

CHIROPRACTORS COUNCIL

HONG KONG

香港脊醫管理局

CODE OF PRACTICE

專業守則

(Revised in January 2017)

(2017 年 1 月修訂)

CODE OF PRACTICE

FOR THE GUIDANCE OF REGISTERED CHIROPRACTORS

It is the professional duty of every registered chiropractor to comply with the Code of Practice. Contravention of the Code will constitute conduct below the standard expected of registered chiropractors, and may lead to disciplinary proceedings by the Chiropractors Council.

CHIROPRACTORS COUNCIL OF HONG KONG

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PART I

FOREWORD

The Chiropractors Council is established under the Chiropractors Registration Ordinance, Chapter 428, Laws of Hong Kong. The Council is responsible for registration of chiropractors, maintenance of professional standards and disciplinary regulation of the chiropractic profession.

This Code of Practice is applicable to all registered chiropractors. The Code provides guidance in the common areas of professional conduct, but it is not a complete code of professional ethics. It will be updated from time to time, and subsequent amendments will be published in the website of the Council (www.chiro-council.org.hk) and the Council's newsletters. It is not a legal document and should be given a fair interpretation in order to attain the objects of the relevant provisions. Unless the context requires otherwise, words in the masculine gender include the feminine gender and words in the singular include the plural, and vice versa, and "the Council" means "the Chiropractors Council".

In disciplinary proceedings, the Council will have regard to both written and unwritten rules of the profession in deciding whether a chiropractor has committed any disciplinary offence. The question of whether a particular course of conduct constitutes misconduct or neglect in a professional respect in a particular case will be considered firstly by the Preliminary Investigation Committee, and then by an Inquiry Committee established by the Council after hearing evidence.

Given its quasi-judicial function, the Council will not advise individual chiropractors. A chiropractor seeking advice on questions of professional conduct arising in particular circumstances should consult his legal adviser, senior colleagues or professional associations.

Every chiropractor has a professional duty to comply with both this Code and the law governing the practice of chiropractic, in particular the Chiropractors Registration Ordinance.

CHIROPRACTIC - A BRIEF HISTORY

In Hong Kong, chiropractic dates back to before the Second World War. The profession started to become organized in 1967 with the formation of the Hong Kong Chiropractors' Association (HKCA). The term 脊骨神經科 has been used since 1981 as the Chinese title for chiropractic and 脊骨神經科醫生 for chiropractors when they were agreed at an HKCA meeting in 1981.

Statutory registration of chiropractors in Hong Kong began in 1993 upon

enactment of the Chiropractors Registration Ordinance. The Ordinance was the first legislation in Asia to give chiropractors a legally recognized status as a full profession in the healthcare system. Upon enactment of the Ordinance, only chiropractors on the Register of Registered Chiropractors can practise chiropractic and use the legally recognized title “註冊脊醫” in Chinese and “registered chiropractor” in English.

PART II

SCOPE OF CHIROPRACTIC PRACTICE

Chiropractic is a distinct healthcare system. Chiropractors are primary healthcare professionals trained to diagnose conditions that can be successfully treated by chiropractic. It is not a part of orthodox medicine. Chiropractic is a discipline of the scientific healing arts concerned with the pathogenesis, diagnostics, therapeutics and prophylaxis of functional disturbances, pathomechanical states, pain syndromes and neurophysiological effects related to the statics and dynamics of the locomotor system, especially of the spine and pelvis.

To reach a proper diagnosis of a condition, chiropractors apply their knowledge in chiropractic diagnosis, motion palpation, human biomechanics and kinesiology together with diagnostic imaging and laboratory examinations. Proper clinical diagnosis is stressed to distinguish conditions that can be treated by chiropractic from conditions that cannot. Chiropractors should refer a patient with a condition that needs alternate care to the appropriate healthcare practitioner.

The practice and procedures which may be employed by chiropractors include diagnostic and therapeutic procedures based on training received in and/or through accredited chiropractic institutions or post-graduate chiropractic studies.

Patient care is conducted with due regard for environmental, nutritional and psycho-social factors, as well as first aid, rehabilitation and physiological therapeutic procedures designed to assist in the restoration and maintenance of neurological integrity and homeostatic balance.

PART III

PROFESSIONAL CONDUCT

A. BASIC PRINCIPLES

1. Basic ethical principles

A chiropractor shall observe the following basic ethical principles:-

- 1.1 Respect the rights and dignity of all individuals/patients, their rights to a full knowledge of their condition, diagnosis, treatment and any other information pertinent to the aforementioned.
- 1.2 Serve and attend to his patients regardless of social status, culture, creed, politics, race or nationality.
- 1.3 Respect the confidence imparted to him in the course of his professional duties, and comply with a patient's authorization to provide records to those whom the patient designates as authorized to inspect or receive all or part of such records.
- 1.4 Endeavour to practise with the highest degree of professional competency and honesty in the proper care of his patients. His clinical judgment and practice should be objective and exercised solely for the patient's benefit.
- 1.5 Strive continually to update and extend his professional knowledge and skill.
- 1.6 Be ready to consult and refer the patient to other healthcare professionals when it is in the interest of the patient.
- 1.7 Maintain the highest standards of professional and personal conduct, and refrain from all illegal conduct as well as the appearance of professional impropriety.
- 1.8 Recognize that his public behaviour may have an impact on the ability of the profession to serve the public.
- 1.9 Maintain an active interest in the planning and the provision of adequate health service for the community.
- 1.10 Ensure that professional integrity is not compromised by motives of profit or greed.
- 1.11 Promote public confidence in the chiropractic profession - a learned profession dedicated to the promotion of health, the prevention of illness and the alleviation of suffering.
- 1.12 Promote cordial relationships and respect and cooperate with other members of the

chiropractic profession and other related professions in an effort to promote information advantageous to the public health and well-being.

