



COLLEGE OF
PSYCHOLOGISTS
OF ONTARIO

STANDARDS OF PROFESSIONAL CONDUCT (2017)

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PRACTICAL APPLICATIONS CURRENT
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APPLICABILITY AND DEFINITIONS

PRACTICAL APPLICATIONS

Practical Applications have been developed to provide clarity, guidance, and examples for some *Standards*.

APPLICABILITY

For the purposes of Ontario Regulation 801/93 Professional Misconduct, section 1.2., the Standards of Professional Conduct (2017) are to be considered “standards of the profession”.

DEFINITIONS

Administration: the administration of psychological services as opposed to administrative duties that are of a clerical or business-related nature. For greater clarity, administration of psychological services refers to the planning, implementation, monitoring and evaluation of items a) through h) under “Psychological Services” below.

Best Efforts: taking, in good faith, all steps, that would not require undue hardship, that a reasonable member would take in the circumstances, depending on the facts of the particular case and the level of risk that would result from inaction, to achieve an objective and carry out the process to its logical conclusion.

The College: the College of Psychologists of Ontario.

Consultation: the provision of information, within a relationship of professionals of relatively equal status, generally based upon a limited amount of information that offers a point of view that is not binding with respect to the subsequent professional behaviour of the recipient of the information.

Client: an entity receiving psychological services, regardless of who has arranged or paid for those services. A client can be a person, couple, family, or other group of individuals with respect to whom the services are provided. A person who is a “client” is synonymous with a “patient” with respect to the administration of the *Regulated Health Professions Act (1991)*.

Formal Correspondence: documents that contain information about a psychological service that is intended for use beyond the practice or organization.

Fulfilling the Requirements to Become a Member of a College: obtaining the necessary education, training or experience required for registration with that College.

Member: an individual registered with the College of Psychologists of Ontario to provide psychological services, including those holding a certificate of registration authorizing autonomous practice, interim autonomous practice, or supervised practice; or those holding an academic, inactive, or retired certificate of registration.

Organizational Client: an organization, such as a business, community or government that receives services that are directed primarily at the organization, rather than to the individuals associated with that organization.

Public Statements: statements in any medium that 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 including print and electronic transmission, statements in legal proceedings and contained in the public record, lectures and public presentations, and published materials.

Psychological Records: records that include all forms of information collected in relation to the provision of psychological services, regardless of the nature of the storage medium.

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

- a. Evaluation, diagnosis, and assessment of individuals and groups;
- b. Intervention with individuals and groups, including but not limited to, therapy, counselling, crisis intervention and psychoeducation;
- c. Consultation;
- d. Program development and evaluation;
- e. Supervision;
- f. Research;
- g. Education and training;
- h. Scholarly activities; and,
- i. Administration.

Supervision: an ongoing educational, evaluative, and hierarchical relationship, where the supervisee is required to comply with the direction of the supervisor, and the supervisor is responsible for the actions of the supervisee.

Note: Capitalized terms not defined in these *Standards* shall have the meaning ascribed to them in the *Psychology Act, 1991*, the regulations made thereunder, and/or the By-laws of the College.

1. ACCEPTANCE OF REGULATORY AUTHORITY OF THE COLLEGE

1.1 Compliance with College Authority

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

1.2 Responding to a College Request

When requested by the College, members must promptly provide an account of their activities, responsibilities, and functions. When employed by an institution or other non-member, members must also provide a description of the organization and the types of service that the organization provides.

1.3 Agreements with the College

Members must adhere to any undertaking or agreement that they have made with the College.

1.4 Participation in Quality Assurance

Members must participate fully in all mandatory aspects of the College's Quality Assurance Program.

1.5 Provision of Regulatory Information to Clients

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

- a. the statutes and regulations that govern the provision of psychological services; and
- b. the College's *Standards*, guidelines, and codes of ethics.

2. COMPLIANCE WITH STATUTES AND REGULATIONS RELEVANT TO THE PROVISION OF PSYCHOLOGICAL SERVICES

2.1 General Conduct

Members must conduct themselves so that their activities and/or those conducted under their direction comply with those statutes and regulations that apply to the provision of psychological services.

