No. 24-539

IN THE

Supreme Court of the United States

KALEY CHILES,

Petitioner,

v.

PATTY SALAZAR,
in her official capacity as Executive Director of the Colorado Department of Regulatory Agencies,
et al.,

Respondents.

On Writ of Certiorari to the
United States Court of Appeals for the Tenth Circuit

BRIEF OF HEALTH LAW SCHOLARS AS *AMICI CURIAE* IN SUPPORT OF RESPONDENTS

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INTEREST OF *AMICI CURIAE* [1]

Amici are leading scholars of U.S. health law who have published numerous treatises, books, and professional guides on public health and medical regulation. The signatories to this brief are:

- *I. Glenn Cohen* -- Harvard Law School: James A. Attwood and Leslie Williams Professor of Law; Faculty Director of the Petrie-Flom Center for Health Law Policy, Biotechnology & Bioethics. Professor Cohen is one of the world's leading experts on health law and the intersection of bioethics and the law. He is an elected member of the National Academy of Medicine, the author of more than 300 articles and chapters with award-winning works appearing in legal publications, and the author, co-author, editor, or co-editor of more than 20 books.
- *Claudia E. Haupt* -- Northeastern University School of Law: Professor of Law and Political Science. Professor Haupt teaches a range of constitutional law courses at Northeastern both in the School of Law and the Department of Political Science, College of Social Sciences and Humanities. A First Amendment scholar whose current work is situated at the intersection of free speech, health, and technology, Professor Haupt has published extensively on professional speech. Her visiting positions have included Visiting Professor of Law at Yale Law School and academic visitor at the

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[1] Pursuant to Supreme Court Rule 37.6, counsel for *amici curiae* states that no counsel for a party authored this brief in whole or in part. No counsel or party made a monetary contribution intended to fund the preparation or submission of this brief, and no person other than *amici*, their members, or their counsel made such a contribution.

University of Oxford Faculty of Law. She has also held academic appointments at Columbia Law School and George Washington University Law School. Professor Haupt has published numerous articles in law reviews and medical journals. Her first book, *Religion-State Relations in the United States and Germany: The Quest for Neutrality*, was published by Cambridge University Press in 2012. Her second book, *Professional Speech*, is forthcoming with Cambridge University Press.

- *Lawrence Gostin* -- Georgetown University Law Center: Distinguished University Professor*;* Faculty Director of the O'Neill Institute for National and Global Health Law; Founding O'Neill Chair in Global Health Law. He is Professor of Medicine at Georgetown University and Professor of Public Health at the Johns Hopkins University, Director of the World Health Organization Collaborating Center on National and Global Health Law. Professor Gostin is an elected lifetime Member of the National Academy of Medicine/National Academy of Sciences. He has served on the National Academy's Board on Health Sciences Policy, the Board on Population Health, the Human Subjects Review Board, and the Committee on Science, Technology, and Law. He has led major law reform initiatives in the U.S., including drafting the Model Emergency Health Powers Act to combat bioterrorism (following the post-9/11 anthrax attacks) and the "Turning Point" Model State Public Health Act. He is consistently ranked 1st in the nation in citations for health law.

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on issues including urban health; discrimination against people with HIV and other disabilities; HIV policy; research ethics; and the health effects of criminal law and drug policy. He has served as a consultant to numerous United States and international organizations, including the United Nations Development Programme, the World Health Organization, the United Nations Office on Drugs and Crime, the Institute of Medicine. In 2014, he was the recipient of the American Public Health Association Law Section Lifetime Achievement Award, and in 2018 he was the recipient of the Jay Healey Health Law Professors award. Previously, he was the editor *AIDS and the Law: A Guide for the Public* (Yale University Press, 1987; New Guide for the Public, 1993).

- *Paula Berg* -- City University of New York School of Law: Professor Emerita. Her research includes doctor-patient issues, patients' rights, legal definitions of health, as well as doctor-patient discourse. Her articles have appeared in *Yale Review of Law & Policy*, *Boston University Law Review*, and *Rutgers Law Review*. She has taught health law courses at Seton Hall University School of Law and the New School for Social Research School of Management and Urban Policy, and created an interdisciplinary course for CUNY Master's of Public Health students. In 2004, she was awarded a Fulbright Fellowship.

- *Kenneth Goodman* -- University of Miami, Founder and Director Emeritus of the University of Miami Miller School of Medicine's Institute for Bioethics and Health Policy and Director Emeritus of the university's Ethics Programs. The Institute has been designated a World Health Organization Collaborating Center in Ethics and Global Health

Policy, one of 14 in the world and the only one in the United States. He is a Professor Emeritus of Medicine at the University of Miami where he was simultaneously appointed in the Department of Philosophy, School of Nursing and Health Studies, and Department of Public Health Sciences. He is past chair of the Ethics Committee of American Medical Informatics Association, where he co-founded the Ethical, Legal and Social Issues Working Group. He directed the Florida Bioethics Network and chaired the UHealth/University of Miami Hospital Ethics Committee and the Adult Ethics Committee for Jackson Memorial Health System. Professor Goodman has authored numerous books, chapters, and articles.

- *Maya Manian* -- American University School of Law: Faculty Director, Health Law and Policy program; Professor of Law. Professor Manian is a nationally recognized expert on reproductive rights and justice. Her scholarship investigates the relationship between constitutional law, family law, and health care law, with a focus on access to reproductive health care. She teaches Public Health Law and Policy, and Health Law Legislative and Regulatory Process.
- *Carl H. Coleman* -- Seton Hall Law School: Associate Dean for Graduate Programs and Professor of Law. Professor Coleman specializes in the legal, ethical, and public policy implications of medical treatment, research, and public health. He currently serves as Associate Dean for Graduate Programs. Previously, he served as Bioethics and Law Adviser (2006–2007) at the World Health Organization in Geneva, Switzerland, was a member of the Secretary's Advisory Committee on Human Research Protections (2010–2013), charged

with providing expert advice to the Office for Human Research Protections of the U.S. Department of Health and Human Services. He has also served as a member of the institutional review boards at Seton Hall University and the University of Medicine and Dentistry of New Jersey, as a member of the New York State Attorney General's Commission on Quality of Care at the End of Life, and as co-chair of the Committee on Ethical Issues in the Provision of Health Care of the New York State Bar Association. Professor Coleman was awarded the Andrea Catania Fellowship for Excellence in Teaching in 2007.

Amici offer their expert perspective on the scope of states' authority to regulate and license healthcare practices, which may help the Court situate and resolve the specific issues in the appeal at bar. More broadly, *amici* have an ongoing interest in ensuring that state regulatory frameworks for the licensing and provision of healthcare are applied and analyzed in an even-handed and constitutional manner.

SUMMARY OF ARGUMENT

Licensing requirements for the practice of medicine date back to the founding of the United States. For over two centuries, states have established a range of laws and regulatory bodies to license the professional conduct of physicians and other healthcare providers, including those who provide counseling. These laws help ensure that the provision of care is reasonably safe and ultimately serves the government's interest in the health, safety, and welfare of its citizens.

Courts and states alike have drawn important and nuanced legal distinctions among laws that regulate the conduct of healthcare providers and which incidentally burden speech, and laws that regulate

"speech as speech." *National Institute of Family & Life Advocates v. Becerra*, 586 U.S. 755, 768 (2018) ("*NIFLA*"). When healthcare professionals provide treatment, which more often than not necessitates the use of speech, they are acting as members of their learned profession, relying on the cumulative knowledge of the field of medicine.

Notwithstanding Petitioner's invitation to revamp constitutional law to justify its pre-enforcement, facial challenge, this Court should adhere to those longstanding principles here. Moreover, *amici* respectfully urge the Court to consider the broader effects of Petitioner's constitutional arguments and attempts to redraw the lines around treatment and speech.

This would call into question longstanding statutes that regulate healthcare professionals, such as compelled disclosures, malpractice law, and informed consent requirements, thereby deeply disrupting established frameworks that have long protected patients and improved the quality of care. *NIFLA*, 585 U.S. at 769-70 ("'Longstanding torts for professional malpractice, for example, 'fall within the traditional purview of state regulation of professional conduct.' . . . 'Indeed, the requirement that a doctor obtain informed consent to perform an operation is 'firmly entrenched in American tort law.'") (citations omitted). This Court has an interest in the consistent application of its legal doctrines and reasoning.

As detailed below and in a multi-state sample survey contained in the Appendix, state law regularly imposes requirements and conditions on medical professionals that incidentally impact speech, as a necessary element of treating patients. For example, if an individual purports to give medical advice but is unlicensed as a medical practitioner, the state can

sanction them despite speech being involved. Similarly, the state can regulate circumstances where a licensed mental health practitioner misdiagnoses or provides counseling that causes harm to the patient or departs from the standard of care. States also prohibit providers from making romantically suggestive comments in order to protect patients from unethical practitioners who use their position of authority to attempt to exploit patients. Furthermore, healthcare providers are required to disclose to patients any financial interest in products or treatments recommended. And importantly, counselors and other healthcare professionals are commonly mandated reporters, required to disclose to relevant authorities when patients are at risk of harm to self or others, including the involvement of suspected child abuse. These disclosure requirements, based solely on the speech of the professional, are independent of any separate conduct or physical medical procedures. They all involve some degree of speech by a licensed professional. Such traditional, commonsense provisions would be imperiled if Petitioner's position became the law of the land.

Instead, this Court should hew to the principle that states' ability to license and regulate the speech of medical professionals (that is a necessary part of administering treatment) is generally distinct from regulating other forms of speech. Just because a medical treatment might incidentally require a medical professional to speak does not categorically exempt such treatment, or the speech that occurs in the course of providing that treatment, from all forms of regulation. To hold otherwise would call into question significant swathes of health law across America and lead to adverse and unintended results.

This Court should affirm the Tenth Circuit.

ARGUMENT

I. States Routinely Regulate or License Healthcare Practices, Including When Speech is a Component of Treatment.

For over two hundred years, state legislatures have passed numerous laws that license and regulate the practices of doctors and healthcare professionals. *See generally* Claudia E. Haupt, *Professional Speech*, 125 Yale L. J. 1238, 1279 (2016) (*"Professional Speech"*) ("Licensing requirements for law and medicine in the United States likely date back to the founding period[.]"). As discussed below and laid out in the Appendix, states have often regulated conduct that is incidental to or intertwined with literal speech or requires speech to be effective. These statutes have long been upheld as regulations of professional conduct. Medical professionals, hospitals, clinics, licensing boards, and trade associations have shaped and relied upon these laws for decades.

Petitioner's constitutional theory could upend all that. Under her view, all physician licensure and regulation requirements could be facially unconstitutional, since they all involve speech that occurs during the course of treatment. That is legally erroneous under this Court's First Amendment doctrine and could destabilize multiple areas of health law. This Court should reject Petitioner's argument and at the very least, carefully consider its ripple effects.

A. States regulate psychotherapy in many ways that touch upon speech.

Across America, most states regulate the practice of psychotherapy, also called "talk therapy," in a variety of ways that implicate literal speech (as the name "talk therapy" suggests). *See generally* Appendix. Indeed, in

almost all circumstances and states, many psychotherapists can *only* engage in therapy via spoken or written techniques—they cannot prescribe medications, which requires special training and licensure. *See generally*, American Psychological Association, *What Is the Difference Between Psychologists, Psychiatrists and Social Workers?* (2025), https://perma.cc/D9UR-D5VT.

Over 45 states have statutory provisions against unlawful practice or title usage of talk therapy practitioners, with a few classifying violations as felonies. *See e.g.*, Alaska Stat. § 08.29.100 (Class C felony for unlawful practice as a licensed counselor under repeat conviction); A.R.S. § 32-3286 (classifying unlawful practice as a licensed counselor as a Class 6 felony); NY CLS Educ § 6512 (classifying unlawful practice or use of title of any profession that requires licensure as a Class E felony); Utah Code Ann. § 58-60-109, 111 (classifying unlawful practice and use of title as a 3rd degree felony). State laws often define the permissible boundaries of a therapist's practice, including what methods may or may not be used. *See, e.g.*, Ark. Code Ann. § 17-97-102, Code Ark. R. 007.09.1-2.1.C (defining the practice of psychology, and prohibiting this practice to infringe on the practice of medicine); Fla. Stat. Ann. § 491.009 (1)(q) (prohibiting treatment or practice that would constitute experimentation); Mont. Admin. R. 24.219.2301 (prohibiting licensees from making any recommendations regarding the prescribed medications of a client).

