

AOTA 2025 Occupational Therapy Code of Ethics

Preamble

The 2025 *Occupational Therapy Code of Ethics* (the Code) of the American Occupational Therapy Association (AOTA) reflects the dynamic and inclusive nature of the occupational therapy profession, the evolving health care landscape, and the impact of emerging technologies that may present ethical considerations in practice, research, education, and policy. AOTA members are dedicated to fostering inclusion, equity, participation, safety, and well-being for all individuals, across diverse identities, abilities, and life circumstances. AOTA members are committed to empowering every person, group, family, organization, community, or population they serve to help them achieve their occupational goals and meet their unique needs.

The Code serves as an AOTA Official Document and a public commitment to addressing the most significant ethical considerations within the occupational therapy profession. It articulates Core Values and outlines Standards of Conduct that all partners, including the public, can expect from occupational therapy personnel.¹ The Code applies to all individuals within the profession, in every area of practice, and should be shared broadly to support and uphold ethical behavior across diverse settings.

The Code serves two purposes:

1. It provides aspirational Core Values to guide occupational therapy personnel toward ethical courses of action in both professional and volunteer roles.
2. It delineates ethical Principles and enforceable Standards of Conduct that apply to AOTA members.

While the Code establishes decision-making parameters, ethical action transcends compliance with its Principles and reflects moral character, mindfulness, and integrity. Adherence to the Code represents a commitment to benefiting others, engaging in the virtuous practice of the art and science of occupational therapy, demonstrating authentic and ethical behavior, and embodying acts of courage and compassion. Recognizing and resolving ethical dilemmas involves a thoughtful process: analyzing complex situations, applying moral theories, evaluating alternatives, making informed decisions, taking appropriate actions, and reflecting on outcomes. All occupational therapy personnel are expected to uphold the Principles and Standards of Conduct outlined in this Code.

¹The term *occupational therapy personnel* in this document includes occupational therapists and occupational therapy assistant practitioners and professionals (e.g., engaged in direct service, consultation, administration); educators; students in occupational therapy and occupational therapy assistant professional programs; researchers; entrepreneurs; business owners; and those in elected, appointed, or other professional volunteer service.

The procedures for addressing ethics violations by AOTA members (and associate members,² where applicable) are detailed in the Code's Enforcement Procedures (AOTA, 2021).

Although many state regulatory boards integrate the Code or similar ethical standards into their regulations, the Code serves as a stand-alone document that guides the ethical dimensions of professional behavior, responsibility, practice, and decision-making. The Code is not exhaustive; its Principles and Standards of Conduct cannot account for every possible situation. Consequently, occupational therapy personnel are encouraged to seek resources when faced with complex ethical decisions that require additional expertise or are not explicitly addressed in this document. Resources may include ethics committees, organizational ethics officers or consultants, and the AOTA Ethics Commission. For further information and a comprehensive list of AOTA ethics resources, visit the [AOTA website](#).

Core Values

1. *Altruism* indicates a demonstration of unselfish concern for the welfare of others. Occupational therapy personnel reflect this concept in actions and attitudes of commitment, caring, dedication, responsiveness, and understanding.
2. *Equity*, as a Core Value in the Code, emphasizes fair and just treatment for all individuals, regardless of their identity, background, or circumstances. It involves recognizing and addressing systemic disparities by identifying and eliminating barriers to participation and well-being. Occupational therapy practitioners are committed to ensuring equitable access to resources through tailored support that meets the unique needs of individuals, groups, and populations. This value also entails promoting inclusivity by fostering respectful, welcoming, and accessible environments; empowering meaningful engagement in daily life; and actively challenging bias and discrimination in both systems and personal interactions. This approach to equity reinforces occupational therapy's ethical commitment to justice, dignity, and empowerment.
3. *Freedom* indicates valuing each person's right to exercise autonomy and demonstrate independence, initiative, and self-direction. A person's occupations play a major role in their development of self-direction, initiative, interdependence, and ability to adapt and relate to the world. Occupational therapy personnel affirm the autonomy of each individual to pursue goals that have personal and social meaning. Occupational therapy personnel value the service recipient's right and desire to guide interventions.
4. *Justice* indicates that occupational therapy personnel provide occupational therapy services for all persons in need of these services and maintain a goal-directed and objective relationship with recipients of service. Justice places value on upholding moral and legal principles and on having knowledge of and respect for the legal rights of recipients of service. Occupational therapy personnel must understand and abide by local, state, and federal laws governing professional practice. Justice is the pursuit of a state in which diverse communities are inclusive and are organized and structured so that all members can function, flourish, and live a satisfactory life regardless of age, gender identity, sexual orientation, race, religion, origin, socioeconomic status, degree of ability, or any other status or attributes. Occupational therapy personnel, by virtue of the specific nature of the practice of occupational therapy, have a vested interest in *social justice*: addressing unjust inequities that limit opportunities for participation in society (Ashe, 2016; Braverman & Bass-Haugen, 2009). They also exhibit attitudes and actions consistent with *occupational justice*: full inclusion in everyday meaningful occupations for persons, groups, or populations (Scott et al., 2017).
5. *Dignity* indicates the importance of valuing, promoting, and preserving the inherent worth and uniqueness of