- 1.13 Support and participate in proper activities designed to enable access to necessary chiropractic care by persons who cannot afford the fees for such care.
- 1.14 Only teach chiropractic knowledge and techniques where it is appropriate and would not prejudice the standards and integrity of the chiropractic profession.

2. Misconduct or neglect in a professional respect

- 2.1 The term “misconduct or neglect in a professional respect” is not defined in the Chiropractors Registration Ordinance. The Court of Appeal has defined it as conduct falling short of the standards expected among registered chiropractors. It includes not only conduct involving dishonesty or moral turpitude, but also any act, whether by commission or omission, which has fallen below the standards of conduct expected of members of the profession. It also includes any act which is reasonably regarded as disgraceful, dishonourable or unethical by registered chiropractors of good repute and competency.
- 2.2 In determining whether a chiropractor’s conduct has fallen below the standards expected of registered chiropractors, the Preliminary Investigation Committee and an Inquiry Committee will have regard to both written and unwritten rules of the profession.

3. Disregard of professional responsibilities to patients

- 3.1 Disciplinary proceedings may be instituted in any case in which a chiropractor appears to have disregarded his professional responsibility to treat or care for a patient or otherwise to have neglected his professional duties.
- 3.2 A chiropractor is liable to disciplinary proceedings if he treats patients or performs other professional duties when being rendered unfit to perform such duties for the following reasons:-
 - (a) under the influence of alcohol or drugs;
 - (b) his mental or physical health may put patients at risk.

B. RESPONSIBILITIES TO PATIENTS

4. Consent to chiropractic treatment

- 4.1 In law, a chiropractor cannot perform chiropractic examination or treatment on a patient who does not consent. A chiropractor who does so is liable to be sued for the tort of battery or prosecuted for criminal offences such as wounding and assault occasioning actual bodily harm.
- 4.2 Consent is valid only if:- (i) it is given voluntarily; (ii) the chiropractor has provided to the patient proper explanation of the nature, effect and risks of the proposed treatment and other treatment options (including the option of no treatment); and (iii) the patient properly understands the nature and implications of the proposed treatment.
- 4.3 Explanation should be given in clear and simple language which the patient can understand. The explanation should be balanced and sufficient to enable the patient to make an informed decision. After the explanation, the patient should be given reasonable time to enable him (or his family members in appropriate cases) to make the decision properly.
- 4.4 Consent may be given either orally or in writing. Chiropractors should consider obtaining written consent in circumstances requiring particular caution, such as treatment on sensitive areas of the patient's body.
- 4.5 Written consent will assist the patient to better understand the explanation before giving consent. It will also provide concrete evidence that consent was given, and avoid subsequent dispute as to whether consent was given.
- 4.6 Consent given by a child under the age of 18 years is not valid, unless the child is capable of understanding the nature and implications of the proposed treatment. If the child is incapable of such understanding, consent has to be obtained from the child's parent or legal guardian.
- 4.7 The degree of maturity and intelligence required for a child to understand the nature and implications of the proposed treatment will depend upon the importance and complexity of the case. It is the chiropractor's duty to ensure that the child is truly capable of such understanding before acting in reliance upon the child's consent.
- 4.8 While a child may be competent to give consent, the child should be encouraged to involve the parents in the decision-making, especially in major treatments.
- 4.9 A patient's refusal of consent must be respected and documented.

5. Patient records and confidentiality

- 5.1 The patient record is the formal documentation maintained by a chiropractor on his patients' history, physical findings, investigations, treatment, and clinical progress. It may be handwritten, printed, or electronically generated. Special patient records include audio and visual recording.
- 5.2 A patient record documents the basis for the clinical management of a patient. It reflects on the quality of care and is necessary for continuity of care. In case of disputes, it provides objective evidence for protecting the legal interests of both the patient and the chiropractor.
- 5.3 All chiropractors have the responsibility to maintain systematic, true, adequate, clear, and contemporaneous patient records. Material alterations to a patient record can only be made with justifiable reason which must be clearly documented.
- 5.4 All patient records should be kept secure. This includes ensuring that unauthorized persons do not have access to the information contained in the records and that there are adequate procedures to prevent improper disclosure or amendment. Electronic records should be safely backed up at regular intervals. Patient records should be kept for such duration as required by the circumstances of the case and other relevant requirements.
- 5.5 Chiropractors should have due regard to their responsibilities under the Personal Data (Privacy) Ordinance (Cap. 486), in particular, patient's rights of access to and correction of information in the patient record.
- 5.6 Chiropractors should not use or disclose the personal data of their patients other than for purposes directly related to the purpose of collecting the data which has been made known to the patients at the time of collection.
- 5.7 Chiropractors are advised to inform patients the purpose of collection of the patient's personal data, including the possibility of transferring the patient record to other persons when necessary for ensuring continued provision of proper health care to the patient. While the patient can be informed either verbally or by a written notice, a written notice (either set out in the patient registration form or posted in the clinic) will better protect both the patient and the chiropractor.