As a preliminary matter, it is unclear how *any* state law governing the practice of psychotherapy could survive Petitioner's First Amendment theory, since psychotherapy inherently involves speech. In many cases, a professional's speech is closely linked to the

therapeutic services that a state is regulating. The First Amendment does not provide licensed professionals absolute immunity from all law when speech is a part of medical treatment. *See Ohralik v. Ohio State Bar Ass'n*, 436 U.S. 447, 456 (1978) (holding that "the State does not lose its power to regulate commercial activity deemed harmful to the public whenever speech is a component of that activity").

Nor would state statutes regulating psychotherapy pass constitutional muster under the Solicitor General's approach. Specifically, the Solicitor General proposed two exceptions for when strict scrutiny applies to the regulation of conduct that incidentally burdens speech: if it is "(1) based on its connection to some separate regulated conduct or (2) for reasons unrelated to its communicative content," Brief for the United States at 3. However, counseling or psychotherapeutic services are not necessarily connected to physical medical intervention or conduct. And as described below, states do set out requirements and restrictions that are related to communicative content—not because of the state's opposition to that content, but in order to ensure competent and ethical practice and protect patients. The bottom line is this: the Solicitor General's approach could also imperil the regulation of psychotherapy writ large. Petitioner's theory could also complicate the emerging regulation of telehealth in the states.[2]

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[2] Although the Pacific Legal Foundation favorably highlights several constitutional challenges to telehealth laws in cases that do not involve psychotherapy, Brief *Amicus Curiae* of Pacific Legal Foundation at 4–5, this Court presumably would seek to refrain from opining on cases or controversies which are pending in the lower courts.

Generally, states have considerable authority to set licensing standards for professionals, including mental health providers. For example, states regulate who may practice psychotherapy by setting education and training standards, how the practice can be advertised, and what titles can be used to describe the practitioner. *See generally* Appendix.[3] States regularly allow for malpractice liability against therapists and counselors for negligent diagnosis or treatment, breach of confidentiality, improper romantic or personal relationships, failure to prevent foreseeable harm, and boundary violations. *See* W.Va. Code § 55-7B-3 (enumerating elements for a medical malpractice claim involving a provider's failure to follow the accepted standard of care).

As the Ninth Circuit explained years ago,

> '[t]hat psychoanalysts employ speech to treat their clients does not entitle them, or their profession, to special First Amendment protection.' The Supreme Court has noted that 'while it is possible to find some kernel of expression in almost every activity a person undertakes . . . such a kernel is not sufficient to bring the activity within the protection of the First Amendment.'

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[3] Additionally, many states have passed laws that regulate the public use of specific phrases that could connote a medical specialty. *See, e.g.*, Ind. Code Ann. § 25-23.6-3-1; Ind. Code Ann. § 25-33-1-14. There are state laws about the use of the term "board certified." For instance, the Texas Medical Board requires the phrase can only be used if supported by enumerated organizations and criteria. *See also* Texas Medical Board, *Advertisement of Board Certification* (Aug. 19, 2025), www.tmb.state.tx.us/page/resources-advertisement-board-certification.

Nat. Ass'n for the Advancement of Psychoanalysis v. Calif. Bd. of Psychology, 228 F.3d 1043, 1054 (9th Cir. 2000) (quoting *City of Dallas v. Stanglin*, 490 U.S. 19, 25 (1989)); *Brokamp v. James*, 66 F.4th 374 (2d Cir. 2022) (affirming the constitutionality of New York's prohibition of unlicensed mental health counseling as it serves important government interest in protecting and promoting public health); *see also Professional Speech*, at 1279–80, n.211 (analyzing cases that affirmed states' authority to license and supervise the medical profession where such regulations, particularly those concerning public health, have a rational connection to a professional's fitness to practice); Claudia E. Haupt, *Licensing Knowledge*, 72 Vand. L. Rev. 501, 525–26 (2019) ("*Licensing Knowledge*") (arguing that licensing of professionals is permissible and compatible with the First Amendment).

That logic squarely applies here. Petitioner's view could jeopardize numerous state laws that regulate different aspects of psychotherapy and extend well beyond the specific context of conversion therapy. Just because Colorado's Minor Conversion Therapy Law ("MCTL"), C.R.S. §§ 12-245-202(3.5)(a), -224(1)(t)(V), affects counseling services involving speech (in the context of a professional relationship) does not mean such counselors are entitled to special First Amendment protection.

B. States impose mandatory reporting duties as part of medical treatment.

The problems with Petitioner's argument become even more apparent when one considers its application to compelled speech. Petitioner's rule would also subject to strict scrutiny many state laws on mandatory reporting, which could plausibly be construed as a form of compelled speech. Across

various areas of medical practice, state laws require healthcare professionals to specifically report serious misconduct, such as child and elder abuse, to state officials. These mandatory reporting laws are uncontroversial exceptions to privacy laws and create a legally enforceable duty for professionals who work with vulnerable populations—regardless of whether a separate physical procedure is involved. Alabama, for instance, requires healthcare providers and others to give aid or assistance to a child who is known or suspected to be a victim of child abuse or neglect to a duly constituted authority. Ala. Code § 26-14-3-(a). Numerous other states have similar laws. *See, e.g.,* Alaska Stat. Ann. § 47.17.020; Ariz. Rev. Stat. Ann. § 13-3620; Miss. Code Ann. § 43-21-353. These laws are undoubtedly essential in protecting children and public safety.

States also have laws codifying the duty to report on a patient's (including an adult's) harm to self or others. For example, Florida has a statute that requires disclosure to law enforcement "when . . . "[s]uch patient has communicated to the psychiatrist a specific threat to cause serious bodily injury or death to an identified or a readily identifiable person," and after "[t]he treating psychiatrist makes a [particular] clinical judgment." Fla. Stat. § 456.059.

These reporting laws regulate literal speech: namely the speech of a healthcare professional (compelling them to speak to state authorities or requiring them to engage in certain clinical assessments). But *amici* are aware of no court or health scholar that has ever construed such laws as a facially unconstitutional abridgement of the First Amendment. This Court should be wary of adopting a rule that would inadvertently imperil them.

C. States require that healthcare practitioners provide relevant treatment disclosures.

Furthermore, numerous states also impose strict restrictions on what information healthcare practitioners can and cannot disclose or share. Under Petitioner's view, these could violate the First Amendment, either by restricting speech (*i.e.*, disclosure prohibitions) or compelling speech (*i.e.*, required risk disclosures).

Restrictions on disclosure often take the form of health privacy laws. Federal health privacy law, including HIPPA, functions as a minimum standard; state privacy laws and equivalent can add additional layers of protection. Under many state laws, Protected Health Information ("PHI") may only be disclosed with express written patient authorization, with limited exceptions, for example to facilitate treatment or payment. *See, e.g.*, S.C. Code Ann. § 40-75-190 (restricting disclosure of privileged information with limitations such as those authorized under HIPPA, which includes for purposes of treatment and payment (45 C.F.R. § 164.502(a)); S.D. Codified Laws § 36-32-78 (same). There are strict limitations (and in some scenarios, criminal penalties) around when PHI can otherwise be shared, even with other healthcare practitioners or family members. *See, e.g.*, Model State Public Health Privacy Act as of October 1, 1999, Section 7-101 (criminal penalties), https://perma.cc/C3YX-FYX9; Memorandum Opinion for the General Counsel of the U.S. Department of Health and Human Services (June 1, 2025), *Scope of Criminal Enforcement Under 42 U.S.C. § 1320d-6*, https://perma.cc/S5ZQ-RSNA; American Medical Assoc., *HIPAA violations & enforcement* (2025),

https://perma.cc/8GL8-DNLS.[4] These could be viewed as severe restrictions on the ability of healthcare providers to speak to fellow doctors, the public, or others. But *amici* are aware of no state or court that has construed health privacy laws as facially violating the First Amendment. Rather, these laws are important means of regulating healthcare practices and protecting the privacy of patients.

Separately, other state laws require specific affirmative disclosures to patients. For example, healthcare providers have a duty to disclose to patients relevant information about treatment options, including risks, benefits, and alternatives. American Medical Assoc., *Code of Medical Ethics*, *2.1.1 Informed Consent* (Dec. 2024), https://perma.cc/4WXG-PHTR. These disclosures typically include: what condition is being treated; the nature and character of

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[4] This includes disclosures as necessary to identify or locate patients, as well as to notify family members of patient location, condition or death. Providers can also share patient information as necessary to "prevent or lessen a serious and imminent threat to the health and safety of a person or the public." U.S. Department of Health and Human Services, Office for Civil Rights, *Can health care information be shared in a severe disaster?* (Dec. 28, 2022), https://www.hhs.gov/hipaa/for-professionals/faq/960/can-health-care-information-be-shared-in-a-severe-disaster/index.html; *see also* Miss. Code Ann. § 41-21-97 (permitting disclosure of private health information by psychologists, LPCs, and others when patient communicated an actual threat of physical violence against identified potential victim or victims); N.J. Stat. Ann. § 45:15BB-13 (imposing a duty for LCSWs to disclose otherwise confidential information if a client or patient indicates information presenting a clear and present danger to the health or safety of an individual); Or. Rev. Stat. § 179.505 (permitting disclosure of information obtained in the course of diagnosis or treatment if, in the provider's professional judgment, there is indication of a clear and immediate danger to others or society).

the proposed treatment or surgical procedure; anticipated results of the treatment; recognized possible alternative forms of treatment; and recognized serious possible risks, complications, and anticipated benefits involved in the treatment or surgical procedure; as well as the recognized possible alternative forms of treatment, including non-treatment. *See* Appendix; *see also Canterbury v. Spence*, 464 F.2d 772 (D.C. Cir. 1972) (reversing judgment, holding in relevant part that a prima facie case was made against the treating physician for violating his duty to disclose risk of paralysis from operation); *NIFLA,* 586 U.S. at 848.

Furthermore, state courts have held that the required disclosures include any personal or economic interests of the provider that may influence their judgment, *Gates v. Jenson*, 595 P.2d 919 (Wash. 1979), *Moore v. Regents of University of California*, 51 Cal.3d 120 (1990), all diagnostic tests that may rule out a possible condition, *Jandre v. Physicians Insurance Co. of Wisconsin*, 792 N.W.2d 558 (Wis. Ct. App. 2010), and information that a reasonable person in the patient's position would find important, *Nixdorf v. Hicken*, 612 P.2d 348 (Utah 1980).

Additionally, when healthcare professionals provide inadequate or incorrect disclosures or explanations or treatment—or verbal medical advice that is otherwise negligent and harmful—some state law may impose liability upon them in the form of a malpractice claim or a freestanding cause of action. I. Glenn Cohen, *Informed Consent and Artificial Intelligence: What to Tell the Patient?*, 108 Georgetown L. J. 1426, 1432 (2020) (citing Nadia N. Sawicki, *Modernizing Informed Consent: Expanding the Boundaries of Materiality*, 2016 U. Ill. L. Rev. 821, 822–23 (2016)); Jessica W. Berg et al., *Informed Consent: Legal Theory*

and Clinical Practice 41–44 (2d ed. 2001) (noting battery as the original tortious cause of action underlying liability for failure to disclose to patients the risks and benefits of treatment or nontreatment, subsequently developing into a theory of negligence). Under Petitioner's theory, state laws mandating disclosure, *e.g.*, for licensed therapists, would presumably be a form of compelled speech that violates the First Amendment because their practice does not involve a separate physical medical procedure. But in *amici*'s collective experience, no state or court has construed laws as such, and adopting such a rule would disrupt these established patient protections.

D. States impose ethics mandates on healthcare providers that implicate speech.

Numerous jurisdictions have passed ethics codes for healthcare professionals that incidentally involve restrictions on professionals' speech. For example, a majority of the states have enacted a "Patient's Bill of Rights," which includes a right to privacy, to confidentiality, to certain medical information, and to know about conflicts of interest, among others. A number of these rights implicate and inform the literal speech of healthcare providers. Such regulations can prohibit certain types of psychotherapy deemed harmful or lacking in scientific validity. *See, e.g.*, Ala. Code § 34-26-1; Tenn. Code Ann. § 63-11-204(a).

Other state laws restrict or penalize the ability of healthcare providers to make certain remarks, for instance, romantic or sexually suggestive comments, given the unique importance and vulnerability of the patient-provider relationship. *See e.g.*, Ariz. Rev. Stat. § 32-3251 (defines comments of a sexual nature as unprofessional conduct for behavior health professionals); Fla. Stat. § 456.063 (prohibits health

care professionals from engaging in verbal sexual activity with patients); R.I. Gen. Laws § 5-39.1-10 (prohibits social workers from soliciting sexual relations with a client); Wyo. Stat. § 33-1-118 (prohibits providers from offering sex in exchange for medical services); Mich. Comp. Laws § 333.16221 (prohibits providers from offering sex in exchange for services); and Minn. Stat. Ann. § 147.091 (prohibits physicians from engaging in seductive verbal behavior with a patient).