²For a definition of associate members, please see the AOTA website: <https://www.aota.org/membership/membership-options>

Principles

The Principles guide ethical decision-making and inspire occupational therapy personnel to act in accordance with the highest ideals. These Principles are not hierarchically organized. At times, conflicts between competing principles must be considered in order to make ethical decisions. These Principles may need to be carefully balanced and weighed according to professional values, individual and cultural beliefs, and organizational policies.

Principle 1. Beneficence

Occupational therapy personnel shall demonstrate a concern for the well-being and safety of persons.

The Principle of Beneficence includes all forms of action intended to benefit other persons. The term *beneficence* has historically indicated acts of mercy, kindness, and charity (Beauchamp & Childress, 2019). Beneficence requires taking action to benefit others—in other words, to promote good, to prevent harm, and to remove harm (Doherty & Purtolo, 2016). Examples of Beneficence include protecting and defending the rights of others, preventing harm from occurring to others, removing conditions that will cause harm to others, offering services that benefit persons with disabilities, and acting to protect and remove persons from dangerous situations (Beauchamp & Childress, 2019).

Principle 2. Nonmaleficence

Occupational therapy personnel shall refrain from actions that cause harm.

The Principle of Nonmaleficence indicates that occupational therapy personnel must refrain from causing harm, injury, or wrongdoing to recipients of service. Whereas Beneficence requires taking action to incur benefit, Nonmaleficence requires avoiding actions that cause harm (Beauchamp & Childress, 2019). The Principle of Nonmaleficence also includes an obligation not to impose risks of harm even if the potential risk is without malicious or harmful intent. This Principle is often examined in the context of *due care*, which requires that the

each person. This value includes respecting the person's social and cultural heritage and life experiences. Exhibiting attitudes and actions of dignity requires occupational therapy personnel to act in ways consistent with cultural sensitivity, humility, and agility.

6. *Truth* indicates that occupational therapy personnel in all situations should be faithful to facts and reality. *Truthfulness*, or *veracity*, is demonstrated by being accountable, honest, forthright, accurate, and authentic in attitudes and actions. Occupational therapy personnel have an obligation to be truthful with themselves, recipients of service, colleagues, and society. Truth includes maintaining and upgrading professional competence and being truthful in oral, written, and electronic communications.
7. *Prudence* indicates the ability to govern and discipline oneself through the use of reason. To be prudent is to value judiciousness, discretion, vigilance, moderation, care, and circumspection in the management of one's own affairs and to temper extremes, make judgments, and respond on the basis of intelligent reflection and rational thought. Prudence must be exercised in clinical and ethical reasoning, interactions with colleagues, and volunteer roles.
8. *Advocacy*, as a Core Value in occupational therapy, involves actively promoting the occupational rights of individuals, groups, and populations by ensuring access to essential resources, services, and opportunities for meaningful participation. It includes addressing inequities by working collaboratively with those who are historically underserved to remove barriers to engagement. Advocacy empowers service recipients to voice their needs and preferences across therapeutic, social, and policy contexts while also advancing occupational justice through fair and equitable access to opportunities in daily life. This Core Value emphasizes collaboration with communities, organizations, and policymakers to drive systemic change and uphold ethical standards, reflecting the profession's broader commitment to inclusion, equity, and justice.

benefits of care outweigh and justify the risks undertaken to achieve the goals of care (Beauchamp & Childress, 2019). For example, an occupational therapy intervention might require the service recipient to invest a great deal of time and perhaps even discomfort; however, the time and discomfort are justified by potential long-term, evidence-based benefits of the treatment.

