



PROFESSIONAL PRACTICE GUIDELINES

3rd VERSION
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1 Applicability and Purpose of the Guidelines

This document articulates the practice guidelines for all members of the Saskatchewan College of Psychologists, acting in any role related to the discipline of psychology, including but not limited to activities such as: direct client service, teaching, supervision of students/trainees, administrative, management, employer, employee, supervisory, consultative, peer review, editorial, expert witness, research, or social policy. Students and trainees working under the supervision of a Psychologist are expected to act in accordance with the guidelines.

The purpose of this document is to provide guidelines which:

- a) are accessible;
- b) provide a common language;
- c) result in a common response to the varying decisions Psychologists must make in their work;
- d) are evolving and can accommodate changes in the method of practice and service delivery (e.g., changes in technology); and,
- e) assist in the achievement of the goal of providing sound, ethical, professional psychology services.

The Guidelines provide a general framework for responding to most situations encountered by Psychologists. The goals of the Guidelines are the welfare and protection of the individuals and groups with whom Psychologists work, and the education of members, students, and the public regarding the practice standards of the discipline. The implementation of a dynamic set of practice guidelines for Psychologists requires a personal commitment and lifelong effort to act in a professional and ethical manner. Psychologists are expected to encourage ethical behavior by colleagues, students, supervisees, and employees, and also to consult with others concerning the challenges of practice.

The Guidelines are intended to be read within the context of the Canadian Psychological Association, Canadian Code of Ethics for Psychologists, the Saskatchewan Psychologists Act 1997, the Regulatory Bylaws of the Saskatchewan College of Psychologists, as well as other provincial and federal legislation relevant to the practice of psychology (e.g. Mental Health Services Act, Family Services Act, LAFOIP, Health Information Protection Act,

PIPEDA). This document is a distillation of core guidelines for practice; it is not a substitute for continued review of relevant legislation and standards, consultation in regard to ethical issues, or for members' responsibility for ethical decision-making.

The Guidelines must be interpreted with cultural humility, recognizing that they may not be universal across cultures. Psychologists are encouraged to approach any apparent conflicts of the Guidelines and best cultural practices with careful consideration of the relevant ethical and cultural factors that may influence a course of action, and to consult with colleagues, the College, and respected cultural group leaders or healers in establishing appropriate courses of action.

2 Definitions

Activities are activities of a psychological nature conducted by or under the direction of a member. Professional activities include, but are not limited to, one or more of the following:

- a) Education and training
- b) Scholarly activities
- c) Administration

Client means a recipient of services. A client may be an individual client or a corporate client. An individual client may be a person, a couple, family, or group of individuals. A corporate client is an organization, firm, corporate entity, or community that has engaged in a professional contractual relationship with the member to provide services of benefit primarily to the corporate client rather than to individuals.

College refers to the Saskatchewan College of Psychologists.

Cultural Humility "is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience." (First Nations Health Authority, B.C.)

Guidelines refer to this document of Professional Practice Guidelines of the Saskatchewan College of Psychologists.

Member refers to an individual Psychologist registered by the College as outlined in Saskatchewan's Psychologists Act, 1997.

Personal Health Information is defined in the Health Information and Protection Act as refers to information regarding an individual (living or deceased) that relates to their physical or mental health, is regarding any health service provided to the individual, is regarding a donation by the individual of their remains and information from the testing or examination of their physical remains, information collected in the course of providing a service or incidentally while providing a service, or registration information – see ***the Health Information Protection Act*** <http://www.qp.gov.sk.ca/documents/english/Statutes/Statutes/H0-021.pdf>.

Professional executor is an individual who has been identified by a member of the College as having agreed to take responsibility for the member’s client records and where appropriate to facilitate client continuing care in the event they are unable to perform their professional duties.

Professional relationship is a relationship between member of the profession and a client (individual, group, organization), colleague, student, stakeholder that is regulated by a code of ethics and professional standards. The purpose of the relationship should be defined.

Psychological records are the official record of the psychological service provided to the client, and includes all forms of information (e.g. background information, health information) collected in relation to the provision of services, regardless of the nature of the storage medium.

Public statements include, but are not limited to: paid or unpaid advertising, grant and credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, comments for use in media such as print and electronic transmission, statements in legal proceedings and contained in the public record, lectures and public oral presentations, and published materials.

Services are services of a psychological nature that are provided by or under the direction of a member. Such services include, but are not limited to, one or more of the following:

- a) assessment, evaluation, diagnosis and of individuals, and groups;
- b) interventions with individuals and groups;
- c) consultation;
- d) program development and evaluation;
- e) supervision; and,
- f) research.