6. Labeling of nutritional supplements

- 6.1 Where dietary or nutritional supplements are properly justified for a patient, a chiropractor may either make recommendations or provide the supplements to the patient.
- 6.2 A chiropractor providing dietary or nutritional supplements to patients must label

the supplements with the following information:-

- (a) patient's name;
- (b) chiropractor's name;
- (c) name of supplement;
- (d) manner of administration;
- (e) quantity, frequency and duration of administration.

7. Invoices / receipts

- 7.1 It is important that a treating chiropractor informs each patient of his identity, so that the patient knows that he is being treated by a properly trained and registered chiropractor. The registration number assigned by the Council to each chiropractor is the best reference information for patients to guard against treatment by unregistered persons falsely pretending to be registered chiropractors.
- 7.2 A chiropractor who employs a locum chiropractor in his stead should display a notice to this effect inside the clinic and ensure that patients are informed about the identity of the locum chiropractor prior to any consultation.
- 7.3 On each consultation, the treating chiropractor must provide to the patient an invoice or a receipt clearly stating all the following information:-
 - (a) patient's name;
 - (b) treating chiropractor's name and registration number;
 - (c) clinic address;
 - (d) date of consultation.

8. Disclosure of patient information to third parties

- 8.1 A chiropractor should obtain consent from a patient before disclosure of that patient's information to a third party who is not involved in any referral from or to another healthcare professional.
- 8.2 It is abuse of a chiropractor's professional confidence if he, without proper justification, discloses (i) information about a patient or (ii) information obtained in confidence from a patient.
- 8.3 In exceptional circumstances, information about a patient may be disclosed to a third party without the patient's consent. Examples are: (i) where disclosure is necessary to prevent serious harm to the patient or other persons; (ii) when disclosure is required by law.
- 8.4 However, before making disclosure without the patient's consent a chiropractor must weigh carefully the arguments for and against disclosure and be prepared to

justify the decision. If in doubt, it would be prudent to seek advice from an experienced colleague, a legal adviser or a professional association.

9. Chiropractic examination and subsequent reporting

- 9.1 Whenever a chiropractor conducts a health check-up on a person, there exists a "chiropractor-patient" relationship which should be respected at all times. That patient's information should not be disclosed to a third party without the prior consent of the patient. If consent is withheld or withdrawn, the chiropractor must respect this except in the circumstances set out in section 8.3.
- 9.2 A chiropractor is advised to ensure, before examination, that the patient fully understands what may be involved in furnishing a written report and, where the health check-up is conducted on the arrangement of a third party, the chiropractor's contractual obligations to that third party. A chiropractor should ensure that the patient understands his right of not giving consent to disclose certain parts of the information on his records.
- 9.3 If a patient being examined under the arrangement of a prospective employer or insurance company wishes to obtain chiropractic service beyond the scope of the prescribed examination, the chiropractor should always define his role as an examiner and explain to the patient the cost for which the patient will be personally responsible before providing such additional services.
- 9.4 An intimate examination of a patient is recommended to be conducted in the presence of a chaperone to the knowledge of the patient. If the patient requests to be examined without a chaperone, it is also recommended to record the request in the patient records.
- 9.5 An examination of a minor (a child under 18 years of age) is recommended to be conducted in the presence of a chaperone to the knowledge of the minor. Chiropractors must seek the guardian's consent before examination and treatment if the patient is a minor.

10. Handling of patient records upon cessation of practice

- 10.1 It is the responsibility of the chiropractor who intends to stop practising chiropractic to ensure that his patients' records are properly handled and preserved. This could be achieved either by giving the patient record or a copy of it to the relevant patient, if appropriate, or by transferring (with the patient's consent) the record to another chiropractor who is, in his opinion, competent to look after the patient.
- 10.2 The patients should be informed of the change of circumstances and the arrangements which are intended to be made in respect of their patient records by

reasonable means including:-

- (a) notifying each patient individually, either verbally or in writing;
- (b) publishing a public announcement in the newspapers; or
- (c) displaying prominent notices in the clinic.

10.3 The chiropractor who assumes custody of the patient records has a responsibility to inform the patient of the transfer of the record to him either upon enquiry or upon the patient attending his clinic. He must seek the patient's consent to his taking over the patient's chiropractic care and his custody of the patient record. Before such consent is obtained, the succeeding chiropractor should not make reference to the patient's record under his custody unless it is in the best interest of the patient to do so.

11. Referral to other healthcare professionals

11.1 A chiropractor should refer a patient to other healthcare professionals if it is in the patient's best interest to do so.