Principle 3. Autonomy

Occupational therapy personnel shall respect the right of the person to self-determination, privacy, confidentiality, and consent.

The Principle of Autonomy expresses the concept that occupational therapy personnel have a duty to treat the service recipient according to their desires, within the bounds of accepted standards of care, and to protect their confidential information. Often, respect for Autonomy is referred to as the *self-determination principle*. Respecting the Autonomy of service recipients acknowledges their agency, including their right to their own views and opinions and their right to make choices regarding their own care and based on their own values and beliefs (Beauchamp & Childress, 2019). For example, persons have the right to make a determination regarding care decisions that directly affect their lives. In the event that a person lacks decision-making capacity, their Autonomy should be respected through the involvement of an authorized agent or surrogate decision-maker.

Principle 4. Justice

Occupational therapy personnel shall promote equity, inclusion, and objectivity in the provision of occupational therapy services.

The Principle of Justice relates to the fair, equitable, and appropriate treatment of persons (Beauchamp & Childress, 2019). Occupational therapy personnel demonstrate attitudes and actions of respect, inclusion, and impartiality toward persons, groups, and populations with whom they interact, regardless of age, gender identity, sexual orientation, race, religion, origin, socioeconomic status, degree of ability, or any other status or attributes. Occupational therapy personnel also respect the applicable laws and

standards related to their area of practice. Justice requires the impartial consideration and consistent observance of policies to generate unbiased decisions. For example, occupational therapy personnel work to create and uphold a society in which all persons have equitable opportunity for full inclusion in meaningful occupational engagement as an essential component of their lives.

Principle 5. Veracity

Occupational therapy personnel shall provide comprehensive, accurate, and objective information when representing the profession.

The Principle of Veracity refers to the comprehensive, accurate, and objective transmission of information and includes fostering an understanding of such information. Veracity is based on the virtues of truthfulness, candor, honesty, and respect owed to others (Beauchamp & Childress, 2019). In communicating with others, occupational therapy personnel implicitly promise to be truthful and not deceptive. For example, when entering into a therapeutic or research relationship, the service recipient or research participant has a right to accurate information. In addition, transmission of information must include means to ensure that the recipient or participant understands the information provided.

Principle 6. Fidelity

Occupational therapy personnel shall treat service recipients (persons, groups, or populations), colleagues, and other professionals with respect, fairness, discretion, and integrity.

The Principle of Fidelity refers to the duty one has to keep a commitment once it has been made (Veatch et al., 2015). This commitment refers to promises made between a provider and a service recipient as well as maintenance of respectful collegial and organizational relationships (Doherty & Putilo, 2016). Professional relationships are greatly influenced by the complexity of the environment in which occupational therapy personnel work. For example, occupational therapy personnel should consistently balance their duties to service recipients, students, research participants, and other

professionals as well as to organizations that may influence decision-making and professional practice.

Standards of Conduct

The AOTA Ethics Commission, under the *Enforcement Procedures for the AOTA Occupational Therapy Code of Ethics* (AOTA, 2025), enforces the Standards of Conduct listed in [Table 1](#).

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Table 1. Standards of Conduct for Occupational Therapy Personnel