3 Acceptance of the Regulatory Authority of the College

3.1 Compliance with College authority

Members of the College shall comply with the regulatory authority of the College.

3.2 Responding to a College request

When requested by the College, members shall promptly provide a response to any questions asked that are deemed relevant to their licensure and practice as a Psychologist. In the case of a complaint investigation members shall produce any records or things in their possession deemed relevant to the investigation.

3.3 Provision of regulatory information to clients

If requested by a client, members shall provide information regarding the mandate, function, location, and contact information of the College, and provide information about where the client can obtain:

- a) the legislation that governs the provision of services; and,
- b) the College's standards, Professional Practice Guidelines, and the Canadian Code of Ethics for Psychologists.

3.4 Compliance with statutes and regulations relevant to the provision of services

Members shall conduct themselves in a manner that ensures that the services they provide and/or those conducted provided under their direction comply with statutes and regulations that apply to the provision of services.

4 Foundations of Practice with Clients

4.1 Defined role

Members shall provide diagnostic, therapeutic, teaching, research, supervisory, consultative, or other services only within the context of a professional role.

4.2 Supportable services

Members shall provide services based upon client need and relevant issues in accordance with generally accepted common practices and/or theoretical and scientific knowledge bases of the profession.

Members shall identify and document situations in which particular interventions or assessment techniques or norms may not be applicable or may require adjustment in terms of administration or interpretation because of factors such as gender, age, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

4.3 Assume responsibility for practice

Members, whether working individually, in partnership, or as a shareholder of a psychological corporation, shall assume responsibility for the services they provide to a client (i.e. individual, corporate, group). Members shall ensure that their work adheres to the Guidelines in the planning, delivery, supervision, and billing practices of all services provided.

Members who are employees shall endeavor to encourage their work setting's adherence to the Guidelines in the planning, delivery, supervision, and billing practices of all services provided. The expectation is that concerns will be identified for the employer and that if the concerns are unresolved, consultation will occur with colleagues and/or the College.

4.4 Make referrals

Members shall make or recommend referrals to other professionals when a client's presenting concerns are beyond their practice competence or when the referral is in accordance with the best interests of the client.

4.5 Notify and assist if discontinuing or temporarily absent

If it is necessary to limit, suspend, or terminate the professional relationship, the member shall do so in an appropriate manner by notifying the client, assisting the client in obtaining services from a suitable professional if wished by the client, and informing the client of where their record will be maintained and how it may be accessed. A member may also consult a colleague or contact the College for professional guidance as needed.

During foreseeable absences from professional practice, members shall arrange for one or more other appropriate professionals to address the psychological service needs of clients in an emergency, as well as ongoing coverage if required. Members must clearly communicate (written and/or verbal) to current clients their plan for coverage.

Members will ensure that they have a plan for, and will communicate with their employer and/or professional executor, the avenues for continuity of care of their clients in the event of sudden death or incapacity.

See Licensure Advisory **Professional Executor Advisory:**
<http://www.skcp.ca/pdf%20files/executor-advisory.pdf>

4.6 Self-evaluation

Members shall evaluate how their own experiences, attitudes, culture, beliefs, values, social context, individual differences, specific training, and stresses influence their interactions with others, and integrate this awareness into all efforts to benefit and not harm others. As part of the self-evaluative process, members are encouraged to routinely seek consultation and feedback from peers as needed.

4.7 Sensitive to cultural differences

Members shall be sensitive to and knowledgeable about individual, group, community, and cultural differences and vulnerabilities to discern what will benefit and not harm clients involved in their activities.

4.8 Evaluate activities and report new knowledge

Members shall monitor and evaluate the effect of their activities, record their findings, and communicate new and significant research findings to the profession.

4.9 Communicate honestly

When communicating orally or in writing, members shall clearly cite the work of others and only take credit, including authorship credit, for work they have actually performed or to which they have substantially contributed. Members shall also ensure that principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status (e.g. student).

4.10 Resolving conflict

When disagreement or conflict occurs within their professional role with others (i.e. colleagues, clients, supervisees, students, or employees) members shall strive to resolve the conflict in a manner that is congruent with the principles of the Canadian Code of Ethics for Psychologists. Before engaging other means of resolution and if appropriate, members should first seek to resolve the issue directly with the person with whom they are in conflict or disagree.

