(3) Practicing in a manner which substantially departs from the standard of care ordinarily exercised by a chiropractor.

(4) Practicing or attempting to practice beyond the scope of a license issued by the board, including but not limited to acts prohibited under s. Chir 4.05 (1).

(5) Practicing or attempting to practice while the ability to perform is impaired by physical, mental or emotional disorder, drugs or alcohol.

(6) Performing professional services inconsistent with training, education or experience.

(7) Engaging in sexual contact, exposure, gratification, or other sexual behavior with or in the presence of a patient.

(8) Engaging in excessive evaluation or treatment of a patient.

(9) Failing to conduct a competent assessment, evaluation or diagnosis as a basis for treatment or consultation.

(10) Revealing confidential patient information without consent of a patient, except that information shall be revealed to the board or its representatives pursuant to investigation of a licensee or as otherwise authorized by law.

(11) Refusing to render services to a person because of race, color, sex or religion.

(12) Knowingly falsifying patient records.

(13) Impersonating another chiropractor.

(14) Obtaining or attempting to obtain any compensation for chiropractic services by fraud, including billing for services not rendered or submitting a claim for a fraudulent diagnosis.

Note: The use by a licensee of "no out-of-pocket expense" payment arrangements may constitute insurance fraud, and may therefore violate this subsection as well as s. 943.395, Stats.

(15) Advertising in a manner which is false, deceptive or misleading. An advertisement which does any of the following is false, deceptive or misleading:

(a) Contains a misrepresentation of fact.

(b) Is likely to mislead or deceive because of a failure to disclose material facts.

(c) Is intended to or is likely to create false or unjustified expectations of favorable results.

(d) Fails to prominently disclose complete details of all variables and material factors relating to any advertised fee.

(e) Contains any representation or implication that in reasonable probability will cause an ordinarily prudent person to misunderstand or be deceived.

(f) Includes reference to or implies specialization or advanced training unless all of the following are true:

1. The specialty is recognized by a council of the American chiropractic association or the international chiropractors association.

2. The specialty requires at least 300 hours of postgraduate credit hours and passage of a written examination approved by the American chiropractic association or the international chiropractors association.

3. The title applied to the specialty by the chiropractor is the title applied by the American chiropractic association or the international chiropractors association.

(g) Includes reference to or implies advanced training unless all of the following are true:

1. The postgraduate training was received in one, unified program approved by the American chiropractic association or the international chiropractors association, or through one, unified program at a college accredited by the council on chiropractic education and approved by the board.

2. The chiropractor has completed at least 100 hours of postgraduate training in the area in which the chiropractor claims advanced training.

3. The postgraduate training program includes successful completion of a written examination as a requirement for successful completion of the training program.

(h) Appears in any classified directory, listing or other compendium under a heading, which when considered together with the advertisement, has the capacity or tendency to be deceptive or misleading with regard to the profession or professional status of the chiropractor.

(i) Implies that the chiropractic services provided will result in emotional or spiritual benefits.

(16) Aiding or abetting or permitting unlicensed persons in the practice of chiropractic.

(17) Failing to exercise a reasonable degree of supervision over subordinate employees.

(18) Obtaining or attempting to obtain a license through fraud or misrepresentation or making any material misstatement, omission or falsification in connection with an application for a license, registration or renewal.

(19) Refusing upon request to cooperate in a timely manner with the board's investigation of a complaint lodged against a

licensee. Licensees taking longer than 30 days to respond shall have the burden of demonstrating that they have acted in a timely manner.

(20) Knowingly providing false information to the board or its representative.

(21) Failing to notify the board of having a chiropractic license, certificate, permit or registration granted by any other jurisdiction subject to disciplinary action.

(22) Having a license, certificate, permit or registration granted by another jurisdiction to practice as a chiropractor limited, suspended or revoked, or subject to any other disciplinary action.

(23) Failing to notify the board of any criminal conviction, the circumstances of which relate substantially to the practice of chiropractic.

(24) Being convicted of a crime substantially related to the practice of chiropractic.

(25) Violating any provision of ch. 446, Stats., or any rule or order of the board.

(26) Violating a law, or aiding or abetting the violation of any law substantially related to the practice of chiropractic.

(27) Failing to maintain patient records for a minimum period of 7 years after the last treatment or after the patient reaches the age of majority, whichever is greater.

(28) Failing to release patient health care records to a patient in accordance with s. 146.83, Stats.

(29) Negating the co-payment or deductible provisions of a contract of insurance by agreeing to forgive any or all of the patient's obligation for payment under the contract unless the chiropractor reduces the chiropractor's claim to the insurance carrier in regard to that patient by an equal proportion. In this section, "co-payment or deductible provisions" means any terms in a contract of insurance with a third party whereby the patient remains financially obligated to the chiropractor for payment.

Note: It is no violation of this rule for a chiropractor to adjust fees, but the fee charged must be accurately reported to any third party payor. It is no violation of this rule for a chiropractor to provide treatment without any charge.

(30) Giving or receiving unauthorized assistance, violating rules of conduct, or otherwise cheating or acting dishonestly respecting any examination required for the granting of a license or registration to practice chiropractic.

(31) Making a representation likely to create an unjustified expectation about the results of a nutritional counseling service or procedure.

History: Cr. Register, December, 1984, No. 348, eff. 1-1-85; am. (4), Register, October, 1989, No. 406, eff. 11-1-89; cr. (27) and (28), Register, January, 1992, No. 433, eff. 2-1-92; cr. (29), Register, January, 1993, No. 445, eff. 2-1-93; am. (7), Register, June, 1993, No. 450, eff. 7-1-93; am. (27), Register, May, 1997, No. 497, eff. 6-1-97; r. and recr. (15), Register, November, 1997, No. 502, eff. 12-1-97; am. (18), cr. (30), Register, September, 1999, No. 525, eff. 10-1-99; CR 03-082: am. (14) Register July 2004 No. 583, eff. 8-1-04; **CR 06-051: cr. (31) Register November 2006 No. 611, eff. 12-1-06.**

Chir 6.03 Duty to evaluate and inform. (1) A chiropractor shall evaluate each patient to determine whether the patient presents a condition that is treatable through chiropractic means. An evaluation shall be based upon an examination appropriate to the presenting patient. In conducting an evaluation, a chiropractor shall utilize chiropractic science as described in s. Chir 4.02 and the principles of education and training of the chiropractic profession.

(2) If an evaluation indicates a condition treatable by chiropractic means, the chiropractor shall treat the patient using appropriate chiropractic means.

(3) If an evaluation indicates a condition which is not treatable through chiropractic means, the chiropractor shall inform the patient that the condition is not treatable through chiropractic means and recommend that the patient seek additional advice or care.

(4) A chiropractor may render concurrent or supportive chiropractic care to a patient, but a chiropractor shall refrain from further chiropractic treatment when a reasonable chiropractor should be aware that the patient's condition will not be responsive to further treatment.

History: Cr. Register, June, 2000, No. 534, eff. 7-1-00.