More generally, ethics requirements apply to psychotherapists as well as other licensed healthcare professionals and are effectively preconditions for obtaining or maintaining a license. *See, e.g.* Iowa Code Ann. § 147.55 (enumerating acts or offenses as specified by the Iowa Board of Psychology as grounds for disciplinary action including professional incompetency); Kan. Stat. Ann. § 74-7507 (empowering the Kansas Behavioral Sciences Regulatory Board to adopt and enforce rules and regulations for professional conduct for mental health professionals).

These sorts of ethics codes govern professional conduct and advance the government's overarching interest in public health and patient rights, including patient autonomy and safety. But Petitioner's attempt to redraw the lines between speech and conduct would seek to reclassify ethics codes and jeopardize their continued application.

II. This Court Should Uphold Colorado's Regulations of Licensed Counselors.

Petitioner attempts to depict Colorado's MCTL as a new and unique restriction on free speech that justifies singular changes to constitutional law. But that does not accurately reflect the facts of this case or the

landscape of health law across the fifty states. *Amici* respectfully urge this Court to view the MCTL in context: there are numerous state laws that regulate professional speech or require them to speak particular words as a necessary element of administering treatment. Petitioner's theory would call into question the validity of many of those regulations, especially when they concern professionals who deliver their services through talk therapy. *See generally*, *Licensing Knowledge* and *Professional Speech*, at 1277 *et seq*.

This Court should adhere to those longstanding principles and apply them to this case. Colorado's conversion therapy statute should not be subject to a more exacting standard of review than other licensing requirements merely because conversion therapy often is performed using speech (during talk therapy) instead of or in addition to prescriptions or physical interventions (offered by other licensed health professionals). As surveyed above, there are numerous state health laws that regulate or compel speech that constitutes an element of providing treatment.

Conversely, if this Court were to adopt Petitioner's theory, it could undermine traditional legal frameworks for medical treatment. Petitioner's constitutional rule is contrary to how states and the medical profession have historically regulated the field and could have ripple effects beyond the contours of this case. Petitioner has not identified a principled, limited means of line-drawing that would isolate this case from other regulations that impact what providers of talk therapy or other medical and mental health services may say in the course of providing treatment. The undersigned *amici*, as experts on U.S. health law, respectfully urge this Court not to redraw the lines between conduct and speech in ways that

could disrupt important areas of healthcare and practice.

At bottom, health laws like MCTL regulate professional conduct, including mental health treatment such as talk therapy which is carried out through speech. Importantly, these licensing conditions do not extend to speech that is not part of administering treatment, including public speech *about* treatment or the expression of opinions concerning conversion therapy or any other topic. The bedrock protections of the First Amendment continue to safeguard the full range of free expression for such speech. *Professional Speech*, at 1254–57 (distinguishing private speech from professional speech), *id.* at n.71 (citing Robert Post, *Democracy, Expertise, and Academic Freedom: A First Amendment Jurisprudence for the Modern State* at 43 (2012) ("If an expert chooses to participate in public discourse by speaking about matters within her expertise, her speech will characteristically be classified as fully protected opinion.")).

CONCLUSION

For the foregoing reasons, this Court should affirm the Tenth Circuit's decision.

Respectfully submitted,

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August 26, 2025

APPENDIX

SELECT STATE STATUTES

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ALABAMA[5]

Ala. Code § 34-26-1 (defining the scope of psychotherapy; prohibiting the administration and prescription of drugs or electro-shock by psychologists)

Ala. Admin. Code r. 750-X-6-A2 (prohibiting psychologists from intentionally participating in, facilitating, assisting, or otherwise engaging in physical or mental torture)

Ala. Code § 34-8A-21 (granting privileged communications and confidential relations to LPCs)

Ala. Code § 34-8A-24 (discussing a limited duty by LPCs to warn and protect potential victims from a client's serious threat of physical violence)

Ala. Code § 26-14-3 (establishing mandatory reporting by various providers—including mental health professionals—for suspected child abuse or neglect)

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[5] Below is a list of acronyms that may be used herein.

LCMHC (Licensed Clinical Mental Health Counselor)
LCPC (Licensed Clinical Professional Counselor)
LCPC (Licensed Clinical Professional Counselor)
LCSW (Licensed Clinical Social Worker)
LICSW (Licensed Independent Clinical Social Worker)
LISW (Licensed Independent Social Worker)
LMFT (Licensed Marriage and Family Therapist)
LMHC (Licensed Mental Health Counselor)
LMSW (Licensed Master Social Worker)
LPC (Licensed Professional Counselor)
LPCC (Licensed Professional Clinical Counselor)
LSW (Licensed Social Worker)

Ala. Code § 6-5-548 (requirements of a medical malpractice claim)

Ala. Code § 34-17A-22 (prohibiting LMFTs from testifying in certain circumstances)

Ala. Code § 34-8A-16 (enforcing ethical and professional code of conduct for LPCs)

Ala. Admin. Code r. 255-X-11-0.1 (requiring informed consent for counseling services via mandatory verbal and written disclosures; requiring notice for terminated or interrupted services; prohibiting exploitation, sexual harassment, and any type of sexual intimacies with current clients; prohibiting advertisements or representations of services to the public with false, misleading, deceptive, or fraudulent identifications of professional credentials; prohibiting solicitation of testimonials from clients; and otherwise enforcing ethics code and standards of practice for LPCs)

Ala. Code § 22-56-7 (requiring providers of mental health services to have written policies to prohibit abuse, exploitation, or neglect)

ALASKA

Alaska Stat. § 08.86.180 (prohibiting psychologists from engaging in the practice of medicine)

Alaska Stat. § 08.29.200 (granting confidential relations and communications to LPCs)

Alaska Stat. § 47.17.020 (establishing mandatory reporting by various practitioners of healing arts—including LMHCs, LMFTs, and psychologists—for suspected child abuse or neglect)

Alaska Stat. § 09.55.540 (requirements of a medical malpractice claim)

Alaska Stat. § 08.29.220 (prohibiting LPCs from charging fees for services unless a client is furnished with a professional disclosure statement prior to the commencement of counseling)

Alaska Stat. § 08.29.400 (enforcing ethical and professional code of conduct for LPCs; prohibiting the use of a false, misleading, or deceptive advertisement or solicitation)

Alaska Stat. § 08.64.367 (requiring physicians to obtain written informed consent for certain investigational treatments)

Alaska Admin. Code tit. 12, § 62.900 (adopting and enforcing the American Mental Health Counselors Association's *AMHCA Code of Ethics* for LPCs)

ARIZONA

Ariz. Rev. Stat. § 32-2076 (prohibiting psychologists from engaging in the practice of medicine)

Ariz. Rev. Stat. § 32-3283 (granting confidential relations and privileged communications to behavioral health professionals; imposing a duty to warn victims and authorities of a client's clear and immediate danger to themself or others)

Ariz. Rev. Stat. § 13-3620 (establishing mandatory reporting by any person—including behavioral health professionals, psychologists, and LSWs for suspected child abuse or neglect)

Ariz. Rev. Stat. § 12-563 (requirements for a medical malpractice claim)
Ariz. Rev. Stat. § 32-3281 (enforcing ethical and professional code of conduct for behavioral health professionals)

Ariz. Rev. Stat. § 32-3251 (defining the scope of unprofessional conduct for behavioral health professionals; prohibiting various oral or written misrepresentations of fact; prohibiting false, fraudulent, or deceptive statements or advertising in the practice of behavioral health; prohibiting the termination of services without making an appropriate referral for necessary continued care; prohibiting sexual conduct or harassment, exploitation, physical contact with current or former clients; imposing a duty to make written reports regarding another licensee's unprofessional conduct; and otherwise enforcing

ethical and professional code of conduct for behavioral health professionals)

Ariz. Admin. Code § R4-6-1101 (requiring behavioral health professionals to obtain written, dated, and signed documentation of informed consent for treatment)

Ariz. Admin. Code § R4-6-1102 (requiring behavioral health professionals to develop treatment plans with specific goals and methods to review and share with each client)

Ariz. Admin. Code § R4-6-1104 (requiring behavioral health professionals to clearly explain all financial arrangements related to professional services before entering a therapeutic relationship)

Ariz. Rev. Stat. § 32-3213 (requiring health professionals—including behavioral health professionals and psychologists—to identify their title and license type in advertisements for professional services)

ARKANSAS

Ark. Code Ann. § 17-97-102 (prohibiting the practice of psychology from infringing on the practice of medicine)

Ark. Code Ann. § 17-27-311 (restricting disclosure of confidential relations and communications between clients and LPCs and LMFTs)

Ark. Code Ann. § 12-18-402 (establishing mandatory reporting by mental health professionals and certain medical personnel for suspected child abuse or neglect)

Ark. Code Ann. § 17-27-309 (enforcing ethical and professional standard of conduct for LPCs and LMFTs)

Ark. Code Ann. § 20-15-2503 (requiring physicians to obtain written informed consent for certain investigational treatments)

CALIFORNIA

Cal. Bus. & Prof. Code § 4999.20 (prohibiting LPCCs from using projective techniques in the assessment of personality)

Cal. Bus. & Prof. Code § 2904 (prohibiting psychologists from prescribing drugs or administering electro-convulsive therapy)

Cal. Bus. & Prof. Code § 4999.84 (restricting disclosure of confidential and communications between clients and LPCCs)

Cal. Penal Code § 11166 (establishing mandatory reporting by LPCCs, LMFTs, psychologists, LSWs, and physicians for suspected child abuse or neglect)

Cal. Civ. Proc. Code § 667.7 (requirements for medical malpractice claims)
Cal Bus. & Prof. Code § 4999.71 (requiring LPCCs to provide written notice to clients on how to file complaints with the Board of Behavioral Sciences)

Cal. Bus. & Prof. Code § 4999.74 (requiring LPCCs to provide clients with accurate information about the counseling relationship and process)

Cal. Health & Safety Code § 24175 (requiring informed consent for medical experimentation)

Cal. Bus. & Prof. Code § 4999.90 (enforcing ethical and professional standard of conduct for LPCCs; prohibiting misrepresentation of licensee credentials or qualifications; prohibiting sexual relations or misconduct with a client; requiring disclosure of fees for professional services prior to the commencement of treatment; and prohibiting advertising in a false, fraudulent, misleading, or deceptive manner)

COLORADO

Colo. Rev. Stat. § 12-245-224 (prohibiting mental health professionals from using or recommending rebirthing or any therapy technique like rebirthing)

Colo. Rev. Stat. § 12-245-210 (prohibiting mental health professionals from administering or prescribing drugs, or engaging in the practice of medicine)

Colo. Rev. Stat. § 12-245-220 (restricting disclosures of confidential relations and communications between clients and mental health professionals)

Colo. Rev. Stat. § 19-3-304 (establishing mandatory reporting by mental health professionals, physicians, and certain hospital personnel for suspected child abuse or neglect)

Colo. Code Regs. § 737-1:1.23 (requiring LPCs to provide a written disclosure to patients of any prior convictions or disciplinary actions for sexual misconduct)

Colo. Code Regs. § 737-1:1.24 (requiring LPCs to provide disclosures to clients about the potential effects of receiving services from an out-of-network provider)

Colo. Rev. Stat. § 12-245-216 (requiring mental health professionals to provide a written disclosure during each initial client contact, including information about licensee's credentials and qualifications, a client's rights throughout therapy, and rules against sexual intimacy)

Colo. Rev. Stat. § 12-245-224 (enforcing ethical and professional conduct for mental health professionals; prohibiting the use of misleading, deceptive, or false advertising; and prohibiting sexual contact, intrusion, or penetration with a client)

CONNECTICUT

Conn. Gen. Stat. § 20-194 (prohibiting psychologists from the right to practice medicine)

Conn. Gen. Stat. § 17a-101b (establishing mandatory reporting by LPCs, LMFTs, mental health professionals, psychologists, and physicians for suspected child abuse or neglect)

Conn. Gen. Stat. § 52-184c (requirements for a medical malpractice claim)
Conn. Gen. Stat. § 17a-542 (requiring patients in psychiatric facilities to be furnished with a specialized treatment plan, including notice of impending discharge and aftercare planning)

Conn. Gen. Stat § 17a-543 (requiring informed consent from patients with psychiatric disabilities to receive medication, medical or surgical procedures, and psychosurgery or shock therapy)

Conn. Gen. Stat. § 20-14q (requiring treating physicians to obtain written informed consent for investigational treatments)

Conn. Gen. Stat. § 20-195ee (enforcing ethical and professional code of conduct for LPCs; prohibiting fraud or deceit in the practice of professional counseling)

