

AR 600–85 • The Army Substance Abuse Program 2 February 2009

Appendix C Army Substance Abuse Program Clinical Code of Ethics

C–1. Introduction

The ASAP is comprised of treatment providers who have responsibility for providing clinical counseling to clients suffering the effects of alcohol and other drug abuse. The term “ASAP Clinical Staff,” as used in this document, refers to all ASAP clinical staff, even though the job title may be “Clinical Director,” “Social Worker,” or some other designated title. ASAP Clinicians believe in the dignity and worth of their clients as human beings and accept responsibility for providing competent, quality treatment, consistent with their education, experience, and job assignment. In the practice of their profession, ASAP Clinical Staff dedicate themselves to promoting the best interest of their employing institution, their society, their clients, the profession, and their colleagues. In practicing these principles, Clinical Staff are governed by a set of ethical standards referred to as the “ASAP Clinical Code of Ethics.” A violation of the ASAP Clinical Code of Ethics can result in disciplinary actions and/or revocation, denial, or suspension of clinical certification. Nothing in these ethical standards precludes the initiation of appropriate disciplinary actions at the local or level.

C–2. Ethical Responsibilities of ASAP Clinical Staff to their Clients. Pre-eminent principles guiding the ethical responsibilities of the client-counselor relationship are as follows

- a.* Principle 1.1: ASAP Clinical Staff will protect and value the welfare and dignity of the client at all times. ASAP Clinical Staff influence people whose lives are negatively affected by misuse/abuse of alcohol and/or other substances. In most situations, clients are vulnerable and open to suggestion. Therefore, ASAP Clinical Staff have an ethical obligation to protect and promote the best interest of their clients and Family members at all times.
- b.* Responsibility 1.1.1: ASAP Clinical Staff will not violate the rights of clients. The department of Army defines and establishes client rights which are to be observed, respected, and protected at all times. Clinical Staff will adhere to Army regulations and policies and safeguard clients’ rights.
- c.* Responsibility 1.1.2: ASAP Clinical Staff will not physically abuse their clients. Physical contact by Clinical Staff to control, coerce, or detain clients will be considered unprofessional, except where ordered by a qualified physician and/or where determined necessary to prevent clients from injuring themselves or others.
- d.* Responsibility 1.1.3: ASAP Clinical Staff will not use offensive or abusive verbalizations when communicating with their clients. Comments which a client could interpret as demeaning, undermining, or cruel in nature are considered abusive. Examples include: name-calling, racial or ethnic slurs, derogatory remarks about physical characteristics, remarks about intelligence, or demeaning comments regarding heritage. Since clients come from diverse backgrounds, Clinical Staff employ many forms of conversation. Profanity, vulgar, and suggestive language are never considered professional and will not be used.
- e.* Responsibility 1.1.4: ASAP Clinical Staff will not sexually exploit their clients. Clinical Staff will not engage in sexual relationships with clients. Clinical Staff are expected to protect and promote the welfare of their clients. During the course of treatment, a relationship of trust, based on professional objectivity and judgment, is to develop between the counselor and the client. Any exploitation of this relationship of trust is unethical. The risk of sexual exploitation by a counselor does not end when a client’s treatment terminates; nor does the clinical staff’s obligation to protect the welfare of the client. Sexual relationships with former clients are forbidden.
- f.* Responsibility 1.1.5: ASAP Clinical Staff will neither condone nor engage in sexual harassment.
- g.* Sexual harassment is defined as deliberate or repeated unwanted comments, gestures, or physical contact of a sexual nature.
- h.* Responsibility 1.1.6: ASAP Clinical Staff will not financially exploit their clients. It is unethical to enter into any personal financial dealings with a client. Any personal financial involvements or dealings with clients distort and confuse the role of the counselor as seen by the client. Further, such financial interrelationships can impair counselor judgment in the counseling situation. It is unethical to solicit, borrow, or lend money when dealing with clients, or to solicit clients to buy raffle tickets, discount books, or any other products.
- i.* Principle 1.2: ASAP Clinical Staff establish and maintain counselor/client relationships characterized by professionalism, respect, and objectivity.
- j.* Responsibility 1.2.1: ASAP Clinical Staff will not discriminate against their clients in any way.