Section	Standards of Conduct
<p>1. Professional Integrity, Responsibility, and Accountability: Occupational therapy personnel maintain awareness and comply with AOTA policies and Official Documents, current laws and regulations that are relevant to the profession of occupational therapy, and employer policies and procedures.</p>	<p>1A. Comply with AOTA policies, AOTA Official Documents, and current federal or state laws that apply to the profession of occupational therapy.</p> <p>1B. Abide by policies, procedures, and protocols when serving or acting on behalf of a professional organization or employer to fully and accurately represent the organization's official and authorized positions. (Principle: Fidelity; key words: policy, procedures, rules, law, roles, scope of practice)</p> <p>1C. Inform employers, employees, colleagues, students, and researchers of applicable policies, laws, and AOTA Official Documents. (Principle: Justice; key words: policy, procedures, rules, law, roles, scope of practice)</p> <p>1D. Provide transparency through all written communications and provide relevant disclosures when participating in business arrangements. (Principle: Justice; key words: policy, procedures, rules, law, roles, scope of practice)</p> <p>1E. Do not engage in illegal actions, whether directly or indirectly, that harm partners in occupational therapy practice. (Principle: Justice; key words: illegal, unethical practice)</p> <p>1F. Do not engage in actions that reduce the public's trust in occupational therapy. (Principle: Fidelity; key words: illegal, unethical practice)</p> <p>1G. Report potential or known unethical or illegal actions in practice, education, or research to appropriate authorities. (Principle: Justice; key words: illegal, unethical practice)</p> <p>1H. Report impaired practice to the appropriate authorities. (Principle: Nonmaleficence; key words: illegal, unethical practice)</p> <p>1I. Do not exploit human, financial, or material resources, or any relationship established as an occupational therapy practitioner, educator, or researcher, to further one's own physical, emotional, financial, political, or business interest. (Principle: Nonmaleficence; key words: illegal, unethical practice)</p> <p>1J. Do not engage in conflicts of interest or conflicts of commitment in employment, volunteer roles, or research. (Principle: Fidelity; key words: conflict of interest)</p> <p>1K. Do not use one's position (e.g., employee, consultant, volunteer) or knowledge gained from that position in such a manner as to give rise to a real or perceived conflict of interest among the person, the employer, other AOTA members, or other organizations. (Principle: Fidelity; key words: conflict of interest)</p> <p>1L. Do not barter for services when there is the potential for exploitation and conflict of interest. (Principle: Nonmaleficence; key words: conflict of interest)</p> <p>1M. Conduct and disseminate research in accordance with currently accepted ethical guidelines and standards for the protection of research participants, including informed consent and disclosure of potential risks and benefits. (Principle: Beneficence; key words: research)</p>
<p>2. Therapeutic Relationships: Occupational therapy personnel develop therapeutic relationships to promote occupational well-being in all persons, groups, organizations, and society, regardless of age, gender identity, sexual orientation, race, religion, origin, socioeconomic status, degree of ability, or any other status or attributes.</p>	<p>2A. Do not engage in actions that inflict or threaten to inflict injury or harm (physical, psychosocial, or existential) to recipients of occupational therapy services, students, research participants, colleagues, and employees. (Principle: Nonmaleficence; key words: relationships, service recipients, students, research, employer, employee)</p> <p>2B. Establish a collaborative relationship with recipients of service that honors and promotes shared decision-making, service recipient autonomy, culture or identity, and service recipient well-being. (Principle: Autonomy; key words: relationships, service recipients, collaboration)</p> <p>2C. Practice cultural humility and challenge inequitable power dynamics within therapeutic and professional relationships that jeopardize inclusion, collaboration, and diversity of thought. (Principle: Justice; key words: civility, diversity, inclusivity, equitability, respect)</p> <p>2D. Do not threaten, manipulate, coerce, or deceive service recipients or care partners to promote compliance with occupational therapy recommendations. (Principle: Autonomy; key words: relationships, service recipients, marketing, misinformation)</p>

(Continued)

Table 1. Standards of Conduct for Occupational Therapy Personnel (cont'd)

