

CANADIAN  
ASSOCIATION  
FOR

# *Music Therapy*



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## *Code of Ethics*

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# **Canadian Association for Music Therapy**

## **CODE OF ETHICS**

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### **PREAMBLE**

#### **Introduction**

The Canadian Association for Music Therapy (CAMT) recognizes that the purpose of the profession is to promote the use of music to accomplish therapeutic objectives, and the development of training, education, and research in music therapy. In doing so, the CAMT advocates adherence to the principles of Respect for the Dignity and Rights of Persons, Responsible Practice, Integrity in Relationships, Extended Responsibility, and Responsible Leadership.

Membership in the CAMT commits members to abide by the CAMT Code of Ethics. In addition, music therapists and students who are not members of the CAMT should be aware that the Code establishes expectations for conduct and could be applied to them by courts or other public bodies.

The Code articulates ethical principles, values, and standards to guide all members in their everyday conduct and in the resolution of ethical dilemmas; that is, it advocates the practice of both proactive and reactive ethics. The principles and values are stated broadly, in order to apply to the various roles and contexts in which music therapists work. The Code is not exhaustive, and therefore conduct that is not specifically addressed by the Code is not, by its exclusion, necessarily ethical or unethical.

#### **Structure of the Code**

Five ethical principles, to be considered in balance in ethical decision making, are presented. A statement of those values, which are included in and give definition to the principle, follows each principle. Each value statement is followed by a list of ethical standards, which illustrates the application of the specific principle and values to the activities of music therapists. In the margin to the left of the standards, values are listed to guide the reader through the standards and to illustrate the relationship of the specific standards to the relevant principle.

## **The Principles and Values**

### ***Principle I: Respect for the Dignity and Rights of Persons***

Music therapists accept as essential the principle of Respect for the Dignity and Rights of Persons; that is, they uphold the fundamental rights of each person, and accept that an individual should be treated primarily as a person, not as an object or a means to an end. Music therapists acknowledge that all persons have a right to their innate worth as human beings, and that this worth is not enhanced or reduced by their culture, nationality, ethnicity, colour, race, religion, gender, marital status, sexual orientation, physical or mental abilities, age, socio-economic status, and/or any other preference or personal characteristic, condition, or status. In adhering to this principle, music therapists are specifically concerned with the values of General Respect, Privacy, and Informed Consent.

### ***Principle II: Responsible Practice***

Music therapists accept as essential the principle of Responsible Practice; that is, they ensure that all activities occurring in the course of music therapy practice will maximize benefits and minimize the harm to clients and others. Music therapists also accept the notion that responsible practice involves a commitment to self-awareness, development, and care. Further, music therapists ensure that their practices do not impact negatively on their peers/colleagues. In adhering to this principle, music therapists are specifically concerned with the values of General Caring, Competence, Self Knowledge and Care, Minimizing Harm, Confidentiality, Responsible Record Keeping and Management, Fair Access, Ethical Research, and Ethical Business Practice.

### ***Principle III: Integrity in Relationships***

Music therapists accept as essential the principle of Integrity in Relationships; that is, they ensure that all interactions demonstrate integrity and a concern for the personal well being of others. This includes taking reasonable steps to promote healthy relationships while avoiding relationships that pose risk for harm. In adhering to this principle, music therapists are specifically concerned with the values of Honesty and Responsible Relationship.

***Principle IV: Extended Responsibility***

Music therapists accept as essential the principle of Extended Responsibility; that is, they recognize that they have responsibilities to the societies within which they live and work. This includes promoting ethical behaviour within and beyond the music therapy community. Music therapists also accept the responsibility of promoting and participating in the professional development of music therapists. In adhering to this principle, music therapists are specifically concerned with the values of Promoting Ethical Practice, Professional Development, and Respect for Society.

***Principle V: Responsible Leadership***

The Directors of the Canadian Association for Music Therapy accept as essential the principle of Responsible Leadership; that is, they acknowledge their responsibilities to the music therapy community and society. This includes to providing to the CAMT membership education and resources relating to ethics and music therapy practice to the CAMT membership. Further, the CAMT is committed to monitoring the ethical practices of its membership. In adhering to this principle, the Directors of the CAMT are specifically concerned with the values of Promoting Ethical Practice and Professional Development.