5 Supervision and Training

5.1 Responsibility for supervised clinical service providers

Members are responsible for the actions and clinical services of all those they supervise. Supervisees include but are not limited to provisional members of the college, employees, students, trainees, and members not holding *Authorized Practice Endorsement*. Supervisors must ensure that:

- a) they have declared competence in the areas of practice they will be supervising;
- b) in determining how supervision will be provided, the supervisor takes into account the knowledge, skills and, competence of the supervisee;
- c) when providing supervision for the Authorized Practice Endorsement, the supervisor provides reasonable training and oversight in diagnostics, and assists the supervisee in determining whether they meet the requirements for the endorsement as outlined in the Act and bylaws;
- d) their name, their identification as supervising Psychologist, and their contact information are clearly identified on all reports and formal correspondence related to the clinical services provided;
- e) they must co-sign all assessment reports and formal correspondence related to any clinical services provided by non-regulated providers and provisional members; co-signature is imperative on all documentation containing diagnoses;
- f) billing for services is in their name, or in the name of the psychology professional corporation or employer; and,
- g) the person who provided the service is clearly identified on the assessment report making clear who delivered the service.

5.2 Informing clients

Members shall make reasonable efforts to ensure that clients are informed of the following at the onset of service provision:

- a) the professional status, qualifications, and functions of the individual providing the service, and that all services are reviewed with, and conducted under the supervision of the supervisor;
- b) the identity of the supervisor(s) and how they can be contacted;
- c) that meetings with the supervisor can be arranged at the request of the client, supervisor, and/or supervisee;
- d) that the supervisor will have access to all relevant information about the client; and
- e) that in the case of the establishment of a diagnosis, that the supervisor with the APE will be an active participant in the assessment process.

5.3 Communication of a diagnosis

Supervising members are responsible for determining the process for the performance of the authorized practice of communication of a diagnosis, taking into consideration the knowledge, skills, and competence of the supervisee. Practice Advisory: **Supervision of the Communication of Diagnoses by Provisional Members or Psychology Interns/Residents**
<http://www.skcp.ca/pdf%20files/supervision-communication-diagnoses-provisional-members-advisory.pdf>

5.4 Train qualified individuals

Members shall not teach or provide training in the use of any techniques or procedures to individuals who lack the prerequisite training or qualifications, the legal scope of practice, or the expertise to employ such techniques or procedures.

5.5 Assessing students, supervisees, and trainees

In academic and supervisory relationships, members shall establish an appropriate process for evaluating and providing feedback to students and supervisees on the basis of their observed performance, and inform them of the evaluation process at the outset of the supervisory relationship.

5.6 Knowledge of regulation

Members providing supervisory services to individuals who are under the jurisdiction of another regulatory body shall maintain awareness of any regulatory provisions pertinent to their supervisee's activities. Where differences exist members must work to the more rigorous standard. If it is not clear what the higher standard is, consultation with the College should occur.

5.7 Supervision in multidisciplinary/collaborative care settings

Members in a supervisory role over a non-member in a multidisciplinary/collaborative care setting shall:

- a) supervise only that work for which each non-member has the appropriate background, training, and experience;
- b) inform their employer, if any, and their supervisee of the obligations contained in these Guidelines or the applicable legislation regarding documentation of supervision, provision of feedback to supervisee, reporting of supervisee's activities, and any other elements of the supervision; and,
- c) maintain compliance with all other requirements in these Guidelines pertaining to supervisory services and practice as a Psychologist.

6 Competence

6.1 Practicing within boundaries of competence

Members shall provide services within the boundaries of their formally declared practice competencies. Members may in extenuating circumstances need to provide services outside of their areas of declared practice competence, but have no intention of establishing ongoing practice in the particular area. In these circumstances' members must carefully evaluate the risks and benefits of providing service, and seek appropriate consultation and supervision/mentorship from a colleague experienced in providing services in that particular area of competence.

6.2 Changing/expanding areas of competence

Members planning to change or expand the scope of their professional practice to include a new area, client group, or activities beyond their existing declared competence shall inform the College, undertake appropriate training, education, and supervision, and satisfy any other formal requirements specified by the College.

6.3 Maintaining competency

A member is responsible to ensure that their knowledge and skill in regard to their areas of declared competence is current and is reflective of best practice and evidence-based practice. Members must comply with the College's continuing education and quality assurance requirements.

See Practice Advisory **Continuing Education Credits:**

<http://www.skcp.ca/pdf%20files/cont-educ-credits%20Apr%202010.pdf>

6.4 Practice in emerging areas

At times, members may provide services in emerging areas of practice. In such situations, members should inform clients that the services being offered may not yet have been subjected to extensive research and validation. As with any informed consent process regarding the provision of services, members shall inform clients of the risks, benefits, alternative services and the member's qualification/training to provide that service.

