

Code of Ethics



Members of the Australasian College of Behavioural optometrists shall:

1. Publicly and privately support the College and fellow practitioners, acknowledging the strengths and weaknesses of others and always acting with courtesy and respect.
2. Respect the rights, dignity and privacy of patients.
3. Serve those in need, unrestricted by considerations of nationality, race, culture, creed, politics or social status, acting at all times to provide appropriate service for patients in their care.
4. Practise the art and science of optometry faithfully, conscientiously and to the fullest scope of their competence, whilst recognising the extent and limitations of their professional expertise and referring any patient whose condition requires attention beyond these skills to the appropriate health professional.
5. Hold in confidence all personal information entrusted to them, releasing this only on authorisation from the patient or the patient's legal guardian. Copies of patient reports should be supplied to third parties only with the patient or guardian's authority.
6. Ensure that all assistants are under direct and personal optometric control and are subject to the same ethical principles.
7. Share knowledge cordially and unselfishly and co-operate willingly with their fellow optometrists and other professionals for the benefit of patients and the advancement of human knowledge.
8. Make the patient aware of the full range of possible therapies, prognosis and relative costs before proceeding with treatment. At no time should a patient be placed under duress to accept any treatment.
9. Ensure that optometrists who refer to ACBO optometrists are afforded full professional courtesy including:
 - a) A copy of any report arising from the consultation (with the patient/guardian's permission).
 - b) The return of the patient to his/her general care once behavioural care is completed together with a written resumé of treatment and results (with the patient/guardian's permission).
 - c) Accordingly, all recalls should only be sent to patients referred by another optometrist in respect to the behavioural care initiated at the original visit (eg. if the patient missed/is due for a vision therapy session).
10. Make available to patients, who are either self-referred or referred from other optometrists, a copy of their prescription to be dispensed by the provider of their choice.

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11. Not denigrate the qualification or expertise of their non-behavioural colleagues, explaining only that different schools of thought exist within the eye-care field, as within most fields of health care, some of which are more appropriate to a particular case.
12. Not, on ceasing employment at a practice, initiate continued management of a patient/s at their new place of work, unless it is with the consent of the original practice principal.
13. Invite local ACBO members to attend if invited to speak to non-optometric audiences within the geographical drawing area of those ACBO members.
14. Be entitled to use the appropriate ACBO logo on stationery and practice signage identifying the member as supporting the principles of ACBO, provided that no claims of endorsement by ACBO are made and that the logo will be removed from stationery and practice signage once no longer a financial member
15. Discuss newly contemplated treatment or actions with the Board and/or Fellows to determine whether they are ethical in that they may be seen to be endorsed by ACBO