k. ASAP Clinical Staff must gain rapport with clients who have different backgrounds, experiences, and heritage. ASAP Clinical Staff will not discriminate against clients on the basis of age, sex, race, color, religion, sexual orientation, national origin, marital status, political belief, mental or physical handicap, or any other characteristic. Nor will the counselor practice, condone, facilitate, or collaborate in any form of discrimination. The ASAP Counselor will seek consultation with their supervisor when they find that they cannot relate objectively to a client.

l. Responsibility 1.2.2: ASAP Clinical Staff must incorporate culturally relevant techniques into their practice. ASAP Clinical Staff who counsel clients from cultures different from their own must gain knowledge, personal awareness, and sensitivity pertinent to the client populations served and must incorporate culturally relevant techniques into their practice.

m. Responsibility 1.2.3: ASAP Clinical Staff will ensure that services are offered in a respectful manner in an appropriate clinical environment. This responsibility is designed to protect both the client and the ASAP Clinical Staff from harm. It also serves to protect the reputation/image of the counseling profession.

n. The ASAP Clinical Staff's appearance, affect, and behavior should be professional and respectful when dealing with clients. Attire will be neat, clean, non-provocative, and appropriate to the professional counseling relationship. Counseling sessions will take place in an office/room that is private and free from distractions, and never in public areas that may compromise a client's privacy or confidentiality.

o. Responsibility 1.2.4: ASAP Clinical Staff will avoid continuing a counseling relationship (maintaining a case) for personal or program gain or satisfaction beyond the point where it is clear that the client does not need/is not benefiting from the relationship. Programs that require a specified length of stay will not be interpreted as violating this rule. However, circumstances may arise in which the ASAP Counselor feels that their client is not benefiting from treatment in a program with a required length of stay. It is the ethical responsibility of the counselor to make an accurate assessment and convey it to the appropriate authority.

p. Responsibility 1.2.5: ASAP Clinical Staff will not give or receive a commission, rebate, or any other form of payment for the referral of clients. The above does not preclude Clinical Staff's participation in ASAP clinic events, such as open houses, reunions, and so forth, to familiarize others with ASAP services. Such publicity is appropriate and ethical when carried out in a professional manner.

q. Responsibility 1.2.6: ASAP Clinical Staff must refuse a private fee, gifts, or other remuneration for consultation or counseling with persons who are entitled to these services through the DA. Should the clients desire private counseling or consulting services, they must be apprised of other options available to them. ASAP Clinical Staff must not divert to their private practices, legitimate clients of their employing program or the institution with which they are affiliated.

r. Principle 1.3: The ASAP Counselor's responsibility is to provide competent, professional service.

s. Responsibility 1.3.1: ASAP Clinical Staff will not offer services outside the boundaries of their job descriptions and/or professions. ASAP Clinical Staff will adhere to their job descriptions, standards, and scopes of practice; they must function within those limits. For example, the ASAP Clinical Staff will not function as an ADCO. Nor will they prescribe/dispense medications, or offer financial/legal advice.

t. Responsibility 1.3.2: ASAP Clinical Staff will not offer services outside their range of competency or professionalism. To provide competent, professional service, it is essential that the clinical staff be knowledgeable regarding their own job description responsibilities and their respective limitations as a treatment professional. ASAP Clinical Staff must stay within those limits. The ASAP Clinical Staff must understand their own value system, as it influences their judgment of others. ASAP Clinical Staff will refrain from undertaking any counseling activity where prejudice or bias would impair the counseling relationship. Since personal difficulties may blind the ASAP Clinical Staff member to their own limitations or weaknesses in counseling, it is important for each to have available and to seek adequate clinical supervision.

u. Principle 1.4: ASAP Clinical Staff will respect, preserve, and protect professional confidences and the client's right to confidentiality (for example, HIPPA).

v. Responsibility 1.4.1: ASAP Clinical Staff will comply with Federal Law and all DOD rules and regulations, including those pertaining to client confidentiality. Client confidentiality must be maintained (in accordance with the Army guidelines) in order to preserve and protect the dignity and integrity of the client. The DOD rules and regulations establish the nature and requirements for the disclosure of information about a client. ASAP Clinical Staff will be thoroughly familiar with these regulations and Federal Law, and comply with them at all times.

w. Principle 1.5: ASAP Clinical Staff will seek quality professional services to meet identified needs of their clients.