6.5 Impaired competence

Members shall not provide any type of service or activity if they know or should know that their competence may be impaired or compromised. Members shall take appropriate measures, such as obtaining professional consultation or assistance or formal assessment, if they have concerns about

their professional competence or if concerns have been brought to their attention.

7 Representation of Services

7.1 Accuracy of professional representation

Members shall not - make public statements that are false, misleading, or fraudulent concerning their services or activities or those of persons or organizations with which they are affiliated. Accordingly, members:

- a) shall not misrepresent directly or by implication their professional qualifications such as education, experience, or areas of competence;
- b) shall not misrepresent their qualifications by listing fraternal organizations or memberships in interest groups;
- c) may list or display a sponsorship or certification if it does, in fact, exist, is relevant to their work as a Psychologist, and has been listed in a format that is acceptable to and established by the College;
- d) these additional certifications and/or sponsorships must be spelled out in full as opposed to the use of acronyms;
- e) shall not associate with any services or products, or permit their name and/or implied professional expertise to be used in connection with any services or products, in such a way as to misrepresent: (i) the services or product; (ii) the degree of their responsibility for the services or products; or, (iii) the nature of their association with the services or products; and;
- f) shall use the appropriate title as required by the Regulatory Bylaws, -; and
- g) must not represent or imply that another individual with whom they are affiliated is a member of the profession, if that individual is not registered with the College.

See **Title Format and Abbreviation:** <http://www.skcp.ca/wp-content/uploads/Use-of-Title-Title-Format-and-Abbreviation-Advisory-Jan-19.pdf>

7.2 Provision of information to the public

Members who provide general information, advice, or comment to the public via any medium shall take precautions to ensure that statements are for information purposes only and are not offered with an intent to provide services to any individual member of the public and are:

- a) accurate and supported by current professional literature or research;

- b) consistent with the professional standards, guidelines, policies, and ethics of the College.

7.3 Promotion of professional practice

A paid advertisement is identifiable, or clearly recognizable, as an advertisement. Members who engage others to create or place advertisements or public statements that promote their professional practice, products, or activities are responsible for such statements. The use of testimonials in advertising is prohibited.

7.4 Compensation for publicity

Members shall not compensate a representative of the media, in any way, in return for free publicity.

7.5 Solicitation

Members shall not contact or communicate or allow any person to contact or communicate with potential individual clients, either in person, or by electronic means, in an attempt to solicit business, unless the person contacted represents an organization, firm, corporate entity, or community which is the potential client.

8 Informed Consent

8.1 Reasonable steps for informed consent

Members shall take all reasonable steps to ensure that informed consent is obtained from clients and/or guardians before providing services, including research, and before seeking formal consultation. Informed consent is the result of a process of reaching an agreement to work collaboratively, rather than simply having a consent form signed. In custody cases in which both parents have a legal right to consent to services, the member shall engage in a consent process which is inclusive. When a member is not able to obtain the consent of all those legally entitled to provide it, or chooses to proceed without consent from all entitled to provide it, they must clearly document on the clinical record the reason for why consent was not obtained and any efforts undertaken to obtain it.

8.2 Promote client understanding of consent

Members shall use methods that promote client understanding and ability to consent. In the case of clients with diminished capacity, members have a responsibility to consult and engage in the consent process, a substitute

decision maker if one is in place. Where a client is suspected to be of diminished capacity and does not have a substitute decision maker, members shall provide information to the client in a format, and at an appropriate comprehension level congruent with the person's perceived capacity, and if felt to be necessary take action to have a substitute decision maker engaged to assist the client in decision making.

8.3 Informed consent content

Informed consent prior to engaging in a professional relationship shall address:

- a) the purpose and nature of the psychological service;
- b) mutual responsibilities;
- c) confidentiality protections and limitations;
- d) likely benefits and risks;
- e) alternative service options;
- f) likely consequences of non-action;
- g) option to refuse or withdraw from services or research at any time, without prejudice;
- h) period of time covered by the consent; and,
- i) how to rescind consent, if a decision to rescind consent is made;
- j) description of member's qualifications;
- k) written information regarding fees.

8.4 Limits to confidentiality

Members will inform all clients of the standard limits to confidentiality at the outset of their professional contact as part of an informed consent for treatment process. This will include, -informing clients that information about them will not be released to any outside source without their permission, except in situations in which there is: 1) potential, imminent harm to the client or others; 2) suspected neglect or harm to a child, including the witnessing of violence; or 3) a court-order to release client information; 4) or where required by legislation.