DELAWARE

Del. Code Ann. tit. 24, § 3017 (restricting disclosures of confidential and privileged communications between clients and LPCMHs)

Del. Code Ann. tit. 16, § 903 (establishing mandatory reporting by any person for suspected child abuse or neglect)

Del. Code Ann. tit. 18, ch. 68 (requirements for medical malpractice claims)

Del. Code Ann. tit. 24, § 3018 (requiring LPCMHs to report the misconduct of another licensee)

Del. Code Ann. tit. 24, § 3019 (requiring LPCMHs to notify all affected clients no less than 30 days before discontinuing practice or terminating a client relationship)

Del. Code Ann. tit. 24, § 3009 (enforcing ethical and professional code of conduct for LPCMHs; prohibiting acts involving consumer fraud or deception)

24-3900-9.0 Del. Admin. Code § 9.1.6 (enforcing code of ethics for LSWs; requiring appropriate boundaries in interactions with clients; requiring disclosure of scheduling services, fees, and any other charges or reports; requiring informed consent for any research participation; requiring advertisements for services to contain accurate representation of credentials and services; and requiring written informed consent for any services delivered by a supervisee)

FLORIDA

Fla. Stat. § 491.003 (prohibiting LMHCs, LMFTs, and LCSWs from prescribing medicinal drugs or using electroconvulsive therapy)

Fla. Admin. Code Ann. r. 64B19-18.007 (prohibiting psychologists from performing forensic evaluations and serving as a guardian ad litem, mediator, therapist, or parenting coordinator in certain circumstances)

Fla. Stat. § 491.0147 (restricting disclosure of confidential and privileged communications between patients/clients and LMHCs, LMFTs, and LCSWs; imposing a duty to warn a law enforcement agency and intended victims of a client's specific threat to cause serious bodily injury or death)

Fla. Stat. § 39.201 (establishing mandatory reporting by various mental health and health care professionals, physicians, and hospital personnel for suspected child abuse or neglect)

Fla. Stat. Chapter 766.102 (requirements for medical malpractice and related matters)

Fla. Stat. § 456.059 (requiring psychiatrists to disclose confidential patient information to law enforcement when patient has communicated specific threat to cause serious bodily injury or death to an identified or a readily identifiable person and the treating psychiatrist makes the clinical judgment that patient has intent and ability to carry out the threat)

Fla. Stat. § 491.009 (enforcing ethical and professional code of conduct for LMHCs, LMFTs, and LCSWs; prohibiting false, deceptive, or misleading advertisements; prohibiting misleading, deceptive, untrue, or fraudulent representations in the professional's practice; and requiring written informed consent for certain treatments or therapies)

Fla. Stat. § 456.063 (prohibiting health care professionals from engaging in verbal sexual activity with patients)

Fla. Stat. § 491.0111 (prohibiting LMHCs, LMFTs, and LCSWs from engaging in sexual misconduct in the practice of their profession)

Fla. Stat. § 456.062 (requiring LMHCs, LMTs, psychologists, and LCSWs to use a clear and distinguishable disclaimer in advertisements for free, discounted, or reduced fee services)

GEORGIA

Ga. Code Ann. § 43-10A-3 (prohibiting LPCs, LMFTs, and LSWs from diagnosing any neuropsychological functioning or conditions)

Ga. Code Ann. § 43-39-1 (prohibiting psychologists from administering or prescribing drugs, or infringing upon the practice of medicine)

Ga. Comp. R. & Regs. 135-7-.03 (restricting disclosures of confidential information and communications between clients and LPCs, LMFTs, and LSWs; imposing a duty to warn the responsible authorities and any identified victims of a client's clear and imminent danger to themself or others)

Ga. Code Ann. § 19-7-5 (establishing mandatory reporting by LPCs, LMFTs, psychologists, LSWs, physicians, and hospital or medical personnel for suspected child abuse and neglect)

Ga. Code Ann. § 43-10A-17 (enforcing ethical and professional code of conduct for LPCs, LMFTs, and LSWs; prohibiting any deceptive conduct or practice harmful to the public)

Ga. Code Ann. § 31-52-4 (requiring physicians to obtain written informed consent for investigational treatments)

Ga. Comp. R. & Regs. 135-7-.01 (establishing responsibilities that LPCs, LMFTs, and LSWs have to clients; requiring informed consent; prohibiting exploitation in relationships with clients; requiring clients to understand and agree with treatment goals; requiring disclosure to clients of any contractual obligations, limitations, or requirements between the licensee and a third party payer which could influence the course of treatment; requiring disclosure to clients of clear and established risks of the proposed treatment; requiring advance notice to clients before charging a fee; and requiring notice to clients for terminated or interrupted services)

Ga. Code Ann. § 43-39-16 (restricting disclosures of confidential relations and communications between clients and psychologists)

Ga. Comp. R. & Regs. 135-7-.02 (prohibiting LPCs, LMFTs, and LSWs from engaging in sexual activities or sexual advances with any client, trainee, or student)

HAWAII

Haw. Rev. Stat. § 453D-14 (prohibiting LMHCs from testifying in certain circumstances)

Haw. Rev. Stat. § 453D-13 (restricting disclosures of confidential and privileged communications between clients and LMHCs; imposing a duty to prevent a clear and imminent danger to a person or persons)

Haw. Rev. Stat. § 350-1.1 (establishing mandatory reporting by psychologists, physicians, and any other healing arts or health-related professionals for suspected child abuse or neglect)

Haw. Rev. Stat. § 453D-12 (enforcing ethical and professional code of conduct for LMHCs; prohibiting false, fraudulent, or deceptive advertising, or making untruthful or improbable statements)

Haw. Rev. Stat. § 465-13 (prohibiting psychologists from harassing, intimidating, abusing, or engaging in any act of sexual abuse, relations, or misconduct with a client or patient)

IDAHO

Idaho Code § 54-2313 (prohibiting psychologists from engaging in the practice of medicine, or diagnosing, prescribing for, or treating a client with reference to a medical condition)

Idaho Code § 54-3410 (restricting disclosure of confidential communications between clients and LPCs and LMFTs)

Idaho Code § 16-1605 (establishing mandatory reporting by LSWs, physicians, or any other person with reason to suspect child abuse or neglect)

Idaho Code § 54-1818 (requiring physicians to report the misconduct of another licensee)

Idaho Code § 54-3410A (requiring LPCs and LMFTs to obtain informed consent for counseling or therapy)

Idaho Code § 54-3407 (enforcing ethical and professional code of conduct for LPCs and LMFTs; prohibiting fraud or deceit in the performance of official duties)

Idaho Admin. Code r. 24.15.01.200 (requiring LPCs and LMFTs to provide each client with a disclosure containing specific information, including: licensee's professional credentials; purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services; client's rights in treatment; fee structure, billing arrangements, and cancellation policy; and a statement prohibiting sexual intimacy with a client)

ILLINOIS

225 Ill. Comp. Stat. 107/20 (prohibiting LPCs from engaging in the practice of medicine)

225 Ill. Comp. Stat. 15/2 (prohibiting clinical psychologists from the use or practice of hypnosis)

225 Ill. Comp. Stat. 15/15 (prohibiting psychologists from prescribing, selling, administering, distributing, giving, or self-administering any narcotic drug)

225 Ill. Comp. Stat. 107/75 (granting privileged relations and communications to LPCs; imposing a duty to warn and protect any person from a clear, imminent risk of serious mental or physical harm or injury, or a serious threat to public safety)

225 Ill. Comp. Stat. 107/80 (enforcing ethical and professional code of conduct for LPCs; prohibiting conduct likely to deceive, defraud, or harm the public; prohibiting abandonment of a client; and prohibiting solicitation of professional services through false or misleading advertising)

410 Ill. Comp. Stat. 649/10 (requiring physicians to obtain informed consent for investigational treatments)

Ill. Admin. Code tit. 68, § 1375.225 (enforcing ethical and professional code of conduct for LCPCs; prohibiting sexual exploitation or harassment of clients; prohibiting sexual or romantic intimacies with clients; and requiring disclosure to and informed consent from each client for all pertinent facts regarding services prior to administration of professional services)

325 Ill. Comp. Stat. 5/4 (enforcing mandatory reporting for LPCs, LMFTs, psychologists, LSWs, psychiatrists, physicians, and certain medical personnel for suspected child abuse or neglect)

INDIANA

Ind. Code § 25-33-1-2 (prohibiting psychologists from engaging in the practice of medicine or optometry, or prescribing medication)

Ind. Code § 25-23.6-1-8 (prohibiting the practice of social work from including the use of psychotherapy or diagnosis)

Ind. Code § 25-23.6-4-6 (prohibiting LSWs from providing expert testimony)

Ind. Code § 31-33-5-1 (establishing mandatory reporting by any individual for suspected child abuse or neglect)

Ind. Code Title 24, ch. 18 (requirements of a medical malpractice claim)

Ind. Code § 25-23.6-7-6 (requiring LSWs to disclose their educational background to clients prior to the provision of counseling services)

Ind. Code § 25-33-1-17 (granting confidential relations and privileged communications to psychologists)

839 Ind. Admin. Code 1-5-5 (establishing and enforcing standards for competent practice by LMHCs; granting confidential communications and relations; requiring information provided to the public regarding professional services, expertise, and techniques available to be accurate; and prohibiting the abandonment or neglect of clients in treatment)

868 Ind. Admin. Code 1.1-11-4.5 (prohibiting psychologists from engaging in sexual intimacies with current patients or clients)

868 Ind. Admin. Code 1.1-11-4 (requiring psychologists to make advance financial agreements that are clearly understood by patients or clients)

Ind. Code § 25-23.6-11-1 (prohibiting LMHCs, LMFTs, and LSWs from knowingly describing their services as psychotherapy or clinical psychology)

IOWA

Iowa Code § 154B.9 (prohibiting psychologists from administering or prescribing drugs or medicine)

Iowa Code § 154C.5 (restricting disclosure of confidential information and communications between clients and LISWs)

Iowa Code § 232.69 (establishing mandatory reporting by LMHCs, psychologists, LISWs, or any other person with reason to suspect child abuse or neglect)

Iowa Code § 144E.2 (requiring physicians to obtain written informed consent for investigational treatments)

Iowa Code § 147.55 (enforcing ethical and professional code of conduct for all licensees, including LMHCs, LMFTs, psychologists, and LISWs; prohibiting misleading, deceptive, untrue, or fraudulent representations in the practice of a profession, or engaging in unethical conduct or practices harmful or detrimental to the public; and prohibiting fraud in representations as to skill or ability; prohibiting untruthful or improbable statements in advertisements)

Iowa Admin. Code r. 481-893.1(154D, 272C) (establishing and enforcing ethical and professional code of conduct for LMHCs and LMFTs)

Iowa Code § 154D.5 (prohibiting LMHCs and LMFTs from engaging in sexual activity with a client)

KANSAS

Kan. Stat. Ann. § 65-5810 (restricting disclosure of confidential relations and communications between clients and LPCs)

Kan. Stat. Ann. § 38-2223 (establishing mandatory reporting by psychologists, licensed clinical psychotherapists, LPCs, LMFTs, LSWs, and any other person with reason to suspect child abuse or neglect)

Kan. Stat. Ann. § 65-5817 (requiring LPCs to make disclosures upon initiating a client-therapist relationship, including information pertaining to licensee's credentials and authorized practices; prohibiting LPCs from practicing medicine and surgery, or prescribing drugs)

Kan. Stat. Ann. § 65-4974 (requiring physicians to obtain informed consent for medical research)

Kan. Stat. Ann. § 65-5809 (enforcing ethical and professional code of conduct for LPCs)

Kan. Stat. Ann. § 74-7507 (empowering the Kansas Behavioral Sciences Regulatory Board to adopt and enforce rules and regulations for professional conduct for mental health professionals)

Kan. Admin. Regs. § 102-3-12a (enforcing ethical and professional code of conduct for LPCs; prohibiting cruel treatment of any client, student, directee, or supervisee; requiring advising and an explanation for each client on their respective rights, responsibilities and duties in the professional counseling relationship; requiring clients to receive a description of expected services, consultation, reports, fees, billing, therapeutic regimen or schedule; requiring clients to receive a description of clear and known risks for treatment or possible effects if proposed treatment is experimental; requiring written informed consent certain actions; prohibiting dishonest, fraudulent, deceitful, or misrepresentative billing practices and advertising; prohibiting sexual advances or engagement in physical intimacies or sexual activities with a client, student, directee, or supervisee; prohibiting claims of professional superiority that one cannot substantiate or guaranteeing satisfaction or a cure from the performance of professional services; and requiring notice to a client when termination or interruption of service is anticipated)