Practical Application: A hierarchy of rules applies to the services of members. When reviewing one's obligations one should apply the following hierarchy:

1. *Legislation*
2. *Regulations under the legislation*
3. *The Standards of Professional Conduct*
4. *The Canadian Code of Ethics for Psychologists*
5. *Other ethical guidelines*

3. MEETING CLIENT NEEDS

3.1 Responsibility for Psychological Services

3.1.1 Private Practice Settings

Members, whether working individually, in partnership or as shareholders of a psychological corporation, must assume responsibility for the planning, delivery, supervision and billing practices of all psychological services they provide to clients.

3.1.2 Employment Settings

Members must assume responsibility for the planning, delivery, and supervision of all psychological services they provide to clients. Members working as employees must make best efforts to ensure that their work setting adheres to the *Standards of Professional Conduct (2017)* in the planning, delivery, supervision, and billing practices of all psychological services provided.

3.2 Clarification of Confidentiality and Professional Responsibility to Individual Clients and to Organizations

In situations in which more than one party has an interest in the psychological services rendered to a client or clients, members must, to the extent possible, clarify to all parties, prior to rendering the services, the dimensions of confidentiality and professional responsibility that must pertain in the rendering of services. The provision of psychological services on behalf of an organizational client does not diminish the obligations and professional responsibilities to individual clients.

Practical Application: The need for clarification may arise, for example, in the provision of an assessment of a claimant in an insurance matter, where the insurer has retained the assessor. Regardless of the wishes of the insurer, members are under all of the obligations that pertain to a client within these Standards and the relevant privacy legislation. This includes providing access to the individual or their authorized representative to their personal information and any reports or records which members have in their possession unless prohibited by law or they are otherwise permitted to refuse access.

4. SUPERVISION

4.1 Responsibility of Supervisors of Psychological Service Providers

If members are supervising psychological services provided by a member holding a certificate for supervised practice or any other unregulated or regulated service provider who is not an autonomous practice member of the College, the clients are considered to be clients of the supervisor.

Members must assume responsibility and accountability for, and review, the actions, and services of all supervised providers of psychological services who are not authorized by the College to provide those services autonomously. Supervising members must be authorized to provide the relevant services with the relevant populations, autonomously.

These provisions apply to, but are not limited to, supervisees who are employees, students, trainees, members holding certificates of registration authorizing supervised practice, members holding certificates of registration authorizing autonomous practice who are providing services for which they are not authorized and service providers who are not members.

The responsibilities and obligations of the supervisor depend on the qualifications of the supervisee; that is whether the supervisee is a member holding a certificate of registration authorizing supervised practice, a non-member, or an Autonomous Practice member. The requirements for all supervision undertaken, as well as additional/alternate responsibilities for supervision in specified circumstances, are set out below.

Practical Application: A service provider, for the purpose of this Standard, is a person who provides psychological services. The supervision Standards are not intended to apply to situations in which, for example, an employee of a member provides support or assistance to a member who is providing the service. Examples of those working under the direction of a member, but not subject to the formal

requirements under this section, are staff members performing administrative tasks, supervising children in a waiting room or assisting in the administration of questionnaires for a member. It is important to note that when a member receives assistance from a non-member in providing psychological services, the member remains fully responsible for ensuring that all services comply with the Standards of Professional Conduct (2017), pursuant to Standard 3.1 (Responsibility for Psychological Services).

Non-members performing tasks on behalf of members, when those tasks require professional education, training and/or experience, are considered to be under the supervision of members and subject to the Standards within this section. Examples of such tasks are administering measures involving the application of clinical knowledge and judgment, and/or interpreting test results.