x. Responsibility 1.5.1: Clinical Staff are responsible for seeking adequate and appropriate professional services to meet identified needs of their clients. It is the professional obligation of the ASAP Counselor to seek the best possible professional services for their client's needs. This responsibility is not absolved if the counselor does not work in a setting where diverse professional services are readily available. The counselor will employ the following guidelines in

securing adequate services for clients.

y. Responsibility 1.5.2: ASAP Clinical Staff must refer their clients to an appropriate specialist when the client's problem(s) fall outside the boundaries of their competency, authority, job description or profession. When recommending other needed services to the client, Clinical Staff will always seek to represent and promote the best interest of the client. Personality preferences, friendships, personal relationships, or other such loyalties will not dictate referrals. ASAP Clinical Staff have the professional responsibility to recommend to clients only those persons who are qualified and authorized to deliver such services.

C-3. Ethical Responsibilities of ASAP Certified Clinical Staff Regarding Personal Use of Alcohol and Other Mood-Altering Substances

a. Principle 2.1: ASAP Clinical Staff will show respect and regard for all laws, in particular those dealing with alcohol consumption and other drug use. They recognize that violations of legal standards may damage their own reputation, as well as that of the profession or the ASAP. This principle is the basis of the ethical guidelines for the use of alcohol and other mood-altering substances. Effective functioning of the counselor requires development and maintenance of a public image of maturity, responsibility, and credibility. The counselor has an obligation to maintain this public image. The ASAP Clinical Staff, by the very nature of their work, assumes the role of educator and counselor on issues of alcohol and other drug use. The ASAP Clinical Staff also assume the responsibility of serving as role models to the client, community, and to their profession. The ASAP clinician does not cease to be a treatment professional when they are off duty from the treatment setting. Therefore, to abuse alcohol or any other mood-altering substance is to diminish the credibility of all professional substance abuse Clinical Staff. To possess and/or use any illegal substance is contrary to what it means to be an ASAP Counselor. One must adhere strictly to all licensure requirements, including self-reporting of all illegal substance use/abuse, behavioral health or medical conditions, or others which the professional regulations require to be reported.

b. Responsibility 2.1.1: ASAP Clinical Staff will not abuse alcohol. For our purposes, alcohol abuse will be interpreted to mean alcohol use leading to impairment as describe in chapter 3 of this regulation .

c. Responsibility 2.1.2: ASAP Clinical Staff will not abuse legal drugs. Evidence of the abuse of legal drugs will be considered as verified: also, use of another's prescription medication; use in excess of prescribed dosages; or, in the case of over-the-counter drugs, intentional use contrary to label instructions.

d. Responsibility 2.1.3: It may become necessary for an ASAP Clinician to be prescribed mood-altering drugs for necessary and appropriate medical reasons. In such circumstances, the ASAP Clinician should weigh their ability to serve in counseling relationships. In situations such as the above, the ASAP Clinical Staff will consult with the supervisor on this issue before continuing direct and immediate clinical work and report same to the Board of Professional Regulation as required. Failure to do so is an ethical violation.

e. Responsibility 2.1.4: ASAP Clinical Staff will not possess or use any illegal drug in any circumstance.

f. It is the obligation of the ASAP Clinical Staff to uphold and obey the laws of the community and DOD regulations. It is the professional obligation of the ASAP Clinical Staff to uphold laws prohibiting the possession, use and/or distribution of illegal substances.

g. Responsibility 2.1.5: ASAP Clinical Staff will not provide clients with alcohol, other mood-altering substances, or any over-the-counter medications.

h. Responsibility 2.1.6: ASAP Clinical Staff will not provide/serve alcohol or cigarettes to minors.

C-4. Ethical Responsibilities of ASAP Clinical Staff to Family Members and Significant Others of the Client

This section of the handbook pertains to the ethical responsibilities of the ASAP Clinical Staff to Family members/significant others of the substance abuser when the Service member is the primary client. (It is understood that Family members/significant others may be the primary clients. In such cases, all ethical responsibilities of the ASAP Clinical Staff in clinical staff/client relationships also apply.)

a. Principle 3.1: ASAP Clinical Staff accept and understand that alcoholism and other drug dependence is a disease that affects the impaired person's Family members and significant others. Therefore, ASAP Clinical Staff will demonstrate concern and respect for the welfare of the families and significant others.