## Ethical Decision-Making Model

The ethical decision-making process may occur very rapidly, leading to an easy resolution of an ethical issue. This is particularly true of issues for which clear-cut guidelines or standards exist and for which there is no conflict between principles. On the other hand, some ethical issues (particularly those in which ethical principles conflict) are not easily resolved and might require time-consuming deliberation.

The following basic steps typify approaches to ethical decision-making:

1. Identification of ethically relevant issues and practices, and the related standards specified in the Code.
2. Identification of individuals or groups who are, have been or are likely to be affected by the issue and subsequent decision (e.g., client, client's family, employees, employing institution, co-workers, students, research participants, colleagues, the discipline, society, self).
3. Development of alternative courses of action, beginning with consultation that is consistent with the values of Privacy and Confidentiality.
4. Analysis of likely short-term, ongoing, and long-term risks and benefits of each course of action on the individuals or groups involved.
5. Choice of course of action after conscientious application of existing principles, values, and standards.
6. Evaluation of the results of the course of action.
7. Assumption of responsibility for the consequences of action, including correction of negative consequences, if any, or re-engaging in the decision-making process if the ethical issue is not resolved.

## **Definitions**

### ***Accredited Music Therapist***

Means any person, hereafter referred to as “music therapist,” who has been awarded accreditation by the CAMT, and who is a member in good standing of the CAMT.

### ***Music Therapy Student/Intern and Non-accredited Music Therapist***

For the purposes of this code, “music therapist” refers to those persons included in this definition who have completed, or are in the process of completing a CAMT approved music therapy training program.

### ***Music Therapy***

Music therapy is the skillful use of music and musical elements by an accredited music therapist to promote, maintain, and restore mental, physical, emotional, and spiritual health. Music has nonverbal, creative, structural, and emotive qualities. These are used in the therapeutic relationship to facilitate contact, interaction, self-awareness, learning, self-expression, communication, and personal development (CAMT, 1994).

### ***Music Therapy Practice and Service***

Music therapy practice and service includes all activities as described in the aforementioned definition applied in an any setting (e.g., institution, agency, private practice, internship or practicum setting).

### ***Client***

Client means anyone (individual, group, family, community, or association) for whom the music therapist has agreed to provide services.

**PRINCIPLE I: Respect for the Dignity and Rights of Persons**

In adhering to the principle of Respect for the Dignity and Rights of Persons music therapists would:

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|------------------------|-----|---|
| <i>General Respect</i> | I.1 | Demonstrate respect for the dignity, worth, experience, and knowledge of all people   |
|                        | I.2 | Acknowledge clients' rights to self-determination and autonomy, and the right to participate in decisions that affect them.   |
|                        | I.3 | Use language that conveys respect for the dignity of others (e.g., gender-neutral terms) in all written or verbal communication.  |
|                        | I.4 | Not practice, condone, facilitate, or collaborate with any form of unjust discrimination.   |
|                        | I.5 | Not engage publicly (e.g., in public statements, presentations, research reports, or with clients) in demeaning descriptions of others, including jokes based on culture, nationality, ethnicity, colour, race, religion, gender, sexual orientation, health status, etc., or other remarks which reflect adversely on the dignity of others. |
|                        | I.6 | Abstain from all forms of harassment, including sexual harassment.  |
| <i>Privacy</i>         | I.7 | Take care not to infringe, in service or research activities, on the personally, legally or culturally defined private space of individuals or groups unless explicit permission is granted to do so.   |
|                        | I.8 | Explore and collect only that information that is relevant to the subject of treatment, unless otherwise requested by the client.   |
|                        | I.9 | Inform clients of (a) the purpose for obtaining personal information, (b) who will have access to the information, (c) how it will be stored, and (d) the right of the client to have access to the information in their records (see article II.28 and II.29 for elaboration).   |