Section	Standards of Conduct
	<p>2E. Do not initiate or continue dual relationships or situations (e.g., sexual, financial, substance use, etc.) that jeopardize professional objectivity or team effectiveness or that pull the focus from the promotion of service recipients', students', or research participants' safety and well-being. (Principle: Nonmaleficence; key words: relationships, service recipients, sex, colleagues, professional boundaries, objectivity, social media)</p> <p>2F. Do not engage in any sexual activity with a recipient of service (including the service recipient's family or significant other), student, or research participant while a professional relationship exists. (Principle: Nonmaleficence; key words: relationships, service recipients, sex)</p> <p>2G. Do not accept gifts that would unduly influence the therapeutic relationship or have the potential to blur professional boundaries, and adhere to employer and state policies when offered gifts. (Principle: Justice; key words: relationships, gifts, employer)</p> <p>2H. Proactively examine, identify, and work to remedy any conflict, whether interpersonal, workplace, or internal (e.g., self-identified conflict of values) that puts at risk the opportunity for service recipients, students, or research participants to access safe, competent, and unbiased occupational therapy services, education, or research. (Principle: Fidelity; key words: relationships, service recipients, conflict, cultural, religious, values, colleagues)</p> <p>2I. Do not abandon the service recipient, and attempt to facilitate appropriate transitions when unable to provide competent services for any reason. (Principle: Nonmaleficence; key words: relationships, service recipients, abandonment)</p>
<p>3. Documentation, Reimbursement, and Financial Matters: Occupational therapy personnel maintain complete, accurate, and timely records of all service recipient encounters.</p>	<p>3A. Bill and collect fees justly and legally in a manner that is fair, reasonable, and commensurate with services delivered. (Principle: Justice; key words: billing, fees)</p> <p>3B. Ensure that documentation for reimbursement purposes is done in accordance with applicable laws, guidelines, and regulations. (Principle: Justice; key words: documentation, reimbursement, law)</p> <p>3C. Record and report in an accurate and timely manner and in accordance with applicable regulations all information related to professional or academic documentation and activities. (Principle: Veracity; key words: documentation, timely, accurate, law, fraud)</p> <p>3D. Do not follow arbitrary directives that compromise the rights or well-being of others, including unrealistic productivity expectations; fabrication, falsification, or plagiarism of documentation; or inaccurate coding. (Principle: Nonmaleficence; key words: productivity, documentation, coding, fraud)</p> <p>3E. Use of artificial intelligence (AI) in documentation requires acknowledgment of resources^a in the document, whether it involves clinical, professional, or academic activities. (Principle: Veracity; key words: AI, acknowledgment)</p>
<p>4. Service Delivery: Occupational therapy personnel strive to deliver quality services that are occupation based, service recipient centered, safe, interactive, culturally sensitive, evidence based, and consistent with occupational therapy's values and philosophies.</p>	<p>4A. Respond to requests for occupational therapy services (e.g., referrals) in a timely manner as determined by law, regulation, or policy. (Principle: Justice; key words: occupational therapy process, referral, law)</p> <p>4B. Provide appropriate evaluation and a plan of intervention for recipients of occupational therapy services specific to their needs. (Principle: Beneficence; key words: occupational therapy process, evaluation, intervention)</p> <p>4C. Use, to the extent possible, evaluation, planning, intervention techniques, assessments, and therapeutic equipment that are evidence based, current, and within the recognized scope of occupational therapy practice. (Principle: Beneficence; key words: occupational therapy process, evaluation, intervention, evidence, scope of practice)</p> <p>4D. Obtain informed consent (written, verbal, electronic, or implied) after disclosing appropriate information and answering any questions posed by the recipient of service, qualified family member or caregiver, or research participant to ensure voluntary participation. (Principle: Autonomy; key words: occupational therapy process, informed consent)</p>

(Continued)

Table 1. Standards of Conduct for Occupational Therapy Personnel (cont'd)