KENTUCKY

Ky. Rev. Stat. Ann. § 335.300 (prohibiting LMFTs from administering or interpreting psychological tests)

Ky. Rev. Stat. Ann. § 620.030 (establishing mandatory reporting by mental health professionals, LSWs, and physicians for suspected child abuse or neglect)

Ky. Rev. Stat. Ann. § 202A.400 (imposing a duty by mental health professionals—including LPCs, LMFTs, psychologists, psychiatrists, and LSWs—to warn and protect clearly or reasonably identifiable victims of a client's actual threat of physical violence or violent act)

Ky. Rev. Stat. Ann. § 335.540 (enforcing ethical and professional code of conduct for LPCs; prohibiting unfair, false, misleading, or deceptive acts or practices)

Ky. Rev. Stat. Ann. § 319.082 (prohibiting psychologists from physically abusing or having sexual contact with a patient, client, student, or supervisee; granting confidential relations and communications)

201 Ky. Admin. Regs. 36:040 (enforcing code of ethics for LPCs; prohibiting exploitation of a client; prohibiting sexual, romantic interactions, or intimate relationships or harassment a client; requiring therapeutic relationships to be terminated unless client is clearly benefitting from the relationship; prohibiting abandonment or neglect of a client in treatment; requiring informed consent; requiring clients to receive written and verbal review of the rights and responsibilities of an LPC and client; requiring clients to receive an explicit explanation for

the nature of all services provided, including fees and billing arrangements; granting confidential relations and communications; and requiring advertisements or representations of services to the public to accurately identify the licensee's credentials)

Ky. Rev. Stat. Ann. § 217.5404 (requiring treating physicians to obtain informed consent for experimental treatments)

LOUISIANA

La. Stat. Ann. § 37:1103 (prohibiting LPCs from administering or interpreting intellectual, personality, developmental, or neuropsychological tests; prohibiting the practice of psychology; and prohibiting prescribing, distributing, dispensing, or administering any medications)

La. Stat. Ann. § 37:1115 (prohibiting LPCs and LMFTs from engaging in the practice of medicine or psychiatry)

La. Stat. Ann. § 13:3734 (restricting disclosure of privileged communications between clients and LPCs, psychologists, LSWs, physicians, and any other licensed health care professionals)

La. Child. Code Ann. art. 609 (establishing mandatory reporting by mental health and social service practitioners—including LMFTs, psychologists, psychiatrists, LSWs, or any individual providing counseling services to a child or their family—for suspected child abuse or neglect)

La. Stat. Ann. § 37:2363 (imposing a duty for psychologists to warn and protect clearly identified victims from an immediate threat of physical violence)

La. Admin. Code tit. 46, pt. LX, § 2105 (imposing a duty for LPCs to warn and protect clearly identified victims from a threat of physical violence)

La. Stat. Ann. § 37:1110 (enforcing ethical and professional code of conduct for LPCs and LMFTs)

La. Admin. Code tit. 46, pt. LX, § 2103 (requiring that clients work jointly to devise and regularly review counseling plans; requiring clients to receive written and verbal explanations of the rights and responsibilities of the licensee and the client to obtain informed consent, including for the implications of diagnosis, intended use of tests and reports, and billing arrangements; prohibiting sexual or romantic licensee-client interactions or relationships; prohibiting abandonment or neglect of clients; and requiring appropriate termination of a counseling relationship when it becomes apparent that the client no longer needs assistance, is not likely to benefit, or is being harmed by continued counseling)

La. Admin. Code tit. 46, pt. LX, § 2107 (prohibiting advertisements or representations of LPCs' services to the public that identifies their credentials in a false, misleading, deceptive, or fraudulent manner; and prohibiting solicitation of testimonials from current or former clients)

La. Stat. Ann. § 37:2359 (enforcing ethical and professional code of conduct for psychologists; prohibiting harassment, intimidation, or abuse—sexual or otherwise—of a client or patient; prohibiting sexual intercourse or other sexual contact with a client or patient; and prohibiting repeated untruthful, deceptive, or improbable statements concerning licensee's qualifications or the effects or results of proposed treatment)

MAINE

Me. Stat. tit. 32, § 13855 (prohibiting LPCs and LMFTs from holding themselves out to the public as psychologists or offering primarily the services of psychological testing)

Me. Stat. tit. 32, § 3811 (prohibiting psychologists from engaging in the practice of medicine)

Me. Stat. tit. 32, § 7001-A (prohibiting psychosocial evaluations by LSWs from including treatment of any illness by organic therapy)

Me. Stat. tit. 32, § 7005 (prohibiting LSWs from testifying in certain civil and criminal actions, suits, or proceedings at law or in equity without the request or consent of a client)

Me. Stat. tit. 32, § 13862 (restricting disclosure of confidential communications between clients and LPCs and LMFTs)

Me. Stat. tit. 22, § 4011-A (establishing mandatory reporting by mental health professionals, psychologists, social workers, and physicians for suspected child abuse or neglect)

Me. Stat. tit. 32, § 13867 (imposing a duty for LPCs and LMFTs to warn and protect others, including potential victims, from a client's violent behavior that poses a serious risk of harm to themself or others)

02-514-8-B Me. Code R. § 1 (requiring LPCs and LMFTs to provide each client with a copy of the client bill of rights at the commencement of the counseling relationship)

02-514-8-B Me. Code R. § 2 (requiring LPCs and LMFTs to provide each client with a copy of the disclosure statement at the commencement of the counseling relationship)

02-514-8-A Me. Code R. § 9 (requiring LPCs and LMFTs to obtain informed consent from research participants and ascertain that their consent is voluntary)

Me. Stat. tit. 10, § 8003 (enforcing ethical and professional code of conduct for all licensees generally; prohibiting the practice of fraud, deceit, or misrepresentation in connection with services rendered while engaged in the licensee's profession)

02-514-8 Me. Code R. § A-2 (prohibiting LPCs and LMFTs from posing a risk of harm to or exploitation of a client; requiring notice and assistance for a client when termination or interruption of service is anticipated; and requiring clarification to clients that all decisions are their right and responsibility)

02-514-8 Me. Code R. § A-4 (prohibiting LPCs and LMFTs from engaging in sexual activity with a client, supervisee, student, or research subject)

MARYLAND

Md. Code Ann., Health Occ. § 18-101 (prohibiting psychological methods, principles, and procedures from amounting to the practice of medicine)

Md. Code Regs. 10.58.03.08 (restricting confidential information and communications between clients and LPCs and LMFTs; requiring informed consent for treatment)

Md. Code Ann., Fam. Law § 5-704 (establishing mandatory reporting by educators or human service workers—including LPCs, LMFTs, and LSWs—for suspected child abuse or neglect)

Md. Code Ann., Cts. & Jud. Proc. § 3-2A-04 (requirements of a medical malpractice claim)

Md. Code Ann., Health Occ. § 17-507 (requiring LPCs and LMFTs to provide with a copy of a professional disclosure statement prior to the performance of services, including information pertaining to licensee's credentials and specialization(s), fee schedule, and the Board)

Md. Code Regs. 10.58.03.05 (requiring LPCs and LMFTs to inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed; requiring clients to receive an explanation of the implications of diagnosis, intended use of tests and reports, fees, and billing arrangements; prohibiting abandonment or neglect of clients in counseling; and requiring client's

agreement or offering an appropriate referral prior to the termination of a counseling relationship)

Md. Code Ann., Health–Gen. § 21-2B-02 (requiring physicians to obtain informed consent for investigational treatments)

Md. Code Ann., Health Occ. § 17-509 (enforcing ethical and professional code of conduct for LPCs and LMFTs; prohibiting willful misrepresentations while counseling or providing therapy)

Md. Code Regs. 10.58.03.09 (prohibiting LPCs and LMFTs from engaging in sexual misconduct, behavior, harassment, or deception with a client or supervisee)

Md. Code Regs. 10.58.03.07 (prohibiting LPCs and LMFTs from placing certain advertisements; prohibiting advertisements or public statements identifying licensee's credentials in a false, misleading, deceptive, or fraudulent manner or containing false, fraudulent, misleading, deceptive, or unfair statements, information, or partial disclosures)

Md. Code Ann., Health Occ. § 18-313 (prohibiting psychologists from using or promoting any misleading, deceiving, or untruthful advertisements, promotional literature, or testimonials)

MASSACHUSETTS

258 Mass. Code Regs. 20.03 (prohibiting LSWs from prescribing, furnishing, or administering any pharmacological agent to a client in the course of their professional practice; prohibiting diagnosis or attempting to diagnose any organic illness or disorder using medical tests, examinations or procedures; and prohibiting prescribing or administering any form of organic or medical therapy or treatment)

Mass. Gen. Laws ch. 112, § 135B (prohibiting LSWs from testifying in certain court or legislative and administrative proceedings about the diagnosis or treatment of a mental or emotional condition without first obtaining the client's consent)

Mass. Gen. Laws ch. 112, § 172 (restricting disclosures of confidential communications between clients and LMHCs and LMFTs)

Mass. Gen. Laws ch. 119, § 51A (establishing mandatory reporting by LMHCs, LMFTs, psychologists, psychiatrists, LCSWs, and physicians for suspected child abuse or neglect)

Mass. Gen. Laws ch. 112, § 129A (imposing a duty for psychologists to reasonably warn and/or protect identified person(s), appropriate law enforcement agencies, and the client against a client's explicit threat to kill or inflict serious bodily injury, or clear and present danger of physical violence)

262 Mass. Code Regs. 8.03 (requiring LMHCs to obtain written and signed informed consent prior to performing any mental health services; requiring informed consent to include information pertaining to licensee's credentials, use of tests and inventories, accurate and appropriate billing procedures, an explanation of services provided and the risks and benefits of counseling services, and a client bill of rights; prohibiting abandonment or neglect of clients in counseling; and requiring termination of a counseling relationship when it is reasonably clear that it no longer serves the needs of the client)

Mass. Gen. Laws ch. 112, § 169 (enforcing ethical and professional code of conduct for LMHCs and LMFTs)

262 Mass. Code Regs. 8.02 (prohibiting LMHCs and LMFTs from engaging in romantic or sexual relationships with clients; prohibiting misrepresentations of fees for services)

Mass. Gen. Laws ch. 112, § 61 (prohibiting dishonesty, fraud, or deceit reasonably related to the practice of any profession)

MICHIGAN

Mich. Comp. Laws § 333.18101 (defining the scope of clinical counseling and practice of counseling; prohibiting LPCs from identifying medical or physical conditions beyond the use of classifications and diagnosis in the DSM; and prohibiting differential diagnosis of medical conditions or disorders, prescribing drugs, or administering electroconvulsive therapy)

Mich. Comp. Laws § 333.18117 (restricting disclosure of confidential relations and communications between clients and LPCs)

Mich. Comp. Laws § 722.623 (establishing mandatory reporting by LPCs, LMFTs, psychologists, LSWs, and physicians for suspected child abuse or neglect)

Mich. Comp. Laws §§ 600.2912a (requirements of a medical malpractice claim by a health professional)

Mich. Comp. Laws § 333.16222 (imposing a duty for any licensee to report the misconduct of another professional)

Mich. Comp. Laws § 333.16281 (requiring LPCs, LMFTs, psychologists, and LMSWs to release pertinent records and information to a case worker or administrator directly involved in a child abuse or neglect investigation)

Mich. Comp. Laws § 333.18113 (requiring LPCs to furnish each client with a professional disclosure statement before engaging in counseling services, including information pertaining to licensee's credentials, fee schedule, and the Department's contacts)

Mich. Comp. Laws § 333.16221 (enforcing ethical and professional standards of conduct for health professionals generally, including for LPCs, LMFTs, psychologists, and LSWs; prohibiting false or misleading advertising; and prohibiting any sexual conduct with a patient)

MINNESOTA

Minn. Stat. § 148B.593 (restricting disclosure of confidential communications between patients and LPCs; imposing a duty to reasonably warn and protect others from a client's violent behavior or threat of suicide)

Minn. Stat. § 260E.06 (establishing mandatory reporting by LPCs, LMFTs, psychologists, and LSWs for suspected child abuse or neglect)

Minn. Stat. § 148B.381 (imposing a duty for LMFTs to report the misconduct of another licensed health professional)

Minn. Stat. § 145.682 (requirements for a medical malpractice claim)

Minn. R. 2150.7550 (requiring LPCs to prominently display or make available to clients a bill of rights handout containing specific information pertaining to the provider's credentials, complaint procedures with the Board, and costs of professional services; requiring disclosure of the provider's preferences for treatments or outcomes and presenting the client with other options)

Minn. Stat. § 148.96 (requiring psychologists to display or make available specific information which accurately represents their credentials to each client during the initial meeting)