8.5 Release for confidential information

Outside the standard limits to confidentiality, members shall obtain informed, written, signed (when possible), and dated consent from clients for any release of confidential information (ie, personal information and personal health information). Such consent shall stipulate the information to be released, the recipient, and the period of time covered by the consent.

8.6 Documentation of consent

Members shall document discussions regarding consent held with clients, including whether consent was limited or refused, and shall maintain the signed consent form as part of the health record.

8.7 Oral consent

Members shall accept and document oral consent, in situations where signed consent forms are not appropriate, or where obtaining written consent was not possible.

8.8 Right to discontinue

Members shall respect the right of persons to discontinue services at any time, and be responsive to non-verbal indications of a desire to discontinue such as if a person has difficulty with verbally communicating (e.g., young children, verbally disabled persons) or, is unlikely to communicate such a desire orally due to their cultural background.

9 Privacy of Personal Health Information

9.1 Collection, use and disclosure

Members shall obtain informed consent with respect to the collection, use, and disclosure of personal health information from the client or their authorized representative unless otherwise permitted or required by law.

9.2 Access by client or client's authorized representative

Members shall provide access by clients, or their authorized representatives, to clients' personal health information unless prohibited by law or members are otherwise permitted to refuse access (e.g. potential risk to third party, potential risk of harm, breach of the integrity of a test).

10 Records and Record Keeping

10.1 General conditions

Members shall ensure that psychological records are complete and accessible. Members shall abide by all requirements of the College as well as relevant legislation and meet all obligations regarding completion of client records, maintenance of record security, and confidentiality of information.

See Practice Advisory **Responsibilities under HIPA:**

<http://www.skcp.ca/pdf%20files/responsibilities-hipa-advisory.pdf>

10.2 Content of clinical service provision records

Records shall contain sufficient information to allow for the continuation of care by another Psychologist or healthcare professional, and shall include the following:

- a) the name of the client and other identifying information;
- b) the presenting problem or problems or the purpose of the consultation;
- c) the fee arrangement;
- d) the date and substance of each service;
- e) any test results or other evaluative results and any basic test data from which the results were derived;
- f) notations and any results of formal consults with other service providers, including referrals received or sent; and,
- g) any releases or consents executed by the client; and
- h) case / progress notes.

Members are not required to keep personally identifiable information on persons receiving prevention, public education, and emergency or post emergency group services.

10.3 Supervisory records

Members shall maintain records of supervision sessions that include, among other information, the type, place, and general content of the issue or focus of supervisory sessions.

10.4 Record of fees

Members shall maintain a record of services and their associated fees charged to and received from a client, organization, and/or supervisee.

10.5 Length of record retention

Members shall ensure that all information in their clinical service provision records, organizational client records, and supervision records are maintained for not less than seven years after the last date that services were rendered or in the case of a minor not less than seven years after they reach the age of majority (18 years). In cases with extenuating circumstances where factors such as age at the time of service delivery or capacity are at issue, records may need to be retained for longer periods. Members should consult any relevant organizational or legal requirements outside of these Guidelines, and the longer retention period should be adopted.

10.6 Security of and access to records

10.6.1 Confidentiality of records

Members shall maintain the confidentiality of all records under their control, in whatever form they are maintained, at all times including while they are being created, stored, accessed, transferred, or destroyed.

10.6.2 Security of records

Members shall ensure that:

- a) their records are secured including, but not limited to, restricting access to files, locking file cabinets, and providing secure storage for files; and,
- b) the confidentiality of their clients' personal health information is assured.

Members employed in an interdisciplinary setting where a common filing system is used shall exercise discretion when placing information in a common file, ensuring information that requires psychological interpretation, and as required by test security standards, is kept in a separate secure location. The member should indicate on the interdisciplinary file the existence of the separate psychology file.

10.6.3 Electronic Records

Members who uses electronic client records shall ensure that electronic records have safeguards that protect the security and confidentiality of information. See Practice Advisory on Electronic Records (to be added once a Practice Advisory is created).

10.6.4 Digital recording

Digital recordings made for the purpose of supervision are to be erased by the supervisee or supervisor when the necessity for them as a supervisory tool has ended. Digital recordings made for the purpose of a training tool for the client are to be erased when necessity has ended. Digital recordings made to assist in the diagnostic process should be retained as part of the client record regardless if they also served the dual purpose of facilitating supervision. Where digital recordings of a subject's responses are part of a psychometric test administration, the actual recording or a written transcript of the recording must be maintained.

10.7 Contingency planning

Members shall make plans in advance so that confidentiality of records and data is protected in the event of the members' death, incapacity, or withdrawal from employment positions or practice.