- Informed Consent*
- I.10 Ensure that informed consent is obtained from clients or their legal guardians before commencing service or research. When clients are unable to give informed consent (e.g., young children, the cognitively challenged), music therapists would continue to respect the autonomy of the individual by attempting to inform and involve them.
  - I.11 Provide, in obtaining informed consent, as much information as a reasonable or prudent person, family, group, or community would want to know before making a decision or consenting to an activity. The music therapist would relay this information in language which the persons understand (including providing translation into another language if necessary) and would take whatever reasonable steps are necessary to ensure the information was in fact understood.
  - I.12 Establish and use signed consent forms which specify the dimensions of informed consent, or which acknowledge that such dimensions have been explained and are understood. Music therapists would use their discretion in obtaining explicit consent, doing so for services involving the exchange of highly personal information (e.g., research) or activities that potentially could compromise client confidentiality (e.g., transfer of client information to a third party).
  - I.13 Assure, in the process of obtaining informed consent, that at least the following points are understood: (a) purpose and nature of the activity; (b) mutual responsibilities; (c) likely benefits and risks; (d) alternatives; (e) the option to refuse or withdraw at any time, without prejudice; (f) over what period of time the consent applies; and (g) how to rescind consent if desired.
  - I.14 Recognize that informed consent is the result of a process of reaching an agreement to work collaboratively, rather than of simply having a consent form signed.
  - I.15 Take all reasonable steps to ensure that consent is not given under conditions of coercion or undue pressure.

- I.16 Respect the right of individuals to discontinue participation or service at any time and be responsive to non-verbal indications of a desire to discontinue if the individual has difficulty communicating such a desire.
- I.17 Not use persons of diminished capacity to give informed consent for participation in music therapy or research studies. The music therapist would carry out informed consent processes with those persons who are legally responsible or appointed to give informed consent on behalf of individuals who are not competent to consent on their own behalf.

## **PRINCIPLE II: Responsible Practice**

In adhering to the principle of Responsible Practice, music therapists would:

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| <i>General Caring</i>          | II.1  | Demonstrate an active concern for the welfare of any individual, family, group, or community with whom they relate in their role as music therapists. This concern includes both those directly involved and those indirectly involved in their activities.   |
|                                | II.2  | Avoid doing harm to clients, students, research participants, colleagues, and others.   |
|                                | II.3  | Accept responsibility for the consequences of their actions, including the responsibility to correct any harm done in the course of practice and research.  |
| <i>Competence</i>              | II.4  | Deliver services to the best of their ability in all situations.  |
|                                | II.5  | Monitor and evaluate on an ongoing basis the effectiveness of services provided.  |
|                                | II.6  | Perform only those services for which they have established competence through adequate training and supervision. In providing services for which there are no established standards, music therapists would inform clients that such services are not professionally recognized, and take appropriate precautions to protect the well being of the client. |
|                                | II.7  | Keep themselves up to date with relevant knowledge, research methods, and techniques, through the reading of relevant literature, peer consultation, supervision, and continuing education activities.  |
|                                | II.8  | Refer clients to other music therapists or professionals when the client requires services that are beyond the competency of the music therapist.   |
|                                | II.9  | Seek appropriate help or discontinue services for an appropriate period of time when conditions (e.g., health, stress) or circumstances (e.g., personal bias, inadequate training) could potentially compromise the quality of service.   |
| <i>Self Knowledge and Care</i> | II.10 | Evaluate how their experiences, attitudes, culture, beliefs, values, social context, individual differences, and stresses influence their interactions with others, and integrate this awareness into all efforts to benefit and not harm others.   |

- Minimizing Harm*
- II.11 Engage in self-care activities which help to avoid and alleviate conditions (e.g., burnout, addictions) that could result in impaired judgement and interfere with their ability to benefit and not harm others.
  - II.12 Take appropriate steps to avoid harming others, including ensuring that services are provided in a place that protects the security and privacy of clients.
  - II.13 Terminate an activity when it is clear the activity is more harmful than beneficial, or when the activity is no longer needed.
  - II.14 Seek an independent and adequate ethical review of human rights issues and protections for any service or research involving vulnerable groups and/or persons of diminished capacity.
  - II.15 Do everything reasonably possible to stop or offset the consequences of actions by others when these actions are likely to cause serious physical harm or death. This may include reporting to appropriate authorities (e.g., the police) or an intended victim, and would be done even when a confidential relationship is involved.
  - II.16 Maintain adequate professional liability insurance when not covered by an organization or institution.
- Confidentiality*
- II.17 Take appropriate precautions to ensure the confidentiality rights of clients and others, acknowledging that limits of confidentiality may be established by a variety of sources, including law and institutional regulations.
  - II.18 Never release the personal information of clients except in the following instances: (a) with the client or legal guardian's written consent; (b) when there is reason to believe that a client is in danger of harming him/herself or someone else; (c) when there is reason to believe that a child has been or is likely to be harmed; (d) in compliance with a court order, subpoena, or requirement of an act or regulation of Canada; (e) when providing information to an employee or co-worker if the information is necessary for the performance of duties of, or for the health, protection or safety of the employee or co-worker; (f) when exceptional or emergency situations require consultation with another professional.
  - II.19 In serious situations (as in standard II.18 [b] and [c]), bear the responsibility of ensuring that appropriate action has been taken. This