Minn. R. 2150.7525 (requiring LPCs to obtain oral or written informed consent for services to a client)

Minn. Stat. § 148E.215 (requiring LSWs to obtain informed consent for research on human subjects)

Minn. Stat. § 148B.59 (enforcing ethical and professional standards of conduct for LPCs; prohibiting fraudulent, deceptive, or dishonest conduct; and prohibiting sexual conduct or verbal behavior with a client that seductive or sexually demeaning)

Minn. Stat. Ann. § 147.091 (prohibits physicians from engaging in seductive verbal behavior with a patient)

Minn. R. 2150.7575 (requiring written materials or advertising relating to the practice of professional counseling to identify an LPC's credentials)

Minn. R. 2150.7580 (requiring LPCs to provide itemized fee statements for all services billed; prohibiting misrepresentation of the nature or extent to which billed services were provided)

Minn. Stat. § 148E.225 (requiring LSWs to provide notice, referrals, and terminate a professional relationship with a client when the licensee reasonably determines that the client is not likely to benefit from continued service or the services are no longer needed)

MISSISSIPPI

Miss. Code Ann. § 73-54-5 (prohibiting LMFTs from practicing psychological evaluations or testing, including administering and interpreting intellectual, neuropsychological, advanced personality tests and projective instruments)

Miss. Code Ann. § 73-54-39 (prohibiting LMFTs from testifying in certain circumstances)

Miss. Code Ann. § 73-30-17 (restricting disclosure of confidential communications between patients and LPCs; imposing a duty to warn and protect against a client's communicated contemplation of a crime, harmful act, or intent to commit suicide)

Miss. Code Ann. § 43-21-353 (establishing mandatory reporting by psychologists, LSWs, physicians, or any other person with reason to suspect child abuse or neglect)

Miss. Code Ann. § 11-1-61 (requirements for an expert witness serving in a medical malpractice case)

Miss. Code Ann. § 73-31-29 (requiring a client's consent prior to examination of any communication they made to their psychologist during a professional relationship)

Miss. Code Ann. §41-21-97 (permitting disclosure of private health information by psychologists, LPCs, and others when patient communicated an actual threat of physical violence against identified potential victim or victims)

Miss. Code Ann. § 41-131-1 (requiring physicians to obtain written informed consent for investigational treatments)

Miss. Code Ann. § 73-30-23 (enforcing violations of professional ethics for LPCs)

Miss. Code Ann. § 73-53-17 (prohibiting LSWs from engaging in lewd conduct in connection with professional services or activities; prohibiting false or misleading advertising; requiring notice if a client no longer needs the services or professional assistance of the licensee; and prohibiting excessive or unreasonable fees, or engaging in unreasonable collection practices)

30-3 Miss. Code R. §1901-3.1 (enforcing ethical and professional code of conduct for LMFTs and LSWs; prohibiting conduct likely to deceive, defraud, or harm the public in the course of professional services or activities; requiring reporting to clients of the licensee's proficiency in different treatment modalities or experimental forms of treatment, potential risks and benefits of such treatment; requiring client's consent prior to treatment; prohibiting conduct that increases the risk of exploitation of clients or supervisees; and imposing a duty to report other mental health professionals' known or suspected conduct violations)

MISSOURI

Mo. Rev. Stat. § 337.060 (prohibiting psychologists from engaging in the practice of medicine)

Mo. Rev. Stat. § 337.540 (restricting disclosure of confidential relations and communications between clients and LPCs; prohibiting examination or testimony to a client's communication in certain circumstances)

Mo. Rev. Stat. § 538.210 (defining limitations on noneconomic damages for a medical malpractice claim)

Mo. Rev. Stat. § 210.115 (establishing mandatory reporting by mental health professionals, psychologists, LSWs, and physicians for suspected child abuse or neglect)

Mo. Code. Regs. Ann. tit. 20, § 2263-3.100 (imposing a duty by LSWs to disclose confidential information when a client constitutes a danger to themself or others)

Mo. Code. Regs. Ann. tit. 20, § 2095-3.015 (requiring LPCs to explain and document elements of informed consent with a client before beginning a therapeutic relationship, which includes discussing goals of the relationship, services to be provided, behavior expected of the client, risks and benefits of therapeutic procedures, licensee's qualifications and credentials, financial considerations and arrangements; imposing a duty to report other licensees' known or suspected ethical or professional misconduct)

Mo. Rev. Stat. § 630.115 (prohibiting patients from being subjected to experimental research, hazardous treatments, or surgical procedures without prior informed consent)

Mo. Rev. Stat. § 337.525 (enforcing ethical and professional standards for LPCs; prohibiting fraud, misrepresentation, or dishonesty in the performance of professional functions or duties; and prohibiting the use of any advertisement or solicitation which is false, misleading, or deceptive to the public)

Mo. Code. Regs. Ann. tit. 20, § 2095-3.010 (prohibiting LPCs from misrepresenting their license status or educational credentials; prohibiting sexual conduct with a client during psychotherapy or professional counseling)

Mo. Code. Regs. Ann. tit. 20, § 2233-3.010 (requiring LMFTS to refer or recommend clients to other professional resources when it is clearly in the best interest of the client; prohibiting exploitation in relationships with clients, students, employees, and research participants; and prohibiting excessive fees based on therapeutic services provided)

Mo. Code. Regs. Ann. tit. 20, § 2235-5.030 (providing ethical rules of conduct; prohibiting psychologists from inducing clients to solicit business on their behalf)

MONTANA

Mont. Code Ann. § 37-17-103 (prohibiting psychologists from prescribing drugs, performing surgery, or administering electroconvulsive therapy)

Mont. Admin. R. 24.189.804 (prohibiting psychologists from communicating essential information about a parental plan evaluation to one party's attorney without also communicating it to the other party's attorney and any guardian ad litem)

Mont. Code Ann. § 37-39-301 (restricting disclosure of confidential information between client and LCPCs, LMFTs, and LSWs; imposing a duty to disclose otherwise confidential communication when a licensee's professional opinion reveals a threat of imminent harm to the client or others)

Mont. Code Ann. § 27-6-103, 27-6-602 (defining requirements for a medical malpractice claim)

Mont. Code Ann. § 41-3-201 (establishing mandatory reporting by mental health professionals, LCSWs, physicians, or any other person with reason to suspect child abuse or neglect)

Mont. Admin. R. 24.219.1005 (requiring LCPCs, LMFTs, and LCSWs to provide accurate information when making statements about assessment instruments or techniques; requiring licensees to identify and correct client misconceptions about assessment instruments or techniques, and the meaning of scores, charts, or graphics provided in any assessment product)

Mont. Admin. R. 24.219.1011 (requiring LCPCs, LMFTs, and LCSWs to explain the nature, purposes, and specific use of assessment results to clients prior to assessment)

Mont. Code Ann. § 53-21-148 (prohibiting mental health patients from being subjected to lobotomies, aversive reinforcement conditioning, and other unusual or hazardous treatment procedures without obtaining their express and informed consent)

Mont. Admin. R. 24.219.2301 (enforcing ethical and professional code of conduct for LCPCs, LMFTs, and LCSWs; prohibiting sexual contact, relations, misconduct, offenses, relationships, or harassment, with a client; prohibiting exploitation in any professional relationships; prohibiting recommendations to seek or discontinue prescribed medication; requiring accurate and complete information regarding the extent and nature of services available to them; requiring termination of services and professional relationships with clients when it is no longer required; requiring prompt notice and referral of client's services if termination or interruption of services is anticipated; and requiring informed written consent for research participation, observation of client's activities, and prospective fees for professional services)

NEBRASKA

Neb. Rev. Stat. § 38-2115 (defining the scope of mental health practice; prohibiting mental health practitioners from engaging in the practice of psychology or medicine, prescribing drugs or electroconvulsive therapy, treating physical disease, injuries, or deformities, and measuring personality or intelligence for diagnosis or treatment planning)

Neb. Rev. Stat. § 38-2116 (prohibiting mental health practitioners from representing the nature of their services as medical or psychological)

Neb. Rev. Stat. § 38-2136 (restricting disclosure of confidential communications between clients and mental health practitioners)

Neb. Rev. Stat. § 44-2810 (defining malpractice or professional negligence by a health care provider)

Neb. Rev. Stat. § 28-711 (establishing mandatory reporting by LSWs, physicians, or any other person with reason to suspect child abuse or neglect)

Neb. Rev. Stat. § 38-2137 (imposing a duty for mental health practitioners to warn and protect a patient and/or reasonably identifiable victims when a patient communicates a serious threat of physical violence to a licensee)

Neb. Rev. Stat. § 38-2138 (imposing a duty for mental health practitioners to report any known acts of unprofessional conduct by another licensee)

Neb. Rev. Stat. § 38-178 (enforcing ethical and professional code of conduct for all professionals providing health and health-related services, including mental health practitioners; prohibiting fraudulent practice of the profession; and prohibiting untruthful, deceptive, or misleading statements in advertisements)

Neb. Rev. Stat. § 38-179 (enforcing ethical and professional code of conduct for all professionals providing health and health-related services, including mental health practitioners; requiring consent for care or treatment of a consumer; and prohibiting sexual abuse, misconduct, or exploitation in the practice of the profession)

172 Neb. Admin. Code § 94-013 (enforcing ethical and professional code of conduct for mental health practitioners, LPCs, LMFTs, and LSWs; prohibiting verbal or physical abuse of clients or patients; requiring referrals when it is in the best interest of a client or patient; and requiring clarification at the outset of treatment regarding the practitioner's role, probable services to be provided, and probable uses of information obtained)

172 Neb. Admin. Code § 156-009 (prohibiting psychologists from receiving compensation after making an assurance that a manifestly incurable disease can be permanently cured; prohibiting false or fraudulent claims to have performed or charged for a professional service)

NEVADA

Nev. Rev. Stat. § 641A.065 (defining the scope of clinical professional counseling; prohibiting LCPCs from using psychometric tests, assessment, or measures)

Nev. Admin. Code § 641.224 (restricting disclosure of confidential relations and communications between patients and licensed mental health providers)

Nev. Rev. Stat. § 432B.220 (establishing mandatory reporting LPCs, LMFTs, psychologists, and LSWs for suspected child abuse or neglect)

Nev. Admin. Code § 641A.243 (prohibiting LCPCs and LMFTs from disparaging the qualifications of any colleague; imposing a duty to report the misconduct of another licensee)

Nev. Admin. Code § 641B.210 (imposing a duty for LSWs to warn and protect against a client's communication indicating clear and immediate danger to people or society)

Nev. Rev. Stat. § 629.076 (requiring LCPCs, LMFTs, psychologists, and LSWs to affirmatively communicate their professional credentials to all patients through a written patient disclosure statement conspicuously displayed in the licensee's office)

Nev. Rev. Stat. § 630.306 (requiring physicians to obtain informed consent for any experimental procedures or therapies)

Nev. Rev. Stat. § 641A.310 (enforcing violations of professional conduct for LCPCs and LMFTs; prohibiting fraud or deception in connection with professional services)

Nev. Rev. Stat. § 641.230 (prohibiting psychologists from engaging in sexual activity with a patient or client)

Nev. Admin. Code § 641A.247 (prohibiting LCPCs and LMFTs from misrepresenting to clients the efficiency of their services or the results to be achieved; requiring clients to be told the risks, rights, opportunities and obligations associated with counseling and therapy; requiring termination of services and a professional relationship when the service and relationship are no longer required or no longer serve the client's needs; prohibiting abandonment or neglect of clients in counseling or therapy; requiring notice and referral of clients if termination or interruption of service is anticipated; and prohibiting sexual intimacy and romantic relationships with clients)

NEW HAMPSHIRE

N.H. Rev. Stat. Ann. § 330-A:2 (prohibiting LCMHCs, LMFTs, and LICSWs from assessing a client's need for or prescribing medications, or otherwise engaging in the practice of medicine)

N.H. Rev. Stat. Ann. § 330-A:32 (restricting confidential relations and communications between clients and LCMHCs, LMFTs, and LICSWs)

N.H. Rev. Stat. Ann. § 169-C:29 (establishing mandatory reporting by LMFTs, psychologists, LICSWs, psychiatrists, or any other person with reason to suspect child abuse or neglect)

N.H. Rev. Stat. Ann. § 330-A:35 (imposing a duty for LCMHCs, LMFTs, and LICSWs to warn and reasonably protect clearly identified victims from a client's serious threat of physical violence or substantial damage to real property)

N.H. Rev. Stat. Ann. § 330-A:37 (imposing a duty for LCMHCs, LMFTs, and LICSWs to inform clients who disclose an instance of sexual misconduct with a prior psychotherapist that the other licensee's conduct was unethical, unprofessional, and dishonorable, and advise the client the prior psychotherapist's sexual misconduct is cause for disciplinary action by the board)