Section	Standards of Conduct
	<p>4E. Fully disclose the benefits, risks, and potential outcomes of any intervention, the occupational therapy personnel who will be providing the intervention, and any reasonable alternatives to the proposed intervention. (Principle: Autonomy; key words: occupational therapy process, intervention, communication, disclose, informed consent)</p> <p>4F. Describe the type and duration of occupational therapy services accurately in professional contracts, including the duties and responsibilities of all involved parties. (Principle: Veracity; key words: occupational therapy process, intervention, communication, disclose, informed consent, contracts)</p> <p>4G. Respect the service recipient's right to refuse occupational therapy services temporarily or permanently, even when that refusal has the potential to result in poor outcomes. (Principle: Autonomy; key words: occupational therapy process, refusal, intervention, service recipients)</p> <p>4H. Provide occupational therapy services, including education and training, that are within each practitioner's level of competence and scope of practice. (Principle: Beneficence; key words: occupational therapy process, services, competence, scope of practice)</p> <p>4I. Reevaluate and reassess recipients of service in a timely manner to determine whether goals are being achieved and whether intervention plans should be revised. (Principle: Beneficence; key words: occupational therapy process, reevaluation, reassess, intervention)</p> <p>4J. Terminate occupational therapy services in collaboration with the service recipient or responsible party when the services are no longer beneficial. (Principle: Beneficence; key words: occupational therapy process, termination, collaboration)</p> <p>4K. Refer to other providers when indicated by the needs of the service recipient. (Principle: Beneficence; key words: occupational therapy process, referral, service recipients)</p> <p>4L. Provide information and resources to address barriers to access for persons in need of occupational therapy services. (Principle: Justice; key words: beneficence, advocate, access)</p> <p>4M. Report systems and policies that are discriminatory or unfairly limit or prevent access to occupational therapy. (Principle: Justice; key words: discrimination, unfair, access, social justice)</p> <p>4N. Provide professional services within the scope of occupational therapy practice during community-wide public health emergencies as directed by federal, state, and local agencies. (Principle: Beneficence; key words: disasters, emergency)</p>
<p>5. Professional Competence, Education, Supervision, and Training: Occupational therapy personnel maintain credentials, degrees, licenses, and other certifications to demonstrate their commitment to develop and maintain competent, evidence-based practice.</p>	<p>5A. Keep and maintain required credentials for the occupational therapy services provided in all work settings, including academic, research, physical, and virtual settings. (Principle: Veracity; key words: credentials)</p> <p>5B. Represent credentials, qualifications, education, experience, training, roles, duties, competence, contributions, and findings accurately in all forms of communication. (Principle: Veracity; key words: credentials, competence)</p> <p>5C. Take steps (e.g., professional development, research, supervision, training) to ensure proficiency, use careful judgment, and weigh potential for harm when generally recognized standards do not exist in emerging technology or areas of practice. (Principle: Beneficence; key words: credentials, competence)</p> <p>5D. Maintain competence through ongoing participation in professional development relevant to one's practice area. (Principle: Beneficence; key words: credentials, competence)</p> <p>5E. Take action to resolve incompetent, disruptive, unethical, illegal, or impaired practice in self or others. (Principle: Fidelity; key words: competence, law)</p>

(Continued)

Table 1. Standards of Conduct for Occupational Therapy Personnel (cont'd)

Section	Standards of Conduct
	<p>5F. Ensure that all duties delegated to other occupational therapy personnel are congruent with their credentials, qualifications, experience, competencies, and scope of practice with respect to service delivery, supervision, fieldwork education, and research. (Principle: Beneficence; key words: supervisor, fieldwork, supervision, student)</p> <p>5G. Provide appropriate supervision in accordance with AOTA Official Documents and relevant laws, regulations, policies, procedures, standards, and guidelines. (Principle: Justice; key words: supervisor, fieldwork, supervision, student)</p> <p>5H. Be honest, fair, accurate, respectful, and timely in gathering and reporting fact-based information regarding employee job performance and student performance. (Principle: Veracity; key words: supervisor, supervision, fieldwork, performance)</p> <p>5I. Do not participate in any action resulting in unauthorized access to educational content or exams, screening and assessment tools, websites, and other copyrighted information, including but not limited to plagiarism, violation of copyright laws, and the illegal sharing of resources in any form. (Principle: Justice; key words: plagiarize, student, copyright, cheating)</p> <p>5J. Provide students with access to accurate information regarding educational requirements and academic policies and procedures relative to the occupational therapy program or educational institution. (Principle: Veracity; key words: education, student)</p>
<p>6. Communication: Whether in written, verbal, electronic, or virtual communication, occupational therapy personnel uphold the highest standards of confidentiality, informed consent, autonomy, accuracy, timeliness, and record management.</p>	<p>6A. Maintain the confidentiality of all verbal, written, electronic, augmentative, and nonverbal communications in compliance with applicable laws, including all aspects of privacy laws and exceptions thereto (e.g., Health Insurance Portability and Accountability Act, Family Educational Rights and Privacy Act). (Principle: Autonomy; key words: law, autonomy, confidentiality, communication, justice)</p> <p>6B. Maintain privacy and truthfulness in delivery of occupational therapy services, whether in person or virtually. (Principle: Veracity; key words: telecommunication, telehealth, confidentiality, autonomy)</p> <p>6C. Preserve, respect, and safeguard private information about employees, colleagues, and students unless otherwise mandated or permitted by relevant laws. (Principle: Fidelity; key words: communication, confidentiality, autonomy)</p> <p>6D. Use responsible conduct, respect, and discretion when engaging in social media, including but not limited to refraining from posting protected health or other identifying information and clarifying whether one is acting in a professional or an individual capacity. (Principle: Autonomy; key words: communication, confidentiality, autonomy, social media)</p> <p>6E. Facilitate comprehension, and foster understanding, by addressing barriers to communication (e.g., aphasia; differences in language, literacy, health literacy, or culture) with the recipient of service (or responsible party), student, or research participant, by clarifying and analyzing any issues while providing supporting justifications or educational material. (Principle: Autonomy; key words: communication, barriers)</p> <p>6F. Avoid participating in any form of communication that contains false, fraudulent, deceptive, misleading, or unfair statements or claims. Practitioners must refrain from commenting when there is insufficient knowledge, uncertainty, or a lack of consensus about a certain topic. (Principle: Veracity; key words: fraud, communication)</p> <p>6G. Identify and fully disclose to all appropriate persons any errors or adverse events that compromise the safety of service recipients. (Principle: Veracity; key words: truthfulness, communication, safety, service recipients)</p> <p>6H. Give credit and recognition when using the ideas and work of others in written, oral, or electronic media (i.e., do not plagiarize). (Principle: Veracity; key words: truthfulness, communication, plagiarism, students)</p> <p>6I. Do not engage in verbal, physical, emotional, or sexual harassment of any individual or group. (Principle: Fidelity; key words: inappropriate communication, harassment, digital media, social media, social networking, professional civility)</p>