12. Termination of chiropractor-patient relationship

12.1 A chiropractor has the primary responsibility to provide proper chiropractic care to his patients. However, there may be situations where it is in the best interest of the patient for such chiropractic care to be provided by another chiropractor. Examples of such situations include loss of trust between the chiropractor and the patient (e.g. where the chiropractor does not wish to comply with the patient's request for an intimate examination to be conducted in the absence of a chaperone), and where the treatment requested is beyond the chiropractor's competence. In such situations the chiropractor may terminate the chiropractor-patient relationship, provided that the patient's health interest is not jeopardized. Chiropractors should exercise their professional judgment before terminating the chiropractor-patient relationship.

12.2 When it is decided to terminate the chiropractor-patient relationship, the chiropractor should inform the patient of his decision at the earliest opportunity. He should explain the reasons for terminating the relationship and offer to refer the patient to another chiropractor or healthcare professional who has the ability to provide the necessary services.

C. MISCONDUCT IN PARTICULAR SITUATIONS

13. Abuse of professional position

- 13.1 The practice of chiropractic often involves a close relationship between chiropractors and their patients, and patients sometimes become emotionally dependent on their chiropractors. A chiropractor must be alert to the possibility of such dependency, and should exercise caution to guard against transgression of the limits of proper professional relationship. It is an abuse of responsibility and trust for a chiropractor to take advantage of such dependency. Chiropractors should exercise particular care and prudence in situations which could leave them open to such allegations.
- 13.2 Any form of sexual advance to a person with whom the chiropractor has a professional relationship is professional misconduct.
- 13.3 The Council takes a serious view of a chiropractor who exploits his professional position to pursue an improper, immoral or indecent relationship with his patient or the patient's spouse.

14. Disparagement of other chiropractors

- 14.1 It is unethical for a chiropractor to make unjustifiable comments which, either directly or by implication, undermine trust in the professional competence or integrity of another chiropractor.
- 14.2 When a chiropractor is called upon to express a view about another chiropractor's professional practice (such as in the course of professional audit or peer review, or when patients ask for a second opinion), it is appropriate for the chiropractor to make honest comments provided that the comments are carefully considered and can be justified, offered in good faith, and intended to promote the best interest of the patient.

15. Covering unregistered persons

- 15.1 A chiropractor must not countenance, help, encourage or assist, either wilfully or by neglect, an unregistered person to practise chiropractic.

16. Improper financial transactions

- 16.1 A chiropractor's charges should be made clear to the patient in a proper and transparent manner. He cannot disguise his charges as fees collected on behalf of other service providers.

- 16.2 It is unethical for a chiropractor to share his fees with any person who has not taken a commensurate part in providing the service for which the fees are charged.
- 16.3 It is unethical for a chiropractor to receive commissions, rebates or other forms of benefits from diagnostic laboratories, workshops, equipment or product suppliers in connection with referral to, or promotion or use of the products or services of, those laboratories or suppliers.

17. Improper delegation of professional duties

- 17.1 A registered chiropractor who improperly delegates to a person who is not a registered chiropractor duties or functions in connection with chiropractic treatment on a patient for whom the registered chiropractor is responsible or who assists such a person to treat patients as though that person were a registered chiropractor is liable to disciplinary proceeding.
- 17.2 It is acceptable for a chiropractor, with the patient's consent, to be observed by students of accredited chiropractic institutions as part of their clinical training curriculum, but the students cannot take part in the treatment.

18. Canvassing

- 18.1 A chiropractor must not canvass for the purpose of obtaining patients, by himself, through persons acting on his behalf or with his forbearance, or through association with or employment by persons or organizations. Bona fide chiropractic health education activities complying with section 26 do not constitute canvassing, unless such activities are exploited for practice promotion or canvassing for patients.
- 18.2 Except in emergency, it is impermissible for a chiropractor to call upon or communicate with any person who is not already his patient with a view to providing advice or treatment, unless expressly requested to do so by that person or that person's parent or guardian.
- 18.3 A chiropractor's association with an institution (such as nursing home, medical benefit society, insurance company) which advertises clinical or diagnostic services to the general public and directs patients to particular chiropractors may constitute canvassing.
- 18.4 Sub-section 18.3 does not preclude a chiropractor from associating with an institution which:-
 - (a) advertises clinical or diagnostic services to the general public, but gives to patients a free choice of healthcare practitioners (i.e. not restricted to

- particular practitioners or panels) as entitlement under the insurance plan or clinical benefit package; or
- (b) does not advertise clinical or diagnostic services to the general public, and provides the names of healthcare practitioners on its panel only to its bona fide employees and their families (i.e. as employees benefits).
- 18.5 A chiropractor having an arrangement with an institution under which patients (either as its employees, insured persons under an insurance scheme, or otherwise) are referred to him must ensure that its advertising and promotion of any scheme do not contravene this section, irrespective of whether he is in private or public practice or providing charitable services.

19. Untrue or misleading certificates and professional documents

- 19.1 Chiropractors are required to issue certificates and professional documents for a variety of purposes (e.g. payment receipts, insurance claim forms, certificate of incapacity to work through illness, injury certificates, medico-legal reports, progress reports) on the assumption that the truth of the certificates can be accepted without question. In some cases the certificates are required to include a statement that a patient has been examined and/or treated on a particular date.
- 19.2 A chiropractor must exercise due care and proper professional judgment before issuing such certificates and documents. All information included in such certificates and documents must be true and accurate, and must not be misleading. Where professional judgment is involved, he must justify such judgment when required to do so in disciplinary proceedings.
- 19.3 A chiropractor who in his professional capacity issues any certificate or professional document containing statements which are untrue, misleading or otherwise improper, renders himself liable to disciplinary proceedings. The signing of blank certificates is absolutely prohibited.