4.1.1 All Supervision

1. Supervising members must be competent to provide the services undertaken by their supervisee;
2. Supervising members must assess the knowledge, skills and competence of their supervisee and provides supervision as appropriate to the supervisee's knowledge, skills, and competence, based on this assessment;
3. Supervising members must keep a record of supervision activities and contacts between themselves and their supervisee and such a record must include, at a minimum:
 - a. the date and length of time of each supervision meeting;
 - b. information that will permit the identification of each client that was discussed at each supervision meeting;
 - c. a summary of discussions regarding each assessment and intervention matter occurring at each supervision meeting;
 - d. a summary of discussions regarding any relevant ethical, professional and jurisprudence issues discussed at each supervision meeting;
 - e. a notation of any directives provided to the supervisee at each supervision meeting; and
 - f. a notation of the supervisee's strengths and needs for further development identified at each supervision meeting.

Practical Application: It is not necessary to include a client's name within a supervision record, however, sufficient information must be included to allow the member to determine the identity of the client referred to. For example, a member may use initials or a client identification number, if this would enable the member to distinguish between different clients being discussed.

Practical Application: Supervision records are meant to record the interaction between the supervisor and supervisee and focus on the supervisor's evaluation, direction and support of the supervisee as well as the supervisee's response to the input of the supervisor; supervisors are responsible for ensuring that those under their supervision maintain records as required under section 9 (Records and Record Keeping) and reflect the contribution of the supervisor to the service delivery.

4. Supervision records must be retained for at least two years after the last supervisory contact;
5. Supervising members must ensure that there is an individual supervision agreement, signed by both themselves and their supervisee, for each supervisory relationship and such an agreement must include, at a minimum:
 - a. the date upon which the agreement is effective and the expected expiry date;
 - b. the specific duties and obligations of the supervisee;
 - c. any limitations imposed upon the activities of the supervisee;
 - d. the specific duties and obligations of the supervisor;

- e. the expected frequency and length of supervision meetings;
- f. the manner in which the supervisor will be directly involved in the planning, monitoring and evaluation of the services provided to clients;
- g. contact information and emergency contact information for both the supervisor and supervisee;
- h. confirmation that the supervisee will comply with all requirements under the legislation and regulations relevant to the service and the *Standards of Professional Conduct (2017)*; and
- i. identification of a plan for appropriate support for the supervisee in the event of the supervisor's unavailability.

Practical Application: A supervision agreement must set out the nature of the supervisor's direct involvement and reflect consideration of the education, skill, and training of the supervisee.

Note: In institutional settings, such as school boards, hospitals and correctional facilities, employment contracts which address the terms of supervision referred to in these *Standards* may be considered to constitute a supervision agreement.

6. Supervising members must not make supervisory arrangements for the sole purpose of facilitating billing and payment for services by a third-party payer;
7. Supervising members names, clearly identified as the supervisor, and their contact information, must be clearly identified on all psychological reports and formal correspondence related to psychological services;
8. Supervising members must ensure that billing and receipts for services are in their name, psychology professional corporation or employer and clearly identify the name of the supervising member and the name, relevant degrees, and professional designations of the supervised psychological service provider; and
9. Supervising members must make best efforts to ensure that the supervisory relationship is conducive to professional development and in the best interests of their supervisee.

4.1.2 Supervision of Supervised Practice Members

In addition to the responsibilities outlined in 4.1.1:

- a. Supervising members, when acting as primary or alternate supervisor for a member holding a certificate authorizing supervised practice, must provide reasonable training and mentoring to assist the supervised member in the registration process; and,
- b. Must co-sign all psychological reports and formal correspondence related to psychological services prepared by their supervisee.

4.1.3 Supervision of Non-Members

In addition to the responsibilities outlined in 4.1.1:

- a. Supervising members must co-sign all psychological reports and formal correspondence related to psychological services provided by their non-member supervisees;
- b. Supervising members must have a direct supervisory relationship with their supervisee who is the service provider, unless the psychological service is provided in the context of an organized program where supervisors are accountable for the services by legislation; and
- c. Supervising members may not permit a supervisee to assign services to, or to supervise another service provider, unless the supervisee is in the process of satisfying the requirements to become a member of the College.