b. Responsibility 3.1.1: ASAP Clinical Staff will work to involve the Family/significant others in treatment whenever possible. Alcoholism/other drug abuse are a Family disease. All members of the Family are affected by the disease and need to be involved in treatment. The ASAP Clinical Staff understands that the client's chances for recovery are enhanced when Family members are involved in treatment. When working with the clients' families and significant others, ASAP Clinical Staff will avoid partisanship, and refrain from taking sides among Family members. An exception to this occurs in intervention. The ASAP Clinical Staff, in the best interest of the client, may guide the

significant others in an intervention to take sides to move the client toward treatment. In this area, as in others, good clinical reasoning will govern the ASAP Clinical Staff's actions.

c. Responsibility 3.1.2: ASAP Clinical Staff will promptly inform their supervisors and/or the proper authorities when they suspect that their client has been involved in child maltreatment, or other domestic violence. Child abuse and neglect are serious crimes. It is estimated that at least half of all child abuse is alcohol-related. It is essential, then, that the ASAP Counselor respect the seriousness of the offense of child abuse and conform to reporting requirements. Abuse in the Family does not involve children alone. Domestic violence of all kinds (spouse abuse, elder abuse, and so forth) is not unusual in families suffering from alcohol and other drug abuse. All ASAP Clinical Staff should know the 112 AR 600–85 • 2 February 2009 provisions of relevant laws and regulations and clearly inform their clients of their obligations to report before beginning counseling.

C–5. ASAP Clinical Staff in Professional Relationships

a. Principle 4.1: ASAP Clinical Staff will treat colleagues with respect, courtesy, and fairness, and should afford the same professional courtesy to other professionals. ASAP Clinical Staff do not work in isolation. Therefore, high standards of conduct in professional relationships must be maintained. Clinical Staff will not tape-record nor repeat/release colleagues' statements nor correspondence/information through e-mail or other media without the consent of the colleague(s) involved. While ASAP Clinical Staff are required to treat their colleagues and other professionals with respect, the manner in which evaluations are made and presented requires ethical consideration and observance.

Additionally, this ethical responsibility pertaining to professional relationships will not be interpreted to prohibit, nor discourage, ASAP Clinical Staff from reporting to appropriate authority, incompetent or unethical behavior. When professional conflicts and disagreements occur, it is the ethical responsibility of the ASAP Clinical Staff to work within s and to safeguard the welfare and best interest of the clients. When professional conflicts and disagreements occur, ASAP Clinical Staff will not engage in disparaging remarks (about their employing institution, colleagues, or clients), or inappropriate "child-like" communication or physical behaviors, nor allow themselves to become involved in power struggles to the detriment of the patients/clients and professional relationships.

b. Responsibility 4.1.1: ASAP Clinical Staff will respect confidences shared

c. by other colleagues/professionals, except when there is a legal obligation to report.

d. Responsibility 4.1.2: When working on the treatment team or with other professionals, ASAP Clinical Staff will not abdicate their responsibility to protect and promote the welfare and best interests of the client and the employing institution. Professional boundaries will not be used to subvert this ethical responsibility.

e. Responsibility 4.1.3: When working on a treatment team, ASAP Clinical Staff will work to support the decisions made by the team. This does not mean that the ASAP Counselor must agree with and not question decisions made by the team. If the ASAP Counselor firmly believes that the team is not acting in the best interest of the client, they should report these concerns to the appropriate clinical supervisor. If no remedy can be found at this level, they may request that the matter be presented at a quality improvement/assurance meeting at which the CC is present. If this does not resolve the matter, the ASAP Counselor may request to be excused from the case.

C–6. Ethical Responsibilities to the Public and the Profession

a. Principle 5.1: When making recommendations for positions, advancements, or similar actions, ASAP Clinical Staff will put the welfare of the public and the

b. profession before the needs of the individual concerned.

c. Responsibility 5.1.1: When making professional recommendations, such recommendations will be made on the basis of honest and objective evaluation.

d. Responsibility 5.1.2: ASAP Clinical Staff will not use another professional as a reference without first obtaining that person's permission.

e. Principle 5.2: Employee/Supervisor relationships must be maintained on a professional basis.

f. Responsibility 5.2.1: ASAP Clinical Staff will establish and maintain an employer/supervisor relationship characterized by professionalism and respect for the program's regulations and policies.