See Licensure Advisory **Professional Executor Advisory:**

<http://www.skcp.ca/pdf%20files/executor-advisory.pdf>

10.8 Transfer of files upon discontinuation of service

Before resigning or withdrawing from a position or the practice of psychology, members shall ensure that:

- a) each client record for which they have primary responsibility is transferred to another member whose identity is made known to the client, the institution, or the project under whose auspices the services were provided; and,
- b) each current client for whom they have primary responsibility is notified that the member intends to discontinue service and through what means clients can obtain copies of records. (NEED ADVISORY ON RETIREMENT/ RESIGNATION FROM MEMBERSHIP – WHEN DONE LINK)

10.9 Correcting factual inaccuracies in client records

Client shall have the right to request a correction of factual inaccuracies in their records; members shall review requests and:

- a) if members are in agreement that there were factual inaccuracies, write an amending letter or attachment to the record and, to the extent possible, notify the parties who received the inaccurate information from the member;
- b) notify the client if they are not in agreement that there were factual inaccuracies, or if the inaccuracies were minor in the member's opinion and if changed would not change the meaning of the statement (in such cases, members will document the reasons for not making the requested corrections); and,
- c) when members do not make a requested correction, clients will be informed that they may write a statement outlining their reasons for disagreement and that their statement will be attached to the client record.

10.10 Coding of database information

If confidential information concerning clients is to be entered into a database or system of record keeping which is available to persons whose access has not been consented to by the client, such data shall be de-identified.

10.11 Research protocol

With any approved research protocol personal identifiers must only be used with the participants' permission.

10.12 Records of equipment maintenance

Members shall keep a record of maintenance for all equipment that, if malfunctioning when used to examine, treat, or render any service to clients, could cause harm to a client.

11 Fees/Contract for Services

11.1 General obligation

At the commencement of services, members shall ensure that full information is provided to clients about financial arrangements including, but not limited to, fee structure, missed appointments, and bill collection.

Members shall:

- a) inform all clients in writing of relevant fees and charges;
- b) set reasonable fees and charges; and,
- c) collect fees and charges with consideration for the welfare of client.

Members shall base their fees on the amount of time allocated for service provision to the client, on the complexity of the services rendered, and on the cost associated with providing such services.

11.2 Method of payment

11.2.1 Credit cards

Members shall not require the use of credit cards for payment for services.

11.2.2 Interest on overdue accounts

Members may charge interest on an overdue account if the client is appropriately informed of the amount and method of calculating interest at the outset of service provision AND in writing.

The amount of time given by members for interest free payment shall be guided by the circumstances of the client, and rates of interest charged shall be consistent with current professional practices.

11.2.3 Prepayment for services

Members shall not require a client to prepay for services.

If clients and members agree, prepayment for services may be accepted by the member. Members shall issue an interim statement of account at the request of clients.

11.3 Withholding records

Except as otherwise authorized by law, members shall not withhold records under their control if they are required for urgent client care if the reason for withholding them is solely because payment has not been received for services already provided.

11.4 Exception to Guideline 11.3

In circumstances other than those in Guideline 11.3, members may withhold reports due to a client's failure to pay if client was advised at the beginning of the assessment process that payment in full was required before the release of a report.

11.5 No payment for referral

Members shall not: (a) give a commission, rebate, or remuneration to persons who have referred clients to the member; or (b) accept a commission, rebate, or remuneration from persons to whom the member has referred a client.

11.6 Fee assistance or pro bono service

Members shall consider contributing to the general welfare of society (improving accessibility of services, regardless of ability to pay) and/or the general welfare of their discipline, by offering a portion of their time to work for which they receive little or no financial return.

12 Professional Objectivity

12.1 Compromised objectivity or effectiveness due to relational factors

Members shall not undertake or continue to provide services when their objectivity, competence, or effectiveness is, or could reasonably be expected to be, impaired due to present or previous familial, social, sexual, emotional, financial, supervisory, political, administrative, or legal relationships with clients or persons associated with such clients.

12.2 Multiple clients

Members shall be vigilant about potential conflicting or dual roles when serving multiple clients in a workplace, family, or other group. Members

should act proactively in clarifying to whom and for what purpose their services may be provided, with consideration of conflicting interests for the parties involved. When conflicting or dual roles are identified, the member shall take appropriate steps to eliminate and/or minimize any harm as a result of the conflict.

12.3 When services are to be terminated

Members shall terminate services when, in collaboration with individual clients, it is determined that clients no longer need or are no longer benefiting from the service.