N.H. Rev. Stat. Ann. § 330-A:15 (enforcing mental health client bill of rights for LCMHCs, LMFTs, and LICSWs)

N.H. Code Admin. R. Ann. MHP 502.02 (enforcing and requiring LCMHCs, LMFTs, and LICSWs to post and provide copies to clients of the mental health client bill of rights; enforcing client's right to receive full information regarding the licensee's knowledge, skills, experience, and credentials; enforcing client's right to participate in planning, implementing, terminating, or referring treatment; and enforcing client's right to document and provide informed consent)

N.H. Rev. Stat. Ann. § 330-A:27 (enforcing ethical and professional code of conduct for LCMHCs, LMFTs, and LICSWs)

N.H. Code Admin. R. Ann. MHP 502.01 (prohibiting LCMHCs, LMFTs, and LICSWs from advertising services as free if patient is changed for any aspect of treatment, or otherwise engaging in false or misleading advertising; and prohibiting fraudulent or dishonest billing practices)

N.H. Rev. Stat. Ann. § 330-A:36 (prohibiting LCMHCs, LMFTs, and LICSWs from having sexual relations with clients)

NEW JERSEY

N.J. Stat. Ann. § 45:8B-4 (prohibiting LPCs and LMFTs from engaging in the practice of medicine and surgery)

N.J. Stat. Ann. § 45:8B-49 (restricting disclosure of confidential communications between patients and LPCs)

N.J. Stat. Ann. § 9:6-8.10 (establishing mandatory reporting by any person for suspected child abuse or neglect)

N.J. Stat. Ann. § 45:15BB-13 (imposing a duty for LCSWs to disclose otherwise confidential information if a client or patient indicates information presenting a clear and present danger to the health or safety of an individual)

N.J. Admin. Code § 13:34-31.5 (requiring LPCs conducting custody/parenting time evaluations and/or termination of parental rights evaluations to communicate any information only to the court and both parties—or their attorneys—simultaneously in writing or via conference call)

N.J. Admin. Code § 13:34-31.6 (requiring LPCs to disclose specific information to parties of custody/parenting time evaluations and/or termination of parental rights evaluations, including the purpose of any assessment instruments, interview techniques, or use of information collected)

N.J. Stat. Ann. § 26:14-4 (requiring obtain written informed consent for participation in medical research)

N.J. Stat. Ann. § 45:1-21 (enforcing ethical and professional code of conduct for licensees generally; prohibiting dishonesty, fraud, deception, misrepresentation, false promise, or false pretense; and prohibiting fraudulent advertising)

N.J. Admin. Code § 13:34-19.3 (prohibiting LPCs from seeking, soliciting, or engaging in sexual contact with a client; prohibiting sexual harassment; and prohibiting sexual physical contact, or intimate sexual discussions unrelated to a client's legitimate needs and treatment)

N.J. Admin. Code § 13:34-29.5 (prohibiting LPCs from offering professional services beyond their abilities, or making claims that guarantee a client's cure or satisfaction)

N.J. Admin. Code § 13:34-30.1 (requiring LPCs to assist clients in understanding financial arrangements before starting counseling services)

N.J. Admin. Code § 13:34-30.5 (requiring LPCs to notify and terminate services to a client when services are no longer needed)

NEW MEXICO

N.M. Stat. Ann. § 61-9-17 (prohibiting psychologists from administering or prescribing drugs or medicine, or otherwise engaging in the practice of medicine)

N.M. Stat. Ann. § 61-9A-27 (with limited exceptions, restricting disclosure of confidential communications between patients and LPCMHCs and LMFTs)

N.M. Stat. Ann. § 32A-4-3 (establishing mandatory reporting by every person—including LSWs and physicians—for suspected child abuse or neglect)

N.M. Code R. § 16.27.18.18 (requiring LPCMHCs and LMFTs to disclose specific information to clients before or at the initial counseling session regarding licensee's credentials, fees and arrangements for payments, counseling purposes, goals, and techniques; prohibiting inducing clients to solicit business on behalf of the licensee; and requiring written informed consent for certain forms of third-party observation)

N.M. Stat. Ann. § 61-9A-26 (enforcing ethical and professional code of conduct for LPC, LMHCs and LMFTs)

N.M. Code R. § 16.27.18.12 (prohibiting LPC, LMHCs, and LMFTs from condoning, associating with, or participating in dishonest, fraudulent, or deceitful behavior; and prohibiting misrepresentation of licensee's training or services)

N.M. Code R. § 16.27.18.16 (prohibiting LPC, LMHCs and LMFTs from engaging in sexual relationship with a client)

NEW YORK

N.Y. Educ. Law § 8407 (prohibiting LMHCs and LMFTs from using invasive procedures as a treatment, therapy, or professional service)

N.Y. Soc. Serv. Law § 413 (establishing mandatory reporting by LMHCs, LMFTs, psychologists, LSWs, and physicians for suspected child abuse or neglect)

N.Y. Pub. Health Law § 2442 (requiring written informed consent for medical research participation)

N.Y. Educ. Law § 6509 (enforcing ethical and professional code of conduct for all licensees generally)

N.Y. Educ. Law § 6530 (prohibiting physicians from using false, fraudulent, deceptive, misleading, sensational, or flamboyant advertising or soliciting for patronage; prohibiting the use of testimonials; prohibiting guarantees of any service; and prohibiting claims related to professional services or costs that cannot be substantiated)

NORTH CAROLINA

N.C. Gen. Stat. § 14-401.21 (prohibiting any person from practicing "rebirthing" techniques)

N.C. Gen. Stat. § 90B-3 (defining the scope of clinical social work; prohibiting LCSWs from providing supportive daily living services to persons with severe and persistent mental illness)

21 N.C. Admin. Code 53.0202 (restricting disclosure of confidential communications between patients and LCMHCs)

N.C. Gen. Stat. § 7B-301 (establishing mandatory reporting by any person with reason to suspect child abuse or neglect)

N.C. Gen. Stat. § 90-343 (requiring LCMHCs to provide each client with a professional disclosure statement prior to the performance of counseling services, with information pertaining to the licensee's credentials, services offered, and fee schedule)

N.C. Gen. Stat. § 90-325.1 (requiring treating physicians to obtain written informed consent for investigational treatments)

10A N.C. Admin. Code 27D.0303 (requiring psychologists working with clients in mental health treatment facilities to obtain informed consent for treatment and habilitation services)

N.C. Gen. Stat. § 90-340 (enforcing ethical and professional code of conduct for LCMHCs; prohibiting practicing any fraud, deceit, or misrepresentation in connection with the practice of clinical mental health counseling or services; and prohibiting harassment or abuse of clients, patients, students, supervisees, or trainees)

N.C. Gen. Stat. § 90-21.41 (prohibiting LCMHCs, LMFTs, psychologists, and LCSWs from engaging in sexual exploitation during treatment, consultation, interview, or examination with a client)

NORTH DAKOTA

N.D. Cent. Code § 43-32-32 (prohibiting psychologists from administering or prescribing drugs, or otherwise engaging in the practice of medicine)

N.D. Cent. Code § 43-53-11 (prohibiting LMFTs from testifying in certain circumstances)

N.D. Cent. Code § 43-47-09 (restricting disclosures of confidential patient communications between clients and LPCs)

N.D. Cent. Code § 50-25.1-03 (establishing mandatory reporting by any medical or mental health professional, LSWs, or any other person with reason to suspect suspected child abuse or neglect)

N.D. Cent. Code § 23-48-01 (requiring treating physicians to obtain written informed consent for investigational treatments)

N.D. Cent. Code § 43-47-07 (enforcing ethical and professional code of conduct for LPCs)

N.D. Cent. Code § 43-17-31 (prohibiting physicians from making false or misleading statements regarding their skill or the efficacy of any medicine, treatment, or remedy; prohibiting acts likely to deceive, defraud, or harm the public; prohibiting untrue or deceptive advertisements for the practice of medicine; prohibiting representations that an incurable condition, sickness, disease, or injury can be cured)

OHIO

Ohio Rev. Code Ann. § 4757.42 (prohibiting LPCs, LMFTs, and LSWs from engaging in the practice of psychology)

Ohio Rev. Code Ann. § 4732.19 (restricting disclosures of confidential communications between clients and psychologists)

Ohio Rev. Code Ann. § 2151.421 (establishing mandatory reporting by LMFTs and health care professionals for suspected child abuse or neglect)

Ohio Rev. Code Ann. § 2305.51 (imposing a duty for mental health professionals to warn and protect against a mental health client or patient's violent behavior or, communication indicating an explicit threat to inflict imminent and serious physical harm to or cause the death of one or more clearly identifiable potential victims)

Ohio Rev. Code Ann. § 4731.97 (requiring treating physicians to obtain written informed consent for investigational treatments)

Ohio Admin. Code R. 4757-5-02 (requiring LPCs to obtain informed consent prior to beginning a counseling relationship, including disclosure of the nature and extent of services available, the limits, rights, opportunities, and obligations of services, relevant costs, reasonable alternatives, and timeframe covered by the consent)

Ohio Rev. Code Ann. § 4757.36 (enforcing ethical and professional code of conduct for LPCs, LMFTs, and LSWs)

OKLAHOMA

Okla. Stat. tit. 59, § 1925.12 (prohibiting LMFTs from testifying in certain circumstances)

Okla. Stat. tit. 59, § 1910 (restricting disclosures of information between clients and LPCs)

Okla. Stat. tit. 10A, § 1-2-101 (establishing mandatory reporting by every person with reason to suspect child abuse or neglect)

Okla. Stat. tit. 59, § 1916.1 (requiring LPCs to provide clients with a statement of professional disclosure prior to the performance of services)

Okla. Stat. tit. 63, § 3091.2 (requiring physicians to obtain written informed consent for investigational treatments)

Okla. Admin. Code § 86:10-27-4 (requiring LPCs to obtain informed consent from a client before and throughout a counseling relationship)

Okla. Stat. tit. 59, § 1912 (enforcing discipline against LPCs for violations of professional misconduct as defined by licensing board; prohibiting fraud or deceit in connection with services rendered)

OREGON

Or. Rev. Stat. § 675.765 (restricting disclosures of confidential communications between clients and LPCs and LMFTs; imposing a duty to disclose otherwise confidential communication when it reveals a client's intent to commit a crime or harmful act)

Or. Rev. Stat. § 419B.010 (establishing mandatory reporting LPCs, LMFTs, psychologists, LSWs, and physicians for suspected child abuse or neglect)

Or. Rev. Stat. § 675.755 (requiring LPCs and LMFTs to furnish a professional disclosure statement to clients prior to the performance of services, including information about licensee's contact, approach to counseling or therapy, credentials, fee schedules, and the board's contact)

Or. Rev. Stat. § 179.505 (permitting disclosure of information obtained in the course of diagnosis or treatment if, in the provider's professional judgment, there is indication of a clear and immediate danger to others or society)

Or. Admin. R. 877-030-0110 (requiring clinical social workers to obtain informed consent from all parties before conducting child custody and parenting time evaluations)

Or. Rev. Stat. § 675.745 (authorizing licensing Board to impose disciplinary measures on certain grounds, including those involving ethical and professional conduct, against LPCs and LMFTs)

PENNSYLVANIA

63 Pa. Cons. Stat. § 1920.2 (prohibiting LPCs, LMFTs, and LSWs from engaging in the practices of psychology, medicine, or osteopathic medicine)

23 Pa. Cons. Stat. § 6311 (establishing mandatory reporting by LPCs, LMFTs, psychologists, and LSWs for suspected child abuse or neglect)

49 Pa. Code § 49.79 (imposing a duty for LPCs to report colleagues for any known or suspected conduct violations)

63 Pa. Cons. Stat. § 1920.1 (requiring LPCs and LMFTs to provide each client with a copy of a disclosure statement prior to rendering professional services, which includes information about licensee's credentials, approach to services and treatments provided, and contacting the board)

49 Pa. Code § 49.72 (prohibiting LPCs from misrepresenting their professional qualifications to clients or patients; requiring written informed consent from clients or patients, including information regarding the purposes, risks, limits, and reasonable alternatives of services being provided, relevant costs and billing policies, and right to refuse or withdraw consent; granting confidential relations and communications; requiring notice and referral if interruption or termination of services is anticipated; and prohibiting physical or verbal abuse or threats to clients or patients)

63 Pa. Cons. Stat. § 1911 (enforcing standards of professional practice and conduct for LPCs, LMFTs, and LSWs)

49 Pa. Code § 49.21 (prohibiting LPCs from engaging in sexual intimacies with current clients or patients or their immediate family members)