Note: For the purposes of this part, in addition to those services defined within these *Standards as Psychological Services*, any services provided by a supervisee under the supervision of a member that falls within the scope of practice of psychology as defined in the *Psychology Act, 1991* are deemed to be *Psychological Services*.

Practical Application: Delivery of Applied Behavioural Analysis (ABA) and Intensive Behavioural Intervention (IBI) services in Ontario must conform to the guidelines set by the Ontario Ministry of Children, Community and Social Services.

Practical Application: For the purposes of Standard 4.1.3, those who are in the process of satisfying the requirements to become a member of the College include, for example, graduate students enrolled in programs intended to prepare them for registration with the College or post-Masters individuals acquiring the required four years of supervised experience to be eligible to apply for registration.

4.1.4 Supervision of Autonomous Practice Members of the College

All the requirements under 4.1.1 are applicable to supervisors of Autonomous Practice members who are seeking to provide services outside of their authorized areas of practice and/or client groups, except for:

- a. identification of supervisor (4.1.1 [7]) and billing and receipts (4.1.1 [8]); and,
- b. Supervisors are not required to sign final drafts of reports and formal correspondence but must approve them and document such approval.

4.1.5 Members Providing Non-Supervisory Consultation and Other Services

Members providing formal, ongoing consultation, but not supervision, regarding psychological matters to other service providers who may or may not be members of the College, must have a clear agreement, signed by both parties, confirming the understanding that the member is not taking on responsibility for client care and that the person receiving such consultation retains responsibility for the individual client or the organizational client care. Notwithstanding the above, members should be aware that in all circumstances they are accountable for providing competent information.

4.2 Informing Clients

Supervising members must confirm that clients have been informed of the following at the onset of service provision:

- a. the professional status, qualifications, and functions of the individual providing the service;
- b. that all services are reviewed with, and conducted under the supervision of, the supervisor;
- c. the identity of the supervisor and how the supervisor can be contacted;
- d. that meetings with the supervisor can be arranged at the request of the client, supervisor, and/or supervisee; and,
- e. with respect to the limits of confidentiality, that the supervisor must have access to all relevant information about the client.

4.3 Controlled Acts

Only members of the College may perform the controlled acts which they are legally authorized to perform and members must not permit non-members to perform them except as described in 4.3.1 below.

4.3.1 Supervision of Members Holding Certificates Authorizing Supervised Practice and Other Individuals in the Course of Fulfilling the Requirements to become a Member of a College whose Members are Authorized to Perform a Controlled Act

Supervising members may permit the performance of controlled acts only by members holding certificates authorizing supervised practice or other individuals in the course of fulfilling the requirements to become a member of a College whose members are authorized to perform the relevant controlled act and who demonstrate the required knowledge, skills and competencies. The supervising member must determine the process for the performance of the controlled acts taking into consideration the knowledge, skills, and competence of the supervisee. Regardless of the requirements or expectations of any other professional body, the client is considered to be the client of the supervisor.

Supervising members are responsible for determining the process for the performance of the controlled acts taking into consideration the knowledge, skills, and competence of the supervisee.

Practical Application: For the purposes of Standard 4.3.1, those who are in the process of satisfying the requirements to become a member of the College of Psychologists of Ontario will include those who are graduate students enrolled in programs intended to prepare them for registration with the College of Psychologists of Ontario. Those members intending to supervise individuals intending to register with a different College whose members are authorized to perform the controlled act will need to ensure that they understand the requirements to become a member of that other College.

Practical Application: At such time as section 27.(2) 14 of the Regulated Health Professions Act (1991) regarding the Controlled Act of Psychotherapy is proclaimed in force, for the purposes of these Standards, all of the following elements must be present in order for the service to be considered the Controlled Act of Psychotherapy:

- 1. Treating,*
- 2. by means of psychotherapy technique,*
- 3. delivered through a therapeutic relationship,*
- 4. an individual's serious disorder of thought, cognition, mood, emotional regulation, perception, or memory*
- 5. that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.*

In other words, it is possible that a person could provide psychotherapy that is not the “controlled act of psychotherapy”. It may help to avoid confusion when providing services which don’t contain all the elements listed above, to select another name for the activity, for example: “therapy” or “psychological therapy”.

