

Statement of Ethics and Conduct for the practice of Therapeutic Touch

Preamble: I will respect the person's rights and responsibilities in the Therapeutic Touch process by adhering to the following Code of Ethics and Conduct.

- 1. I will practice Therapeutic Touch consistent with the process as developed by Dolores Krieger. PhD, RN and Dora Kunz, and as established by the guidelines of the Therapeutic Touch Association of Australasia.
- 2. I will promote and uphold the integrity and discipline of Therapeutic Touch (Krieger/Kunz method) as a practice.
- 3. I will obtain the person's and/or family's informed consent for Therapeutic Touch.
- 4. I will provide Therapeutic Touch based upon people's unique needs, values and culture and with respect for their individual differences.
- 5. I will keep my interactions with people non-exploitative and complementary to their care.
- 6. I will hold in confidence any information obtained during Therapeutic Touch practice, and use professional judgment in sharing such information.
- 7. I will not use other healing modalities in combination with Therapeutic Touch practice, unless I have the requisite preparation to do so and the person's permission.
- 8. I will not discuss my personal problems or issues with those seeking my professional services.
- 9. I will regularly evaluate my strengths, limitations and levels of effectiveness, and seek to enhance my abilities by means of consistent practice, further education, training and personal development.
- 10.1 will practice Therapeutic Touch with integrity, always keeping the interests of the person foremost.
- 11. I will respect the accountability and responsibility inherent in my role as a Therapeutic Touch practitioner.
- 12. I will practice Therapeutic Touch in accordance with national and local regulations and standards relevant to the place of work that I practice in. eg. Hospital, Aged Care, Disability, Children's services.
- 13.I will practice Therapeutic Touch in accordance with the Therapeutic Touch International Association Code of Ethics and Conduct (www.therapeutictouch.org)

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| any concequences recomming memory processes or remembers and recommendation |
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| Member Name and Number: |
| Member Signature: |
| Date: |