(Continued)

Table 1. Standards of Conduct for Occupational Therapy Personnel (cont'd)

Section	Standards of Conduct
	<p>6J. In one's professional capacity, avoid hostile communication that is threatening, discriminatory, derogatory, biased, and intimidating. (Principle: Fidelity; key words: inappropriate communication, professionalism, professional civility)</p> <p>6K. Engage in collaborative actions and communication as a member of interprofessional teams to facilitate quality care and safety for service recipients. (Principle: Fidelity; key words: communication, collaboration, interprofessional, professional civility, service recipients)</p>

^aWhen artificial intelligence (AI) tools are utilized during recorded sessions for purposes such as transcription, documentation, or data analysis, full transparency is required. Individuals involved must be informed in advance of the recording regarding the intended use of AI, the nature and scope of data collection, and any potential storage or dissemination of information. Informed consent should be obtained, as applicable, to uphold ethical standards of practice and professional integrity. **Disclaimer:** As artificial intelligence continues to evolve, occupational therapy practitioners are responsible for remaining informed about emerging technologies, understanding limitations, and applying sound professional judgment to ensure that all uses of AI align with ethical and professional standards of occupational therapy practice.

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Appendix A. 2025 Revision Process for the AOTA 2025 Occupational Therapy Code of Ethics

In July 2024, the Ethics Commission (EC) of the American Occupational Therapy Association (AOTA) began the process of reviewing the *Occupational Therapy Code of Ethics* (the Code) as part of the AOTA Representative Assembly's five-year review cycle. Although ethical principles are timeless, the issues to which they apply and the manner of application are constantly evolving, as are the health care and community environments in which occupational therapy personnel apply them. Therefore, the Code must change to remain applicable to the environments in which occupational therapy personnel work. The following paragraphs outline the changes made to the 2020 Code.

From July 2024 to August 2024, EC members reviewed codes of ethics from several health care professions and found that, while AOTA's current Code was comprehensive, it would benefit from being more streamlined and updated to remove outdated content. As part of this effort, the Standards of Conduct were revised to clarify enforceable language and ensure greater consistency in interpretation and application, and the Core Values were refined to reflect more inclusive language.

EC members divided into work groups to revise the Code by dividing the 2020 Code into the following parts: Preamble, Core Values, Principles, and Standards of Conduct. The work groups reviewed and discussed the language of the Core Values and the Standards.

On September 26, 2024, the EC distributed a member survey for feedback on the Core Values, Principles,

and Standards of Conduct. The survey also requested insight into the level of accessibility and understanding as well as the inclusive language of the Code. The member survey used both Likert-type scale ratings and open-ended responses.