may include reporting to the appropriate government ministry, work supervisor, police, and potential victim as required by the situation. Music therapists would bear in mind that notification of family members may not always be in the best interest of the client.

- II.20 Make every effort to inform clients and/or their legal guardian and obtain consent in situations requiring the breach of confidentiality (see article II.19).
- II.21 Inform clients of the limits of confidentiality prior to providing music therapy services whenever personal information is collected in the course of providing those services. Exceptions could be made when the employing institution or agency has already informed the client of the limits of confidentiality that apply to music therapy and/or all services offered within the institution/agency. Music therapists would keep in mind that they bear the responsibility of ensuring that the client has been informed of the limits of confidentiality.
- II.22 Obtain written consent from the client or legal guardian for the release of information to third parties. Music therapists would ensure that an appropriate degree of confidentiality and records security would be provided by third parties.
- II.23 Make reasonable attempts to obtain consent to share client information in public forums (e.g., conference presentations, practicum seminars). When consent cannot be obtained, music therapists would take appropriate action to conceal all identifying information.
- II.24 When working with groups, inform group members of the importance of maintaining confidentiality, and elicit an agreement to refrain from discussing the personal information of group members outside of the therapeutic context.

<i>Responsible Record Keeping and Management</i>	II.25	Keep one file on each client. The music therapist would record only that personal information necessary for continuous coordinated service.
	II.26	Ensure that all client records, including case notes, cassette and video recordings, etc., are kept in locked filing cabinets, and that information stored in filing cabinets or computer files is accessible only to the music therapist or those who have a legitimate need to know the information.
	II.27	Ensure the appropriate and complete destruction of outdated client files, and devise adequate plans for records in the event of incapacity, death or withdrawal from practice. Adequate record retention practice would include destroying those records that are no longer needed for services being provided and/or client files seven years after termination of services (seven years past age of majority for minors).
<i>Fair Access</i>	II.28	Inform clients, as appropriate, about their right to read and have a copy of the information in their file, in accordance with federal and provincial legislation.
	II.29	Respond as soon as practical, but no later than 30 working days, to requests for access by providing: (a) a copy of the information to the client or legal guardian, including clients under the age of majority who have given consent for treatment, or who, in the music therapist's opinion are capable of understanding the subject matter of the record; or (b) access to portions of the record that do not include information about third parties; or (c) written reasons for the refusal of access to the information in the client's file.
<i>Ethical Research</i>	II.30	Design and conduct research in accordance with established ethical standards.
	II.31	Establish, prior to participation, an agreement with research participants specifying the responsibilities and rights of those involved. Included is the client's right to withdraw from the research. Music therapists would describe elements of the research that might influence the subject's willingness to participate, including potential risks and benefits.
	II.32	Not use persons of diminished capacity to give informed consent in research studies.