D. CRIMINAL CONVICTIONS AND DISCIPLINARY PROCEEDINGS

20. Criminal convictions

- 20.1 Two types of criminal convictions are disciplinary offences: (i) conviction of any offence under the Chiropractors Registration Ordinance; (ii) conviction (either in Hong Kong or elsewhere) of any offence which may bring the profession of chiropractic into disrepute. Disciplinary proceedings may be taken by the Council in respect of such convictions, irrespective of the sentence imposed by the court.
- 20.2 The Council will take a particularly serious view in respect of offences involving dishonesty (e.g. obtaining money or goods by deception, forgery, fraud, theft), indecent behaviour or violence. Offences which may affect a chiropractor's fitness to practise (e.g. alcohol or drug related offences) will also be of particular concern to the Council.
- 20.3 Convictions for offences arising from the abuse of alcohol or drugs (such as driving under the influence of alcohol or drugs) may also lead to disciplinary proceedings.
- 20.4 A chiropractor who has been convicted in or outside Hong Kong of a criminal offence must report the conviction to the Council within 28 days from the date of the conviction, even if the conviction is under appeal. Failure to do so will in itself be ground for disciplinary action.

21. Disciplinary proceedings by other professional regulatory bodies

- 21.1 Adverse findings in disciplinary proceedings (e.g. unprofessional conduct, professional misconduct, incompetence) by other professional regulatory bodies in or outside Hong Kong may also lead to disciplinary proceedings by the Council.
- 21.2 A chiropractor against whom an adverse finding has been made in disciplinary proceedings by other professional regulatory bodies in or outside Hong Kong must report the matter to the Council within 28 days from the date of the finding. Failure to do so will in itself be ground for disciplinary action.

E. PROFESSIONAL SERVICE INFORMATION

22. Practice information

- 22.1 Good communication between chiropractors and patients, between chiropractors, and between chiropractors and other healthcare professionals, is fundamental to the provision of good patient care.
- 22.2 A key aspect of good communication in professional practice is to provide appropriate information to users of a chiropractor's service and to enable those who need such information to have ready access to it. Patients need such information in order to make an informed choice of chiropractors and to make the best use of the services the chiropractor offers. Chiropractors need information about the services provided by other chiropractors and allied healthcare professionals in order to advise patients and make proper referrals when necessary.
- 22.3 Persons seeking service for themselves or relatives can be vulnerable to persuasive influence, and patients should be protected from misleading advertisements. Promotion of chiropractic services as if the provision of chiropractic care were no more than a commercial activity will likely undermine public trust in the chiropractic profession and, over time, diminish the standard of chiropractic care.
- 22.4 The governing principle in providing practice information is to keep the public informed of the services available, in a manner which will neither improperly influence the service user's decision nor compromise the profession's image and reputation.
- 22.5 A chiropractor must display on the exterior of his clinic a notice setting out the registered name of every chiropractor regularly attending patients at that clinic, unless exemption has been granted in advance by the Council upon proof that the lease condition prohibits display of such notice. A prominent notice must also be displayed at the reception inside the clinic setting out the registered name and registration number of every chiropractor attending patients at that clinic.
- 22.6 A chiropractor must display in the patients waiting area in his clinic a notice that patients can ask for advance quotation of the treatment fees, so that they can decide whether or not to undergo the treatment.

23. Rules of disseminating practice information

- 23.1 Any information provided by a chiropractor to the public or his patients must be –
- (a) accurate;
 - (b) factual;

- (c) objectively verifiable;
- (d) presented in a balanced manner (when referring to the efficacy of particular treatment, both the advantages and disadvantages should be set out); and
- (e) readily comprehensible by lay persons not trained in chiropractic.

23.2 Such information must not –

- (a) be exaggerated or misleading;
- (b) be comparative with other chiropractors;
- (c) claim superiority over other chiropractors;
- (d) claim to have exclusive or unique services, techniques or products;
- (e) aim to solicit or canvass for patients;
- (f) be laudatory;
- (g) be persuasive or sensational;
- (h) arouse unnecessary concern or distress;
- (i) generate unrealistic expectations;
- (j) guarantee success of treatment;
- (k) disparage other chiropractors (fair comments excepted);
- (l) include material that would reasonably be regarded as unprofessional;
- (m) abuse the trust of patients or members of the public nor exploit their lack of knowledge about their health or chiropractic matters; or
- (n) put pressure on people to use his services;
- (o) induce people to use his services by offering free or discounted services.

23.3 A chiropractor must practise in his registered name.

23.4 A chiropractor should avoid generating, through interviews with the media, publicity (about himself or his practice) which may be regarded as bringing the profession into disrepute. A chiropractor giving interview to the media should request that the draft article be made available for him to confirm the contents before publication to ensure that there will not be infringement of this Code.