g. Principle 5.3: ASAP Clinical Staff will strive at all times to maintain high standards in the services they offer.

h. Responsibility 5.3.1: The maintenance of high standards of competence is a responsibility shared by all ASAP Clinical Staff. ASAP clinicians must be honest and have the confidence and trust of the client and the employing institution. In turn, the profession of counseling must have the confidence of the public. Such confidence is achieved through maintaining high standards of competence and professionalism, such as licensure and rehabilitation certification. Maintaining an independent license and advanced certification/recertification is the responsibility of the counselor.

i. Responsibility 5.3.2: Clinical Staff are obligated to report violations of Ethical Standards.

j. ASAP Clinical Staff will insist upon high ethical standards and upon professional competency in persons with whom they are directly associated professionally. Concerning oneself with the behavior of others is difficult and may present one with situations that are awkward or embarrassing. Clinical Staff are encouraged first to discuss the concerns with the individual, unless there are extenuating circumstances, such as fear of retaliation or other danger. If issues/concerns are not resolved, they will be reported to the Quality Improvement Committee. The counselor's concern for high standards of competence is to the benefit of the client. If associates cannot be helped to achieve minimal standards, the ASAP Counselor should end the professional association, if possible. ASAP Clinical Staff should continuously strive to improve, through reading, attending professional training, and so forth, to keep abreast of new developments in the field, and to apply those that are empirically supported in the published literature, in accordance with Army guidelines.

k. Responsibility 5.3.3: The counselor recognizes the effect of impairment on professional performance and should seek appropriate treatment for him/her self, or for a colleague. The counselor should support Peer-Assistance Programs in this respect.

l. Principle 5.4: In representing ASAP counseling services, ASAP Clinical Staff concern themselves with accuracy, fairness, and the dignity of the profession. The act of misrepresentation, and/or aiding and abetting the act of misrepresentation, constitutes a serious disservice to those ASAP Clinical Staff who have validly obtained their credentials and who seek to uphold their professional designation. Misrepresentation implies disrespect for the credential and for the client. It is unethical for ASAP Clinical Staff to claim, either directly or by implication, professional qualifications and affiliations that exceed those actually attained. ASAP Clinical Staff will not represent themselves as being certified or licensed when they are not. An applicant for certification or licensure will not represent him/herself as such before the credential is officially awarded, nor after it has been suspended or revoked. ASAP Clinical Staff is responsible for correcting other ASAP Clinical Staff who misrepresent their professional qualifications.

m. Responsibility 5.4.2.: ASAP Clinical Staff are required to submit accurate and honest information for the purpose of obtaining and maintaining their own license and certification, and for recommending someone for certification. When applying for certification or licensure, ASAP Clinical Staff is required to submit accurate, honest, and current information. Similarly, ASAP Clinical Staff are required to present/submit accurate/honest and current information to maintain licensure and certification. Applicants for certification and licensure, or recertification are required to obtain evaluations from their supervisor(s). ASAP Clinical Staff must also submit accurate/honest and current information when applying for ASAP positions and when discussing education and qualification issues with others.

n. Responsibility 5.4.3.: ASAP Clinical Staff will not participate in a licensure or certification exam under the auspices of eligibility ascribed to another person. Applicants are responsible for ensuring that no other person participates in examinations through the eligibility specifically assigned to the applicant.

o. Responsibility 5.4.4.: ASAP Clinical Staff participating in a professional exam must refrain from the use of behaviors and/or materials which would afford them unfair advantage for performance on the examination.

p. Principle 5.5.: In representing ASAP counseling services, ASAP Clinical Staff concern themselves with accuracy, fairness, and the dignity of the profession. Many times ASAP Clinical Staff are asked to make presentations on alcoholism, drug abuse, and/or services provided in treatment. In such presentations, it is the ethical responsibility of the ASAP Counselor to make accurate statements and to avoid any form of misrepresentation. In preparing articles for a journal, ASAP Clinical Staff should check the reputation, credibility, and editorial policy of that journal. In publishing, the ASAP Counselor is advised to seek permission to review the article prior to its distribution. In the event that misleading information is released, the ASAP Counselor should act quickly to rectify the situation.