12.4 Gifts from clients

Gifts from clients are to be viewed with consideration of the services rendered, and shall not be induced or coerced. It is members' responsibility to ensure that there is no exploitive element to gifting and gift receiving, and that cultural considerations are taken into account in determining whether or not to accept gifts. Members are cautioned about accepting gifts that would be viewed as excessive.

13 Appropriate Relationships

Members are to maintain appropriate and respectful clinical, collegial, supervisory, and evaluative relationships sensitive to the power and authority that they have, or may be perceived to have, with students, supervisees, employees, research participants, colleagues, and clients.

Appropriate behavior is sensitive to factors of power, age, gender identity, race, ethnicity, national origin, religion, sexual orientation, disability, language, and/or socioeconomic status.

Inappropriate behaviors include harassment, exploitation, discrimination, or actions where the member receives or could be perceived to have received some personal benefit. This includes, but is not limited to the following:

- a) use of implicit or explicit power for initiating, coercing, or responding to an activity including threats of reprisal and offers of promises or reward;
- b) engaging in deliberate and/or repeated unsolicited comments, anecdotes, gestures, or touching where the member knows or ought to know that such behaviors are offensive and unwelcome, or which create an offensive, hostile, or intimidating environment; and,
- c) a sexual or romantic relationship with any current or past client.

- d) a sexual or romantic relationship with any current student or supervisee.

14 Assessment and Intervention

14.1 Purpose and scope of assessment

A member shall ensure that the purpose of an assessment is understood by the client and specifically stated in the assessment reports. The scope of an assessment process is determined by the nature of the referral question or issue.

14.2 Familiarity with tests and techniques

Members shall obtain specific training, supervision, and experience required for the proper selection, administration, scoring, and interpretation of psychological tests.

Members shall be familiar with the standardization, norms, reliability, and validity of any tests and techniques used, and with the proper use and application of tests and techniques.

14.3 Assessment methods

Members' assessments, recommendations, and reports shall be based on information and techniques that are sufficient to provide appropriate substantiation for their findings. A member shall:

- a) assess the variables and factors relevant to the referral question or issue; and,
- b) when appropriate, use multi-method, multi-trait procedures when conducting assessments which include but are not limited to psychometric assessment tools, a chart review, and interviews with other sources of information (e.g., family, treatment staff, teachers).

Add relevant practice advisories.

14.4 Responsibility for use of tests

A member is solely responsible for the appropriate selection of tests, devices, or assessment procedures based upon the client's presentation and need, and the instruments' validity supported by the literature. Members are responsible for the appropriate interpretation of assessment instruments whether they score and interpret such tests themselves or use automated or other services.

14.5 Identification of limits of certainty

A member shall indicate any significant reservations they have about the accuracy or the validity of the assessment, or limitations of their interpretations in any assessment report. A member shall identify limits to the certainty with which diagnoses, opinions, or predictions can be made about individuals or groups.

14.6 Direct examination of individual

Members shall not provide an opinion or a report or give testimony respecting the psychological characteristics of an individual unless members have first conducted a direct, in-person examination of the individual which is adequate to support the members' statements or conclusions.

If it is not possible to conduct formal assessment or to have direct professional contact due to extraordinary circumstances such as those where there is a risk of imminent harm to self or others, a member shall articulate in the report the reasons for noncompliance and the consequent limitations of the conclusions and opinion provided.

When, as part of a psychological service, members conduct a review of a client record and the direct evaluation of the client is not within the scope of the review, members shall clearly identify that a review was conducted as opposed to a psychological assessment, and shall indicate the sources of information used to form their opinions in their report. In any situation in which members have not had direct contact with the client, members shall clarify the impact of their limited information on the reliability and validity of their reports and testimony, and shall limit appropriately the nature and extent of their conclusions or recommendations.

14.7 Rendering opinions

Members shall render only those professional opinions that are based on current, reliable, adequate, and appropriate information. Conclusions and recommendations should follow logically, consistently, and clearly from the information gathered throughout assessment processes. When members are offering a dissenting opinion on another member's work, it should be based on evidence and couched in a respectful and professional tone. Opinions regarding the sufficiency of diagnoses, conclusions, or recommendations should be restricted to a statement of whether or not these in the member's opinion are supported by the data presented in the report. The application of alternative diagnosis(es) may only occur after direct reassessment of the client by the member who is reviewing the report.

14.8 Clarity of communication

The expected standard of practice is for the member to provide direct feedback to clients and/or legal guardians. Members shall ensure that results are explained in a manner that is likely to be understood by clients or their legal guardians.