4.3.2 Supervision of Non-member Providers who are Not Authorized to Perform the Controlled Act of Communicating a Diagnosis

Only the supervising member may perform the controlled act of communication of a diagnosis, either in person or through ‘real time’ communication such as by telephone, teleconferencing or videoconferencing.

Please also see Standard 6.4 (Public Announcements) and 9.1.2 (Record Keeping)

5. COMPETENCE

5.1 Practising Within Areas of Competence

Members may only provide services within their authorized areas of practice and with their authorized client populations, and then only when competent to provide those particular services.

Members wishing to provide services that are beyond their competence but are within their authorized areas of practice and with their authorized client populations may only do so under the professional guidance of a member who is authorized and competent to provide the services being delivered.

Practical Application: In deciding whether one is authorized and competent to provide a service, the nature of the client's presenting difficulties will generally determine whether the member has the appropriate and required authorization. For example, if a client who has suffered a traumatic brain injury has been referred because of a need to assess the nature of their neuropsychological deficits, it is expected that the member providing the assessment would have Clinical Neuropsychology as an authorized area of practice. If the person was referred because of difficulty performing activities of daily living or occupational requirements, it is expected that the member would be authorized in Rehabilitation Psychology. If the person was referred because of suspected anxiety or depression, then it is expected that the member would be authorized to practice in Clinical Psychology.

In cases where the focus of the services is not the person's neuropsychological functioning, as long as the member has obtained the opinion of someone authorized in the area of Clinical Neuropsychology that the person's symptoms are not caused primarily by problems attributable to their neuropsychological functioning, and that the intervention would be appropriate to use with a person with such injury, it may not be necessary to have authorization in the area of Clinical Neuropsychology, although this would be preferable.

Practical Application: There are not always clear demarcations with respect to population groups, particularly with respect to age. Members are expected to use their professional judgment to determine whether in all the circumstances, the person's status is consistent with the status of those with whom they are authorized to work. For example, when determining whether a client is a child or adolescent, it would be important to consider whether the person's abilities, life circumstances and challenges are consistent with those which would normally be expected within the population groups for which the member is authorized to work.

5.2 Changing/Expanding Areas of Competence

Members who are interested in changing or expanding their professional practice to include a new area or client group, beyond their current authorized area of practice and/or client group, must inform the College, undertake appropriate training, education and supervision, and satisfy any other formal requirements specified by the College.

Members wishing to provide services outside of their authorized areas of practice or their authorized populations may do so only under supervision.

6. REPRESENTATION OF SERVICES

6.1 Presentation of Qualifications

In presenting their qualifications, members must conform to the following practices:

- a. members must show their registration certificate to a client upon request;
- b. members must represent themselves to the public as a member of the College by using the title Psychologist or Psychological Associate. This may be abbreviated to C.Psych. or C.Psych.Assoc., or they may indicate that they are a “Member of the College of Psychologists of Ontario”;
- c. any of the following applicable limitations must immediately follow a member’s title: “Supervised Practice”, “Retired” or “Inactive”;
- d. the highest academic degree upon which registration is based, or the highest degree otherwise recognized by the College, must immediately precede the professional title;
- e. only use the title “Doctor” or a variation, abbreviation or equivalent in another language in the course of providing or offering to provide, psychological services if the member:
 - i. has been registered as a Psychologist on the basis of a doctoral degree; or
 - ii. was registered as a Psychologist on the basis of a master’s degree but subsequently was awarded a doctoral degree which was recognized by the College.
- f. clarification of area of psychological practice may be made by the addition of a qualifier either to the title Psychologist or Psychological Associate (e.g., Clinical Psychological Associate, Clinical Neuropsychologist) or by citing one or more areas of practice (e.g., practice in school psychology, practice limited to school psychology). The qualifier or citation must be consistent with one or more of the areas of practice in the registration guidelines;
- g. other degrees or professional titles, such as MBA, P.Eng., must be specified when the area of study is relevant to the member’s psychological practice;
- h. members must not qualify their title by citing membership in professional associations (e.g., OPA, OAPA, CPA, APA, CRHSP); and
- i. members may qualify their title by citing a credential relevant to the practice of psychology in Ontario and issued by a recognized professional credentialing body where that organization conducts a formal written or oral examination of each applicant’s knowledge, skills, and qualifications.