23.5 If a chiropractor has any interest in a particular product or service, he must disclose such interest to the patient or audience before making any comment on the product or service.

24. Practice promotion

24.1 Practice promotion means publicity for promoting the services of a chiropractor, his chiropractic practice or his group. It includes any means by which a chiropractor or his chiropractic practice is publicized, in Hong Kong or elsewhere, by himself or anybody acting on his behalf or with his forbearance (including the failure to take adequate action to prevent such publicity in circumstances which would call for

caution), which objectively speaking constitutes promotion of his professional services, irrespective of whether he actually benefits from such publicity.

- 24.2 Communication with other healthcare professionals not involving canvassing for patients does not constitute practice promotion.
- 24.3 Practice promotion by a chiropractor, or by anybody acting on his behalf or with his forbearance, to the public (i.e. people who are not his patients) must comply with section 25.1 of this Code.
- 24.4 Package services or pre-payment schemes should be avoided, as such arrangement will bind the patient to accept chiropractic services in the future which may become not clinically indicated. If the treatment is clinically indicated and for valid reasons such arrangement has to be made, the arrangement:-
 - (a) must cover not more than 10 visits or 12 months;
 - (b) must provide for a cooling-off period of not less than 1 week, within which the patient can withdraw from the arrangement without penalty; and
 - (c) must include a stated policy governing refund of payment for services which have not yet been rendered.
- 24.5 Letters of gratitude or announcements of appreciation from grateful patients or other persons identifying the chiropractor should not be published in the media or made available to members of the public. A chiropractor should take all practical steps to discourage any such publicity.
- 24.6 A chiropractor's services must not be promoted by means of unsolicited visits, telephone calls, fax, electronic communications or publications by the chiropractor or persons acting on his behalf or with his forbearance.
- 24.7 A chiropractor should not distribute indiscriminately his visiting cards, announcements or circulars to persons (other than healthcare professionals) unless they specifically ask for such documents.
- 24.8 A chiropractor must not, in connection with his practice, hold out to the public that:-
 - (a) he is specialized in a particular area;
 - (b) he has special attributes endorsed by the Council or other authorities (e.g. experience, skill, status, appointment, position).

25. Permitted channels of disseminating practice information

25.1 To the public

25.1.1 A chiropractor may provide information about his professional services to

the public only through the following channels in compliance with the rules set out in the respective appendix:-

- (a) signboards (Appendix A);
- (b) practice stationery (Appendix B);
- (c) telephone directories published by telephone companies (Appendix B);
- (d) commencement or removal notice (Appendix C);
- (e) practice websites (Appendix D);
- (f) service information notices on exterior of clinic (Appendix E);
- (g) service information notices in printed media (Appendix F);
- (h) chiropractors directories approved by the Council (Appendix G).

25.2 To patients

25.2.1 A chiropractor may also provide information about his professional services to his patients through other channels, provided that such information complies with the rules set out in section 23 and 24 of this Code, in particular:-

- (a) it does not constitute practice promotion to persons who are not his patients;
- (b) it does not involve intrusive visits, telephone calls, fax or electronic communications by himself or by people acting on his behalf;
- (c) it does not abuse the patient's trust or exploit his lack of knowledge;
- (d) it does not put the patient under undue pressure.

25.2.2 A chiropractor's patient for this purpose means a person:-

- (a) who has consulted him or another chiropractor in his group practice (i.e. a group in which all chiropractors are governed by a genuine management structure) or a practice which he has taken over; and
- (b) whose personal and contact information is in the patient records.

25.2.3 A chiropractor who has made or will make any change in the circumstances of his practice (e.g. consulting hours, clinic address) may notify his patients of the change.

25.2.4 A notice reminding a patient of the time which has elapsed since his previous consultation should only be sent if the patient has given prior agreement to receive such reminders.

F. SPECIAL AREAS

26. Chiropractic health education activities

- 26.1 It is appropriate for a chiropractor to take part in bona fide chiropractic health education activities, such as lectures and publications. However, he must not exploit such activities for promotion of his practice or to canvass for patients.
- 26.2 Any information provided in such activities should be objectively verifiable and presented in a balanced manner, without exaggeration of the positive aspects or omission of the significant negative aspects.

27. Endorsement of chiropractic products

- 27.1 A chiropractor must not exploit his professional status for commercial endorsement or promotion of chiropractic or other health related products and services.
- 27.2 A chiropractor may display chiropractic health equipment, orthotics, spinal supports, nutritional products or herbal products inside his clinic in a discreet and unobtrusive manner. However, he must not abuse the patient's trust or abuse his professional status for promoting those products.

28. Multi-disciplinary clinics

- 28.1 A chiropractor practising as part of a multi-disciplinary clinic must ensure that the clinic does not advertise in contravention of this Code.

- End -

Signboards and Notices

A. Signboards

1. Signboards include any signs and notices displayed by a chiropractor to identify his practice to the public.
2. A chiropractor in group practice may display either his own individual signboard or a shared signboard of the group.
3. Signboards should be purely informational, and must not be used to attract attention by ornate design, blinking lights or other devices.