14.9 Use of computer-generated interpretive statements

Members who use computer-generated interpretive statements in preparing psychological reports and evaluations shall acknowledge the sources of such statements in a written citation within reports, using an appropriate format for any material taken verbatim from computer-generated interpretations. Members shall never substitute computer generated assessment reports or statements for their own professional opinions, assessments, or reports.

14.10 Protection of test security

Members shall protect and maintain the integrity and security of tests and other assessment techniques consistent with law, contractual obligations, the requirements of this Guidelines document, the Canadian Code of Ethics for Psychologists, and relevant legislation.

15 Working in University or Technical Education and Research Settings

15.1 Design of education programs

Members responsible for education and training programs shall ensure that they are competently designed, provide necessary and appropriate experiences, meet the stated goals of the program, and that evaluation criteria and processes are clearly outlined.

15.2 Design of research programs

15.2.1 Compliance with law and ethical standards

Members shall plan and conduct research in a manner consistent with international, federal, and provincial laws and with professional standards governing the conduct of research, particularly those standards governing research with human participants and animal subjects.

15.2.2 Institutional approval

Before conducting research, members shall provide accurate information about their research protocol in a research proposal to the host institution or organization. Ethical approval shall be obtained from the appropriate research review committee where appropriate.

15.2.3 Research in accord with approved protocol

Members shall conduct research in accordance with any research protocol approved under institutional ethics committee approval.

15.2.4 Informed consent for research

Research participants shall be informed of:

- a) information about the researchers and their licensure;
- b) the nature of the research and participation requirements;
- c) that they are free to participate or not, or to withdraw from the research at any time (unless there are clearly identified limits to withdrawal);
- d) significant factors that may be expected to influence their willingness to participate;
- e) their confidentiality rights and limits; and,
- f) any other aspects of the research that might be of interest or importance to them.

15.2.5 Required research participation

When research participation is a course requirement or opportunity for extra credit, members shall provide prospective participants the choice of equitable alternative activities.

15.2.6 Resolution of ethical issues

If ethical issues arise prior to, during, or after the conducting of research, members shall seek to resolve the issue through consultation with institutional review boards, animal care and use committees, or other appropriate resources i.e. the College.

15.2.7 Offering research inducements

If members offer services as a benefit to research participants, they shall enter into an informed consent process and in particular shall make clear the nature of the services offered, including any risks associated with and limitations of such services, and if and how feedback will be provided.

15.2.8 Required consultations

While developing and implementing research projects, members shall consult those with expertise concerning any special population that is under investigation or that is likely to be affected by the research questions, process, or results.

15.2.9 Use of deception

If deception is justified by the objectives of a study due to prospective scientific, educational, or applied value, and equally effective alternative procedures are not feasible, such deception shall be explained to research participants as early as possible.

16 Telepsychology and Social Media

16.1 Maintain equivalent standards

Members should maintain equivalent standards of practice in providing telepsychology services as in face-to-face practices. Details of standards can be found in **Model Standards for Telepsychology Service Delivery**.

<http://www.skcp.ca/pdf%20files/telehealth-advisory.pdf>

16.2 Social media

Members using social media for private or professional reasons should:

- a) avoid dual relationships (e.g., client “friend requests” on Facebook or LinkedIn) and inform clients in advance of this standard and/or post on their social media platform;
- b) avoid giving or appearing to give online psychological advice to an individual when the individual is not part of a telepsychology contract;
- c) remember that private can become public and information can be misconstrued
- d) maintain professional standards in all social media presence;
- e) maintain strict adherence to client confidentiality and be especially careful not to blog or journal about clients or work settings even if information appears de-identified;
- f) if using social media for professional reasons, maintain professional standards of representation; and,
- g) if it applies, consult the Model Standards for Telepsychology Service Delivery.

See Practice Advisory: **Model Standards for Telepsychology Service Delivery**

<http://www.skcp.ca/pdf%20files/telehealth-advisory.pdf>

17 Guideline Violations

17.1 Take appropriate action

Members who have reasonable and probable grounds to believe that there has been a violation of this Guidelines document, the Canadian Code of Ethics for Psychologists, or relevant legislation shall take appropriate action. This action should be commensurate with the issue at hand, including

speaking directly with the member involved and/or formal reporting to the College. Such actions shall be undertaken within the bounds of confidentiality and respect for the client, each other, and the profession.

17.2 Reasonable effort to obtain consent from client to report

When the information about a violation by a member is obtained in the context of a professional relationship with a client, members shall report it if they believe it is necessary for public safety. Members shall inform the client of the reasons for their decision to report and make reasonable effort to obtain consent from the client. If the client wishes to remain anonymous, the member will seek to de-identify the information.