C-7. Ethical Responsibility of ASAP Clinical Staff Engaged in Research

Principle 6.1: In the conduct of research, ASAP Clinical Staff should adhere to high standards and follow appropriate scientific and regulatory procedures. Under no circumstances will ASAP clinical staff conduct research using ASAP clients or their data without first gaining approval through the Clinical Investigations Committee. The ASAP Clinician has ethical responsibilities to fellow Clinical Staff and others involved in research efforts. They should take credit only for work actually done and acknowledge others' contributions.

C-8. Ethical Responsibilities of ASAP Clinical Staff in Teaching

a. ASAP Clinical Staff are called upon to share their knowledge and skills with others in a variety of settings. Whatever the setting, it is the ethical responsibility of the ASAP Counselor to enter into such teaching/supervisory relationships with the intent of maintaining high standards and with a concern and regard for the student/trainee.

b. Principle 7.1: When ASAP Clinical Staff accept teaching or supervising responsibilities, they should discharge these responsibilities with the same regard for standards required of all other professional activities. In teaching and/or supervising, the ASAP Counselor should have the same regard for the welfare of the student/trainee as they do for

clients. This includes concern and regard for the well-being and dignity of the student/trainee. It is essential for the Clinical Staff acting as teacher and/or supervisor to be as fair and objective as possible. Personality conflicts will play no part in evaluations.

C-9. Ethical Responsibilities of the ASAP Clinical Staff as Authors/Editors

Principle 8.1.: As authors or editors, ASAP Clinical Staff will adhere to high standards, abiding by the traditions established in the academic arena. As author, the ASAP clinician will acknowledge the sources and contributions to their ideas and materials. In publishing, ASAP Clinical Staff will disguise the identity of subjects beyond possibility of recognition. Best pre-publication practices require ASAP Clinical Staff to obtain the consent of the person about whom the material is written prior to publication. ASAP Clinical Staff should make it clear that the privacy and confidentiality of the client will be carefully protected. Without the permission of the subject, ASAP Clinical Staff should not publish the work. The ASAP Clinical Staff's ethical responsibilities in writing and publishing are more far-reaching than just to their work. They may be called upon to review the works of other Clinical Staff or asked to support and encourage such works. When reviewing the work of another, Clinical Staff will critique objectively. The counselor will address the issue of the adequacy of the work, not the ability of the author. The DA/MEDCOM approval will be sought and the author will delineate their relationship to the Army/MEDCOM.

C-10. Recovering Persons as ASAP Clinical Staff

a. Special circumstances arise for recovering persons working in the addictions/codependency treatment field.

b. Principle 9.1: In the context of alcoholism and chemical dependency, recovering ASAP Clinical Staff will maintain a sobriety program which enhances their recovery.

c. Responsibility 9.1.1: In these circumstances, the recovering ASAP clinician will not allow employment in the prevention/treatment field to jeopardize their recovery. The recovering ASAP Clinician will not be expected to perform additional duties just because he or she is recovering.

d. Principle 9.2: While recovering, ASAP Clinicians may choose to be a member of a variety of self-help groups (for example, AA, NA, CA, ACOA groups, FA, overeaters anonymous (OA)). They are not obligated, nor will they be required, to disclose these associations as a condition for employment or continuing employment.

e. Responsibility 9.2.1: While recovering, ASAP Clinicians may be members of self-help groups. However, they will avoid participation as recovering persons at meetings held at their place of employment. This is to avoid role confusion among peers and clients. Disclosure of the ASAP Clinician in recovery is the prerogative of that clinician. Similarly, recovering ASAP Clinicians will not be singled out to facilitate all self-help related activities. ASAP Clinicians will avoid dual relationships with other recovering clients. It is not the professional duty of recovering or other ASAP Clinicians to carry a personal spiritual message to their clients. It will not be the sole responsibility of recovering ASAP Clinicians to educate other staff members about the meaning and function of self-help groups.

f. Principle 9.3: All ASAP Clinicians, due to the nature of their work, must respect the Twelve Traditions/Steps of self-help groups.

g. Principle 9.4: ASAP Clinicians will define the nature and direction of loyalties and responsibilities and keep all concerned parties informed of these commitments and responsibilities.

h. Principle 9.5: If unavoidable, ASAP Clinicians may occasionally attend self-help meetings that are also attended by ASAP clients. ASAP Clinical Staff will not disclose client information obtained at these meetings or will ASAP Clinicians breach the confidentiality or anonymity of any other members.