- Ethical Business Practices*
- II.33 Avoid the use of deception in research.
  - II.34 Debrief research participants in such a way that the participants' knowledge is enhanced, and the participants have a sense of contribution to knowledge.
  - II.35 Not solicit the clients of another music therapist.
  - II.36 Not solicit clients for private practice from agencies or institutions with whom they are employed. If a client requests that services be continued in private practice, the music therapist would obtain the consent of the employing agency or institution before fulfilling the client's request.
  - II.37 Disclose the fee schedule and method of payment at the commencement of the music therapy relationship.
  - II.38 Only ask for a just salary, which will be determined according to the time involved, nature of the service, and level of competence and experience. Music therapists can lower the rate given to a client based on the client's ability to pay.
  - II.39 Make all reasonable efforts to obtain payment before legal action is taken. In cases where legal action is necessary, the music therapist would inform the client of the impending action and provide opportunity for prompt payment of monies owed.
  - II.40 Accept from clients only gifts of minimal monetary value. When offered a gift by a client a music therapist would consider the possible consequences of accepting and refusing the gift and make a decision in accordance with the principles of Respect for the Dignity and Rights of Clients and Integrity in Relationships. When refusing a gift, a music therapist would make reasonable attempts to explain the reasons for his/her decision to the client.
  - II.41 Refrain from requesting a fee for referrals made to other music therapists.

II.42 Refrain from sharing their workload or salary with other music therapists except by written agreement, and with the fully informed consent of the client and/or employer. When work is subcontracted to another music therapist, the subcontractor would collect fees that are commensurate with the service he or she is providing.

### **PRINCIPLE III: Integrity in Relationships**

In adhering to the principle of Integrity in Relationships, music therapists would:

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|----------------------------------|-------|---|
| <i>Honesty</i>                   | III.1 | Not participate in, condone, or be associated with dishonesty, fraud, or misrepresentation.   |
|                                  | III.2 | Represent accurately their own and their associates' qualifications, education, experience, competence, and affiliations, in all spoken, written, or printed communications, being careful not to use descriptions or information which could be misinterpreted.  |
|                                  | III.3 | State honestly the efficacy of services, and acknowledge the limitations of their knowledge, skills, and interventions, including the potential for harm.   |
|                                  | III.4 | Take credit only for the work and ideas that they have actually done or generated, and give credit for work done or ideas contributed by others (including students) in proportion to their contribution.   |
|                                  | III.5 | Present instructional information accurately, avoiding bias in the selection and presentation of information, and publicly acknowledge any personal values or bias, which influence the selection and presentation of information.  |
| <i>Responsible Relationships</i> | III.6 | Not exploit any relationship established as a music therapist to further personal, political, or business interests at the expense of the best interests of their clients, research participants, students, employers, or others.   |
|                                  | III.7 | Be acutely aware of the potential difficulties and challenges of dual relationships (e.g., with students, employees, or clients) and other situations that might present a conflict of interest or which might reduce their ability to be objective or unbiased. Music therapists would avoid dual relationships to the best of their abilities or seek appropriate supervision when such situations are unavoidable (e.g., when working in a small community). |

- III.8 Be acutely aware of the power relationship in therapy and, therefore, not engage in sexual intimacy with clients, neither during the time service is provided, nor for that period following, during which the power relationship reasonably could be expected to influence the client's personal decision making.
- III.9 Inform all parties, if a real or potential conflict of interest arises, of the need to resolve the situation in a manner that is consistent with the principles of Respect for the Dignity and Rights of Persons and Responsible Practice, and take all reasonable steps to resolve the issue in such a manner.
- III.10 Terminate services in such a way that does not abandon the client. This includes (a) providing reasonable notice, (b) discussing the reasons for termination, (c) discussing client needs, (d) suggesting alternative service providers as appropriate, (e) taking appropriate steps to facilitate transfer of service to another service provider, and (f) ensuring that discontinuation will not cause harm to the client.
- III.11 Terminate the professional relationship when it becomes evident that the client is no longer benefitting from the service.
- III.12 Inform an employer of any conditions that would compromise ethical practice as described in this code, or other relevant professional codes (e.g., provincial codes). In such instances, music therapists would provide the employer with a copy of the relevant code.
- III.13 Provide services in a manner that protects the integrity and reputation of the employer.
- III.14 Make use of the employer's property and resources only as authorized.

- III.15 Act on their obligation to facilitate the professional development of their students, interns, and employees by assuring that these persons understand the values and ethical standards of the profession, and by providing or arranging for adequate working conditions, timely evaluations, constructive consultation, and opportunities for experience.
- III.16 Assume responsibility for the professional activities of their students, interns, and employees. This includes ensuring that students and interns identify their status (as students or interns) to clients and others.
- III.17 Encourage the free exchange of ideas between themselves and their students.