Permitted contents

4. A signboard may carry only the following information:-
 - (a) chiropractor's registered name in Chinese and English, with the appropriate prefix Dr / Mr / Mrs / Ms / Miss / 脊醫;
 - (b) the statutory titles 'Registered Chiropractor (註冊脊醫)' or 'Chiropractor (脊醫)';
 - (c) other titles approved by the Council, including '脊骨神經科醫生' (provided that this title can only be used in circumstances which will not mislead others to believe that the chiropractor is a medical doctor)
 - (d) name and logo of the chiropractic practice (for group practice);
 - (e) qualifications accepted by the Council as quotable qualifications (in the approved Chinese and English abbreviated forms);
 - (f) consultation hours;
 - (g) telephone and fax number(s);
 - (h) indication of the location of the clinic in the building.

Permitted number

5. A chiropractor or a group clinic is permitted to display:-
 - (a) two signboards, either on or beside the door at the immediate entrance to the clinic; and
 - (b) signboards on exterior of the building:-
 - (i) for a clinic with direct access from pavement: one signboard below first floor level; or
 - (ii) for a clinic with no direct access from pavement (in a building with

only one public entrance): one signboard at floor level of clinic, and one signboard adjacent to public entrance of building; or

- (iii) for a clinic with no direct access from pavement (in a building with more than one public entrance): one signboard at floor level of clinic, and one signboard adjacent to a public entrance of building at up to 2 entrances.

Permitted size

6. The size of a signboard is the aggregate area of all surfaces containing service information, including all borders.
7. The size limits for individual signboards are:
 - (a) for a signboard permitted under paragraph 5(a) above: not exceeding 1 m²;
 - (b) for a signboard permitted under paragraph 5(b) above: not exceeding 1 m² (if at ground floor level), 1.5 m² (if at mezzanine or first floor level), or 2 m² (if above first floor).
8. The size limits for shared signboards are:
 - (a) for a clinic with 2 chiropractors: not exceeding 2 m²;
 - (b) for a clinic with 3 or more chiropractors: not exceeding 3 m².

B. Building directory boards

9. A chiropractor may have one entry on each building directory board maintained by the building management. A chiropractor's entry must be of the same standard size as all other entries, and may include only the permitted contents for signboards.

C. Directional notices

10. Directional notices reasonably required for directing patients to the location of the clinic may be displayed inside the building in which the clinic is situated. Each notice must not exceed 0.1 m² including all borders, and may contain only the name of the chiropractor, the permitted prefix and the room number of the clinic. The number of notices must not be more than reasonably necessary for directing patients to the location of the clinic.

D. Notices of consultation hours

11. A chiropractor is permitted to display one separate notice of consultation hours not exceeding 0.2 m² including borders, provided that this information is not already shown on any other signboard or notice. The notice may only contain his name and consultation hours, and should be placed in reasonable proximity to his clinic.

Practice Stationery and Telephone Directories

A. Practice stationery

1. Practice stationery includes all stationery (e.g. business cards, letterheads, envelopes, appointment cards) used by a chiropractor in connection with his practice of chiropractic.
2. Practice stationery may contain only the following information:
 - (a) all information currently permitted for signboards;
 - (b) map showing location of clinic;
 - (c) pager number(s), e-mail address, practising address(es);
 - (d) practice website address;
 - (e) names of partners, assistants and associates of the practice.
3. A chiropractor may include in his visiting cards and letterheads the description 'CPD-certified' or '持續專業發展達標認證' in the form specified by the Council only if he has been awarded a Certificate of Continuing Professional Development by the Council which is then in force.

B. Telephone directories

4. A chiropractor may have his entry listed in telephone directories published by telephone companies in respect of subscribers to their telephone services. The entry may be listed under the appropriate descriptive heading. The entry may contain the same information permitted for practice stationery.
5. A chiropractor's entry in a telephone directory should be purely informational, and must not be used to attract attention or to advertise the chiropractor's services by ornate design or other devices.

Commencement or Removal Notice

1. A chiropractor commencing practice or changing address or partnership may announce such commencement or change in newspapers. Such announcements can only be published within the period beginning from two weeks before and ending two weeks after the commencement or change taking place. The size of the announcement must not exceed 300cm².
2. A notice of 're-commencement of practice' should only be published where a chiropractor has not practised in Hong Kong for a continuous period exceeding six months.
3. A commencement or change notice should be in the format set out below:

COMMENCEMENT OF PRACTICE

(Name of chiropractor) (approved qualifications may follow)

will commence his chiropractic practice
as from(date)
at(address).....
Tel.: Fax: Pager:
Mobile Phone:..... E-mail Address:
Consultation Hours:

4. A removal notice should be in the format set out below:

REMOVAL NOTICE

(Name of chiropractor) (approved qualifications may follow)

will relocate his chiropractic practice
as from(date)
to (address)
Tel.: Fax: Pager:
Mobile Phone: E-mail Address:
Consultation Hours:

Practice Website

Practice Website

1. A chiropractor may publish his practice information in his practice website and/or the website of a bona fide chiropractic practice group in which he practises.
2. A practice website should be purely informational, and must not be used to attract attention or to advertise the chiropractor's services by ornate design or other devices. There must not be any hyperlink between a chiropractor's practice website and any other websites (including the chiropractor's personal website and public education website). Devices such as pay-per-click or pay-for-priority-listing service of internet search engines are not allowed.
3. A practice website cannot include interactive discussion or commentary areas, e.g. 'forums' or 'chat rooms'.
4. A practice website may carry only the practice information currently permitted for practice stationery.

