

Chapter Nat Med 5

CODE OF ETHICS AND UNPROFESSIONAL CONDUCT

Nat Med 5.01 Adoption of standards.
Nat Med 5.02 Unprofessional conduct.

Nat Med 5.03 Discipline and penalties.

Nat Med 5.01 Adoption of standards. The American Association of Naturopathic Physicians code of ethics, as approved in August 2012, is incorporated by reference into this chapter.

Note: A copy of the above standards is on file in the office of the legislative reference bureau.

History: CR 23-074; cr. Register August 2024 No. 824, eff. 9-1-24.

Nat Med 5.02 Unprofessional conduct. Unprofessional conduct includes any violation of the code of ethics adopted under s. Nat Med 5.01 or any of the following, or aiding or abetting the same:

(1) DISHONESTY AND CHARACTER. (a) Violating or attempting to violate any provision or term of ch. 466, Stats., or of any valid rule of the board.

(b) Violating or attempting to violate any term, provision, or condition of any order of the board.

(c) Knowingly engaging in fraud or misrepresentation or dishonesty in applying for or procuring a license, or in connection with applying for or procuring periodic renewal of a license, or in otherwise maintaining such licensure.

(d) Knowingly giving false, fraudulent, or deceptive testimony while serving as an expert witness.

(e) Employing illegal or unethical business practices.

(f) Knowingly, negligently, or recklessly making any false statement, written or oral, which creates an unacceptable risk of harm to a patient, the public, or both.

(g) Engaging in any act of fraud, deceit, or misrepresentation, including acts of omission to the board or any person acting on the board's behalf.

(h) Obtaining any fee by fraud, deceit, or misrepresentation.

(i) Directly or indirectly giving or receiving any fee, commission, rebate, or other compensation for professional services not actually and personally rendered, unless allowed by law. This prohibition does not preclude the legal functioning of lawful professional partnerships, corporations, or associations.

(j) Engaging in uninvited in-person solicitation of actual or potential patients who, because of their circumstances, may be vulnerable to undue influence.

(k) Engaging in false, misleading, or deceptive advertising.

(L) Offering, undertaking, or agreeing to treat or cure a disease or condition by a secret means, method, device, or instrumentality; or refusing to divulge to the board upon demand the means, method, device, or instrumentality used in the treatment of a disease or condition.

(m) Refusing to render services to a person because of race, color, sex, religion, national origin, age, or disability.

(2) DIRECT PATIENT CARE VIOLATIONS. (a) Practicing or attempting to practice under any license when unable to do so with reasonable skill and safety. A certified copy of an order issued by a court of competent jurisdiction finding that a person is mentally incompetent is conclusive evidence that the licensee was, for any

period covered by the order, unable to practice with reasonable skill and safety.

(b) Departing from or failing to conform to the standard of minimally competent practice which creates an unacceptable risk of harm to a patient or the public whether or not the act or omission resulted in actual harm to any person.

(c) Prescribing, ordering, dispensing, administering, supplying, selling, giving, or obtaining any prescription medication in any manner that is inconsistent with the standard of minimal competence.

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

(e) Engaging in sexually explicit conduct, sexual contact, exposure, gratification, or other sexual behavior with or in the presence of a patient, a patient's immediate family, or a person responsible for the patient's welfare.

1. Sexual motivation may be determined from the totality of the circumstances and shall be presumed when the licensee has contact with a patient's intimate parts without legitimate medical justification for doing so.

2. For the purpose of this paragraph, an adult receiving treatment shall be considered a patient for 2 years after the termination of professional services.

3. If the person receiving treatment is a child, the person shall be considered a patient for the purposes of this paragraph for 2 years after termination of professional services or for 2 years after the patient reaches the age of majority, whichever is longer.

(f) Engaging in any sexual conduct with or in the presence of a patient or former patient who lacks the ability to consent for any reason, including medication or psychological or cognitive disability.

(g) Engaging in repeated or significant disruptive behavior or interaction with hospital personnel, patients, family members, or others that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered.

(h) Knowingly, recklessly, or negligently divulging privileged communication or other confidential patient health care information except as required or permitted by state or federal law.

(i) Performing services without required informed consent under s. Nat Med 2.01.

(j) Aiding or abetting the practice of an unlicensed, incompetent, or impaired person or allowing another person or organization to use one's license to practice.

(k) Appropriating the identity of another person holding a license issued by this or another board.

(L) Withdrawing from a doctor-patient relationship unilaterally and without reasonable justification by discontinuing a patient's treatment regimen when further treatment is medically indicated and any of the following occur:

1. The licensee fails to give the patient at least 30 days notice in advance of the date on which the licensee's withdrawal becomes effective.

2. The licensee fails to allow for patient access to or transfer of the patient’s health record as required by law.

3. The licensee fails to provide for continuity of care during the period between the notice of intent to withdraw from the doctor-patient relationship and the date on which the doctor-patient relationship ends.

(3) LAW VIOLATIONS, ADVERSE ACTION, AND REQUIRED REPORTS TO THE BOARD. (a) Failing to report within 30 days to the board any final adverse action taken against the licensee’s authority to practice by another licensing jurisdiction.

(b) Failing to comply with state and federal laws regarding access to patient health care records.

(d) Failing to establish and maintain patient health care records consistent with the requirements of s. [Nat Med 2.02](#) or as otherwise required by law.

(e) After a request by the board, failing to cooperate in a timely manner with the board’s investigation of a complaint filed against a licensee. There is a rebuttable presumption that a li-

censee who takes longer than 30 days to respond to a request of the board has not acted in a timely manner.

(f) Having a license, certificate, permit, or registration granted by another state to practice naturopathic medicine limited, suspended, or revoked, or subject to any other disciplinary action.

History: CR 23-074: cr. [Register August 2024 No. 824](#), eff. 9-1-24; correction in (2) (e) 2., 3. made under s. [35.17](#), Stats., [Register August 2024 No. 824](#).

Nat Med 5.03 Discipline and penalties. **(1)** The board may conduct investigations and hearings to determine whether a licensee has violated this chapter or has violated any state or federal law or any other jurisdiction that substantially relates to the practice of naturopathic medicine.

(2) The board may reprimand a licensee or deny, limit, suspend, or revoke a license if the licensee is found to have violated this chapter, ch. [466](#), Stats., or any other state or federal law.

(3) The penalty for violations of this chapter or any other related law is specified under s. [466.09](#), Stats.

History: CR 23-074: cr. [Register August 2024 No. 824](#), eff. 9-1-24.