## **PRINCIPLE IV: Extended Responsibility**

In adhering to the principle of Extended Responsibility, music therapists would:

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|-----------------------------------|-------|---|
| <i>Promoting Ethical Practice</i> | IV.1  | Address the unethical and/or harmful activities of colleagues, co-workers, students, and employees. This may include bringing the activity to the attention of the individual, the client who is being harmed, and/or the relevant professional or legal body.  |
|                                   | IV.2  | Report violations of this code by other music therapists to the Ethics Committee of the Canadian Association for Music Therapy.   |
|                                   | IV.3  | Engage in regular monitoring, assessment, and reporting (e.g. through peer review, and in program reviews, case management reviews, and reports of one's own research) of their ethical practices and safeguards.   |
|                                   | IV.4. | Help develop, promote, and participate in accountability processes and procedures related to their work.  |
| <i>Professional Development</i>   | IV.5  | Contribute to the discipline of music therapy through a free pursuit and sharing of knowledge, and the critical evaluation of self and the discipline, unless such activity conflicts with other basic ethical requirements.  |
|                                   | IV.6  | Promote the highest standard of practice by soliciting or providing peer consultation as required.  |
|                                   | IV.7  | Participate in and contribute to continuing education and the professional growth of self and colleagues.   |
|                                   | IV.8  | Represent accurately the profession in all formal and informal public statements.   |
| <i>Respect for Society</i>        | IV.9  | Abide by the laws of the society in which they work. If those laws seriously conflict with the ethical principles contained in this code, music therapists would do whatever they could to uphold the ethical principles. If upholding the ethical principles could result in serious personal consequences (e.g., jail or physical harm), decision for final action would be considered a matter of personal conscience. |

- IV.10 Consult with colleagues if faced with an apparent conflict between keeping the law and following an ethical principle, unless in an emergency, seek consensus as to the most ethical course of action and the most responsible, knowledgeable, effective, and respectful way to carry it out.
- IV.11 Convey respect for and abide by prevailing community mores, social customs, and cultural expectations in all activities, provided this does not contravene any of the ethical principles of this code.
- IV.12 Acquire adequate knowledge of the culture, social structure, and customs of a community before beginning any major work there.
- IV.13 Not contribute, condone or engage in an activity or research which contravenes international law, including destruction of the environment and violations of human rights.

## **Principle V: Responsible Leadership**

In adhering to the principle of Responsible Leadership, the Directors of the Canadian Association for Music Therapy would:

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| <i>Promoting Ethical Practice</i> | V.1 | Ensure that all activities of the Association promote the highest standard of music therapy practice.  |
|                                   | V.2 | Provide to music therapists ongoing education and resources relating to ethical issues and practice.   |
|                                   | V.3 | Assist in the development of those who enter the discipline of music therapy by helping them to acquire a full understanding of the ethics, responsibilities, and needed competencies of their chosen area(s), including an understanding and critical analysis of the uses, and possible misuses, of music therapy practice and research. |
|                                   | V.4 | Make itself accessible and available to the members of the Association and society at large for consultation on ethical matters.   |
|                                   | V.5 | Engage in ongoing evaluations of established ethical standards.  |
|                                   | V.6 | Address unethical practices by members of the Association in accordance with the procedures outlined in the Canadian Association for Music Therapy's Policy and Procedures Manual.   |
| <i>Professional Development</i>   | V.7 | Provide opportunities for continuing education for music therapists.   |
|                                   | V.8 | Assist music therapists in finding peers who can provide appropriate consultation and supervision.   |

### **Acknowledgements:**

Portions of the Canadian Psychological Association's Code of Ethics were adopted and/or tailored for use in the Canadian Association for Music Therapy's Code of Ethics:

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# **Disciplinary and Appeal Procedures of the Canadian Association for Music Therapy**

## Ethics Chair and Disciplinary Chair.

- a. The Ethics Chair shall be responsible for receiving complaints, both formal and informal, for providing clarification to the membership about ethical matters, for educating the membership on ethics, and for providing reports to the Board.
- b. The Disciplinary Chair shall be responsible for investigating formal complaints. The Disciplinary Chair shall consult with the Disciplinary Committee on all disciplinary decisions. The Disciplinary Committee shall consist of two (2) accredited members appointed by the Board.
- c. Where a vacancy of the Ethics or Disciplinary Chair, or Disciplinary Committee occurs during the period of appointment, the President shall appoint an accredited member to the vacancy for the balance of the term.