49 Pa. Code § 49.74 (prohibiting LPCs from sexually harassing supervisees, students, trainees, employees, research subjects or colleagues—including unwelcome sexual advances, requests for sexual favors, or other verbal and physical conduct of a sexual nature in certain circumstances)

49 Pa. Code § 49.80 (prohibiting LPCs from advertising their services and credentials in a false, misleading, deceptive, or fraudulent manner)

RHODE ISLAND

R.I. Gen. Laws Section 5-63.2-18 (restricting disclosures of confidential relationships and communications between clients and LPCs and LMFTs)

R.I. Gen. Laws Section 40-11-3.1 (establishing mandatory reporting by any person with reason to suspect child abuse or neglect)

R.I. Gen. Laws Section 5-63.2-21 (enforcing ethical and professional code of conduct for LPCs and LMFTs)

R.I. Gen. Laws Section 5-39.1-10 (prohibiting LCSWs from soliciting or engaging in sexual relations, abuse, or misconduct with a former or current client; prohibiting false or misleading advertising)

SOUTH CAROLINA

S.C. Code Ann. § 40-75-190 (restricting disclosures of confidential relationships and communications between clients and LPCs and LMFTs)

S.C. Code Ann. § 63-7-310 (establishing mandatory reporting by mental health providers for suspected child abuse)

S.C. Code Ann. § 44-26-180 (requiring providers written informed consent for experimental research)

S.C. Code Ann. § 40-75-270 (requiring professional disclosures by LPCs and LMFTs to clients prior to treatment)

S.C. Code Ann. § 40-55-120 (requiring psychologists to provide patients with a statement of their rights and the proper procedures to file a complaint with the Board)

S.C. Code Ann. § 40-75-110 (enforcing ethical and professional code of conduct for LPCs and LMFTs; prohibiting fraudulent, false, or misleading statements as to the skills or methods or practice of a licensee, or in the practice of counseling or therapy; and prohibiting collection of fees under deceptive, false, or fraudulent circumstances)

S.C. Code Ann. Regs. 100-4 (enforcing ethical and professional code of conduct for psychologists, including rules on competence, referrals, continuity of care, impaired objectivity and dual relationships, client welfare, termination of services, sexual misconduct, confidentiality of patients, representation of services, and assessment procedures and reports)

SOUTH DAKOTA

S.D. Codified Laws § 36-32-79 (prohibiting professional mental health counselors from testifying in certain circumstances)

S.D. Codified Laws § 36-32-60 (prohibiting LPCs from using fraudulent or misleading advertising)

S.D. Codified Laws § 36-32-78 (restricting disclosures of confidential information and communications between patients and LPCs; includes exceptions such as a duty to warn)

S.D. Codified Laws § 26-8A-3 (establishing mandatory reporting by mental health professionals and psychologists for suspected child abuse or neglect)

S.D. Codified Laws § 27A-15-47 (requiring informed consent before prescribing psychotropic medications)

S.D. Codified Laws § 36-32-83 (enforcing ethical and professional code of conduct for LPCs)

TENNESSEE

Tenn. Code Ann. § 63-11-204 (restricting methods of treatments by psychotherapists, including treatment and advice to a client that falls outside of the boundaries of psychological practice)

Tenn. Code Ann. § 37-1-403 (establishing mandatory reporting for suspected child abuse)

Tenn. Code Ann. § 63-22-117 (defining various prohibited activities for LPCs and LMFTs; includes misrepresentation, improper usage of title, or practicing beyond scope of practice)

Tenn. Code Ann. § 63-22-110 (defining and enforcing ethics standards for LPCs; includes any act or conduct likely to deceive, defraud, or harm the public)

Tenn. Code Ann. § 29-26-115 (setting out burden of proof for a health care liability claim)

Tenn. Code Ann. § 63-22-114 (restricting disclosure of confidential relations and communications between patients and LPCs/LMFTs)

TEXAS

Tex. Fam. Code Ann. § 261.101 (requiring mandatory reporting for suspected child abuse by any licensed professional in the state)

22 Tex. Admin. Code § 465.11 (requiring informed consent before psychologists perform treatments)

22 Tex. Admin. Code § 681.41 (defining unethical conduct for LPCs and granting board authority to discipline)

Tex. Civ. Prac. & Rem. Code Ann. § 74.001 (defining a health care liability claim against a provider for treatment or lack thereof, or other departure from accepted standards of medical/health care or safety, professional, or administrative services directly related to health care)

Tex. Occ. Code Ann. § 159.002 (restricting disclosures of confidential communications between patients and providers)

22 Tex. Admin. Code § 681.38 (establishing standards for the conduct of LPCs, including rules on conflicts, boundaries, dual relationships, and the termination of a professional relationship with a client)

22 Tex. Admin. Code § 681.41 (establishing standards for the conduct of LPC, including rules around their representation of services, technological means of facilitating therapeutic counseling, and client welfare)

22 Tex. Admin. Code § 681.42 (establishing standards for the sexual misconduct of LPCs, including prohibition of requests or offers of sexual contact to patients)

UTAH

Utah Code Ann. § 58-61-308 (prohibiting psychologists from prescribing or administering narcotics or controlled substances)

Utah Code Ann. § 80-2-602 (requiring mandatory reporting for suspected child abuse)

Utah Code Ann. § 78B-3-403 (providing medical malpractice claim against mental health providers for injuries related to or arising out of care rendered)

Utah Code Ann. § 58-60-114 (restricting confidential communications from patients to LPCs and other mental health professions, with exceptions for a duty to warn and report suspected child abuse, among others)

Utah Code Ann. § 58-1-501 (establishing standards of unlawful and unprofessional conduct for various mental health professionals, which prohibits practicing outside the scope of one's profession and abusing or exploiting any person)

Utah Code Ann. § 58-60-110 (establishing standards of unprofessional conduct for various mental health professionals, which includes failure to provide patients with information regarding their rights and treatment)

Utah Admin. Code R156-60c-502 (establishing standards of unprofessional conduct for clinical mental health counselors, which includes rules on sexual harassment, dual/multiple relationships, exploitation, professional boundaries, informed consent, and the provision of remote services)

VERMONT

Vt. Stat. Ann. tit. 33, § 4913 (requiring mandatory reporting by mental health professionals along with other professions for suspected child abuse)

Vt. Stat. Ann. tit. 12, § 1908 (establishing burden of proof for professional medical negligence)

Vt. Stat. Ann. tit. 26, § 3274 (requiring LPCs to make disclosures to their clients, including their professional qualifications, actions that constitute misconduct, and process for filing a complaint by the clients)

Vt. Stat. Ann. tit. 26, § 3271 (establishing unprofessional conduct for clinical mental health counselors, which prohibits harassment/intimidation/abuse of a client)

Vt. Stat. Ann. tit. 26, § 3262 (prohibiting the practice of clinical mental health counseling without proper licensure)

VIRGINIA

Va. Code Ann. § 54.1-3502 (prohibiting professional counselors from administering or prescribing drugs)

Va. Code Ann. § 63.2-1509 (requiring mandatory reporting for suspected child abuse; mental health professionals are listed as a required reporter)

18 Va. Admin. Code 85-150-160 (requiring informed consent before behavioral health practitioners performs intervention or assessment)

Va. Code Ann. § 54.1-3505 (granting licensing Board the broad authority to promulgate and implement professional requirements for licensed counselors)

Va. Code Ann. § 8.01-581.1 (providing availability of a medical malpractice review panel for injuries or wrongful death based on services rendered by professional counselors)
Va. Code Ann. § 54.1-3506.1 (creating a professional disclosure requirement for LPCs to clients regarding their rights as patients)

18 Va. Admin. Code 125-20-150 (establishing standards of practice for clinical psychologists, including rules around competency, client welfare, informed consent, use and administration of testing/diagnostic services, termination of services, dual relationships, exploitation, and sexual misconduct)

WASHINGTON

Wash. Rev. Code § 18.83.010 (prohibiting psychologists from administering or prescribing drugs)

Wash. Rev. Code Ann. § 26.44.060 (protecting from civil or criminal litigation for the reporting of child abuse even if it violates confidential communication privileges)

Wash. Rev. Code § 71.05.215 (with limited exceptions, requiring informed consent before administration of psychotropic treatment for behavioral health disorders)

Wash. Rev. Code Ann. § 18.19.060 (requiring LPCs provide clients with a professional disclosure that outlines rights of the client)

Wash. Rev. Code § 18.83.121 (creating code of ethics for psychologists)

Wash. Rev. Code § 7.70.030 (laying out burden of proof for a medical malpractice claim for injury resulting from failure of a health care provider to follow accepted standards of care)

Wash. Rev. Code Ann. § 18.19.180 (restricting disclosures of confidential communications between LPCs and clients)

Wash. Rev. Code § 18.130.063 (requiring licensed mental health counselors, LMFTs, and psychologists, and LCSWs to disclose any sanctions for sexual misconduct to patients)

Wash. Rev. Code § 18.225.100 (requiring licensed mental health counselors, LMFTs, and LCSWs to provide clients with an accurate disclosure of information regarding the practice, including clients' right to refuse treatment, etc.)

Wash. Admin. Code § 246-934-100 (establishing sexual misconduct by licensed mental health counselors, LMFTs, and LCSWs as constituting unprofessional conduct warranting grounds for disciplinary action)

WEST VIRGINIA

W. Va. Code § 30-21-4 (prohibiting psychologists from administering or prescribing drugs and requiring psychologists to assist patients to find suitable care)

W. Va. Code § 49-2-803 (requiring mandatory reporting for suspected child abuse; including mental health professionals as mandated reporters)

W. Va. Code § 30-31-12 (defining unprofessional and unethical conduct and the process for investigation of LPCs)

W.Va. Code § 55-7B-3 (enumerating elements of proof for a medical malpractice)

W. Va. Code § 30-31-16 (restricting disclosure of confidential communications between patients and LPC/LMFT)

W. Va. Code R. § 27-5-4 (prohibiting LPCs from engaging in the sexual exploitation of clients)

W. Va. Code R. § 27-1-10 (requiring LPCs to create a professional disclosure statement for clients with information regarding, among other things, their place of business, educational background, and areas of competence)

W. Va. Code R. § 17-6-4 (establishing standards for the competency of psychologists, including rules limiting their practice, new services and techniques, and continuity of care)

W. Va. Code R. § 17-6-7 (establishing standards for the welfare of psychologists' clients, including rules around explanations of procedures, termination of services, referrals, and harassment)

WISCONSIN

Wis. Stat. § 48.981 (requiring mandatory reporting for suspected child abuse; includes LPCs and LMFTs in the list of mandated reporters)

Wis. Stat. § 457.26 (listing of unprofessional/unethical conduct for LPCs; including false advertising and other unprofessional acts)

Wis. Stat. § 457.04 (requiring LPCs and LMFTs to provide notice to clients of grievance procedure; prohibiting usage of titles such as LPCS and LMFTs unless licensed in the state)

Wis. Admin. Code MPSW § 20.02 (establishing standards of unprofessional conduct for LPCs, LMFTs, and LCSWs, including rules on competency, sexual conduct/contact with clients, informed consent, dual relationships, exploitation, assessments/evaluations/diagnoses for treatment, interruption/termination of services)

WYOMING

Wyo. Stat. Ann. § 33-38-102 (prohibiting the practice of counseling from including religious instruction)

Wyo. Stat. Ann. § 14-3-205 (establishing mandatory reporting by any person with reason to suspect child abuse or neglect)

Wyo. Stat. Ann. § 33-26-402 (requiring physicians and surgeons to obtain informed consent for experimental forms of therapy)

Wyo. Stat. Ann. § 33-38-110 (enforcing ethical and professional code of conduct for LPCs, LMFTs, and LCSWs; prohibiting sexual exploitation of a patient)

Wyo. Stat. Ann. § 33-38-111 (requiring LPCs, LMFTs, and LCSWs to conspicuously display and provide each client with a copy of a professional disclosure, including information regarding licensee's credentials and compliance with relevant ethical code)

Wyo. Stat. Ann. § 33-38-109 (restricting disclosures of confidential communications between patients and LPCs, LMFTs, and LCSWs during the course of professional practice; imposing a duty to warn readily identifiable victims of immediate threats of physical violence)

Wyo. Stat. § 33-1-118 (prohibits providers from offering sex in exchange for medical services)

078-15 Wyo. Code R. § 15-1 (enforcing ethical standards for LPCs, LMFTs, and LCSWs; ensuring clients be aware of fees and billing arrangements before rending services; providing clients accurate and complete information regarding the extent and nature of services available to them; obtaining proper consent prior to the provision of services; prohibiting fraudulent or misleading advertisements of services to the public; and requiring services to be terminated when it is no longer required and no longer serves client's needs)