Results of the survey indicated that among the 320 respondents to the survey, there was 73% or greater agreement that the Code was both accessible and easy to understand. On October 10, 2024, the EC requested assistance from the Diversity, Equity, Inclusion, Justice, Access, and Belonging Committee with respect to the use of inclusive language. On November 2, 2024, the EC conducted an online workshop to review the compiled data from the member survey and considered the respondents' comments. EC members then worked through December 10, 2024, to incorporate changes to the Code.

An updated draft was reviewed by content experts in January 2025, and changes were incorporated into the final draft of the Code. On January 25, 2025, the EC submitted the final draft of the Code, as well as an accompanying motion and rationale, to the Representative Assembly (RA) for the spring meeting. After online discussions with members and an RA Motions feedback group, the RA voted on April 24, 2025, to pass the motion to strike the *AOTA 2020 Occupational Therapy Code of Ethics* and replace it with the *AOTA 2025 Occupational Therapy Code of Ethics* through a consent agenda.

Appendix B. History of the AOTA Occupational Therapy Code of Ethics

As society evolves, so too must our understanding and implementation of ethical practices as occupational therapy personnel. The *American Occupational Therapy Association (AOTA) 2025 Occupational Therapy Code of Ethics* (the Code) continues to be a critical tool in the AOTA Ethics Commission's quest to guide ethical conduct and elevate public trust in the profession. The Code must be a dynamic, living document that grows and develops to complement changes in occupational therapy delivery models, technology, and society.

The first official AOTA ethical code was established in 1975. Work to create this document, titled "Principles of Ethics," began in 1973. Carolyn Baum, Carlotta Welles, Larry Peak, Lou Arents, and Carole Hayes authored this document. At that time, many professional associations began creating codes of ethics in response to the ethical issues being raised by the Tuskegee Syphilis Study, in which researchers studied the effects of syphilis on Black men who had not given informed consent and were told that they were being treated for the disease (Centers for Disease Control and Prevention, 2024). The outcry after the public became aware of this violation, even after standards had been put in place after World War II and the Nuremberg Code of 1947, led many professions to establish ethics rules.

In April 1977, the AOTA Representative Assembly approved the "1977 Representative Assembly—Resolution A, Principles of Occupational Therapy Ethics," and AOTA distributed them in the *American Journal of Occupational Therapy* in November 1977. This first publicly circulated rendition of the Code of Ethics consisted of 12 principles, all starting with the words "Related to," such as "Related to the Recipient of Service."

The Code of Ethics underwent revisions in 1988, 1994, 2000, 2005, 2010, 2015, 2020, and 2025, with input from AOTA membership. The 1988 revision began to look like the modern Code, with headings called

"Principles" and subheadings called "Standards." In 1994, the members of the AOTA Ethics Commission added a focus on bioethical principles rather than professional behaviors, as in the previous two editions. The Principles included in the 1994 Code were Beneficence; Autonomy, Privacy, and Confidentiality; Duty; Justice; and Fidelity and Veracity. The Principle of Nonmaleficence was added in 2000, and Social Justice was added in 2010, then combined with the Principle of Justice in 2015.

There were 30 Standards of Conduct in 2000; this number increased to 38 in 2005 and to 77 in 2010, then decreased to 69 in 2015. These Standards, categorized under the various Principles, were expanded to promote ethical practice in a variety of areas, including the use of technology for telehealth, social media, internet use, and health records. For the 2020 Code revision, the Ethics Commission grouped the revised 73 Standards of Conduct by behaviors rather than under the Principles, to return to the original concept of relating the Standards to desired professional behaviors so that they are more easily accessible to the membership when using the Code. As charged by the Representative Assembly, the Ethics Commission added a section on Professional Civility in 2020. For the 2025 Code, the Core Values and Principles were revised to include inclusive language, along with the Standards of Conduct, based on the need for additional clarity regarding enforceable language. Section 7 of the Standards of Conduct, Professional Civility, was removed and integrated into various Standards.

The Representative Assembly mandates that the Code, as an official AOTA policy document, undergo review every five years. This continual review is especially important because some states use the AOTA Code as part of their licensure acts. In addition, some states require occupational therapy practitioners to obtain continuing education in ethics to maintain licensure. In updating the Code to meet the needs of members and society, the occupational therapy profession continues to reflect and lead change in health care.

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