Public education website

5. A chiropractor may set up a public education website for dissemination of chiropractic information for the benefit of the general public. The public education website must be kept separate from the practice website, and cannot publish any information relating to the chiropractic practice of the chiropractor (except the fact that he is a chiropractor and his professional qualifications approved by the Council). There must not be any hyperlink between the public education website and the practice website.
6. Information published in the website must be informative, educational and professional. Unlike chiropractic journals which are mainly read by chiropractors, contents of public education website are not peer-reviewed and the general public can have no idea of the accuracy of the information. A chiropractor who publishes information on new chiropractic discoveries or treatment in a public education website should ensure that:-
 - (a) the relevant chiropractic innovation has been adequately tested;
 - (b) a balanced view is given;
 - (c) the innovation is of proven value; and
 - (d) the information is honest, factual and accurate.

Service Information Notice on Exterior of Clinic

1. A chiropractor may display at the exterior of his office a Service Information Notice setting out the chiropractic services provided by him and the consultation and treatment fees. The displayed fees must truly reflect his normal charges.
2. Such notice should be purely informational, and must not be used to attract attention or to advertise the chiropractor's services by ornate design or other devices.
3. Such notice must comply with the following guidelines:-

Location of Notice

- At the exterior of the clinic, on or immediately next to the door of the entrance for patients

Number and Size of Notices

- Maximum 2 notices
- Maximum A3 size

Format of Notice

- Plain text only
- No graphic illustration

Permitted Contents of Notice

- All information currently permitted for signboards and practice stationery
- Gender of the chiropractor
- Language(s) / dialect(s) spoken
- Chiropractic services provided by the chiropractor
- Range of consultation and treatment fees
- Affiliated hospitals

Service Information Notice in Printed Media

1. A chiropractor may publish his service information in bona fide newspapers, magazines, journals and periodicals for the purpose of facilitating the public to make an informed choice of chiropractors.
2. A publication published for the predominant purpose of promotion of products or services is not regarded as a bona fide newspaper, magazine, journal or periodical and is not acceptable for this purpose.
3. Such notice should be purely informational, and must not be used to attract attention or to advertise the chiropractor's services by ornate design or other devices.
4. Such notice must comply with the following guidelines:-

Number and Size of Notices

- Maximum 1 notice in same issue of a publication
- Maximum size is 300cm²

Format of Notice

- Plain text only
- No graphic illustration

Permitted Contents of Notice

- All information currently permitted for 'Service Information Notice on Exterior of Clinic'
5. The chiropractor must obtain from the publisher a written confirmation that his service information notice will not be published in a manner which may reasonably be regarded as suggesting his endorsement of other chiropractic or health related products/services (such as publication in close proximity to advertisements for those products/services).
 6. The chiropractor must keep a proper record of the published notice and the arrangements for its publication (e.g. contract, invoice, receipts) for at least three years. He must produce such record to the Council when required to do so.

Chiropractors Directories

1. A chiropractor may disseminate his practice information through Chiropractors Directories published by professional chiropractic organizations which have been given approval by the Council.
2. A chiropractor who provides information for publication, or permits publication of such information, in the directory has a personal responsibility to ensure that the directory is published in compliance with the Code.
3. The published fees must truly reflect his normal charges. The published service information must comply with section 23 of the Code governing “Rules of disseminating practice information”.
4. A Chiropractors Directory must comply with the following guidelines:-

Parameters of Directory

- (a) All registered chiropractors should be entitled to be included. Inclusion in Directory should not be restricted to members of particular associations or organizations.
- (b) Each registered chiropractor should be given the same choice of information for inclusion in the same Directory.
- (c) A professional chiropractic organization fulfilling the following criteria may apply to the Council for approval to publish a Chiropractors Directory:-
 - (i) an established body which is legally recognized;
 - (ii) non-profit sharing in nature; and
 - (iii) having the objectives of promoting health care and safeguarding the health interests of the community.
- (e) Approved organizations are responsible for verifying the accuracy of the information before publication. The published information should be updated regularly, at least once every 6 months.

Format of Directory

Directory may be in electronic or printed format.

For printed Directory:-

- Single color print
- Uniform font size
- Plain text only
- No graphic illustration
- No accentuation of particular entries by bordering, highlighting or other devices

For electronic Directory:-

- Single colour and uniform font for particulars of individual chiropractor
- Graphic illustrations limited to logos of organizations and those used to access different categories or locations of chiropractors
- No accentuation of particular entries by blinking, bordering, highlighting or other devices
- If possible, random listing of search results for same category or location of chiropractors

Permitted Contents of Directory

- All information currently permitted for 'Service Information Notice on Exterior of Clinic'
- Passport-type photograph of the chiropractor
- District in which the chiropractor's clinic is located

Distribution of Directory

- A publishing organization should make arrangements for facilitating public access to its Directory.
- Individual chiropractors may make the Directory available to the public, provided that no particular entries are highlighted, extracted, or drawn to the special attention of readers.