Role and Function. The Disciplinary Chair may inquire into the conduct of a member under this Part, and for that purpose has all the powers, protection and privileges of a director pursuant to these bylaws. All resolutions of the Disciplinary Committee require unanimous consent.

Filing a Complaint. Complaints against a member by any person shall be in writing and directed to the Ethics Chair.

Initial Process. Upon receipt of a written complaint, the

Ethics Chair shall:

- a. Forward the complaint to the Disciplinary Chair, who will then
- b. Inform the Committee that a complaint has been received
- c. Inform the subject of the complaint (hereafter referred to as the subject) in writing that a complaint has been received.

Investigation. The Disciplinary Chair will conduct an investigation into the complaint, including interviewing the complainant and the subject, interviewing witnesses, and reviewing documentation. The Disciplinary Chair will inform the subject of the complaint of any communication with third parties involved with the complaint and any documentation reviewed, and will allow the subject to respond to the findings before a decision for summary action is made.

Summary Disciplinary Action. Where in the opinion of the Disciplinary Chair and in consultation with the Disciplinary Committee, the complaint is one which may be handled in a summary manner, the Disciplinary Committee may impose summary discipline as required, such discipline consisting of a reprimand, warning or such other action as the Disciplinary Committee, subject to the bylaws, shall deem appropriate. The Disciplinary Chair shall inform the complainant and subject by registered mail, within fourteen (14) days of the summary action taken. The Disciplinary Chair may use his/her discretion to: a) publish names of music therapists and/or b) publish facts of the complaint and the disciplinary action taken and/or c) where applicable, inform the music therapist's employer(s) of the complaint

Citation. Where, in the opinion of the Disciplinary Committee, upon reviewing the complaint or after an investigation, the matter is sufficiently in dispute or of sufficient severity, the Disciplinary Chair shall refer the matter to a Disciplinary Hearing (see CAMT Disciplinary Hearing Procedures for complete process).

Right to Appeal. The subject of disciplinary action either summary disciplinary action or disciplinary hearing action has the right to appeal such decisions. A request for appeal must be made by registered mail within, fourteen (14) days of receipt of the disciplinary action. Appeals regarding summary disciplinary action must be submitted to the Ethics Chair, who, in consultation with the CAMT president, will appoint an Appeal Committee comprised of an Appeal Committee Chair and Committee members. (see CAMT Appeal Procedures for complete process)

The Appeal Committee may:

- a. Change the summary discipline;
- b. Uphold the summary discipline; or

- c. Forward the matter to an appeal hearing. (see CAMT Appeal Hearing Procedures for complete process). Appeals regarding disciplinary panel hearing decisions will be submitted to the CAMT President who must forward the matter to an appeal hearing panel. (see CAMT Disciplinary Hearing Procedures for complete process).

Where the Disciplinary Committee is satisfied that a member has been convicted by a court of an offence relating to her/his practice as a music therapist, or an indictable offence of any kind, it may summarily take any action against that person that it is authorized to take in accordance with the bylaws.

Termination of MTA status. Proceedings for termination of MTA credentials by the Ethics Committee may commence when an MTA has not maintained membership in good standing for a period of three or more consecutive years. The Ethics Committee shall serve written notice of such proceedings to the said MTA either personally or by registered mail. The Ethics Committee may withdraw the proceedings when the said MTA applies for membership and pays all outstanding dues and fees, including reinstatement fees, within thirty (30) days of the date of notice. Failure to comply with this Article will result in termination of MTA status and the music therapy employer(s) will be notified accordingly.

Reinstatement. A member who has been terminated may apply for reinstatement after fulfilling all conditions as may be prescribed by the Ethics Committee. The Ethics Committee, if it sees fit to do so, may restore such person to membership. Individuals whose MTA status has been terminated may seek reinstatement of MTA status by satisfying all requirements laid out by the Ethics Committee and by applying for re-accreditation pursuant to the CAMT Accreditation Handbook.