Practical Application: A member should make reasonable effort to correct others who misrepresent the member’s professional qualifications or associations. Similarly, a member should not permit, counsel, or assist individuals who are not members to represent themselves as offering psychological services, except under supervision, or as either a psychologist or psychological associate.

Practical Application: Members may not use titles or designations such as “sport psychologist” or “community psychologist” as these titles do not represent areas of practice as set out in the registration guidelines. Members with expertise in such areas may, however, use descriptors such as “having expertise in...” or “practice restricted to...”

6.2 Accuracy of Public Statements

Members must not knowingly make public statements that are false, misleading, or fraudulent, concerning their psychological services or professional activities or those of persons or organizations with which they are affiliated. Accordingly, members must not misrepresent directly or by implication their professional qualifications such as education, experience, or areas of competence. Moreover, members must not misrepresent their qualifications by listing or displaying any affiliations with an organization that might be construed as implying the sponsorship or certification of that organization. Members may list or display an affiliation only if such sponsorship or certification does, in fact, exist.

6.3 Promotion of Professional Practice

Members may advertise their practices. A paid advertisement must be identified, or be 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 retain professional responsibility for such statements. Any advertisement of a member's practice must comply with the [O.Reg. 209/94 General Regulation: Quality Assurance; Advertising](#)) under the [Psychology Act, 1991](#).

6.4 Public Announcements

Public announcements of psychological services and fees must be offered in the name of an autonomous practice member of the College.

6.5 Compensation for Publicity

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

6.6 Provision of Information to the Public

Members who provides information, advice, or comment to the public via any medium must take precautions to ensure that:

- a. the statements are accurate and supportable based on current professional literature or research;
- b. the statements are consistent with the professional standards, policies and ethics currently adopted by the College; and
- c. it would reasonably be expected that an individual member of the public receiving the information would understand that these statements are for information only, that a professional relationship has not been established, and that there is no intent to provide professional services to the individual.

7. CONSENT TO SERVICES

7.1 Limits of Confidentiality

At the onset of the provision of psychological services, or at the earliest reasonable opportunity, members are responsible for ensuring that their clients are informed of the limits of confidentiality maintained by the member and anyone they may supervise, in accordance with the legislation relevant to the service.

Practical Application: In some settings, informing clients of the limits of confidentiality may be performed by other staff, for example, intake workers. In such situations, members must confirm that the procedures for performing this function are in accordance with the standards of the profession and legislation relevant to the service and if they are not, the member must ensure that clients are appropriately informed about the limits of confidentiality.

7.2 Obtaining Consent

Members are responsible for ensuring that informed consent is obtained with respect to the delivery of all psychological services unless otherwise permitted or required by law.

Practical Application: In some settings, informed consent may be routinely obtained by others in the organization, for example, intake workers. In such situations, members must confirm that the procedures for performing this function are in accordance with the standards of the profession and legislation relevant to the service and if they are not, the member must ensure that consent is appropriately obtained.

8. PRIVACY OF PERSONAL INFORMATION AND PERSONAL HEALTH INFORMATION

8.1 Collection, Use and Disclosure

Members are responsible for ensuring that consent is obtained with respect to the collection, use and disclosure of personal information and personal health information in a manner required by legislation applicable to the relevant service.

Practical Application: In some settings, decisions concerning collection, use and disclosure of information may be made by others in the organization, for example, intake workers and/or records personnel. In such situations, members must determine who the health information custodian is, under the relevant privacy legislation, and who is responsible for obtaining such consent and entitled to make such decisions.

8.2 Access by Client or Client's Authorized Representative

Members are responsible for ensuring that access to an individual's personal or personal health information is provided to the individual and/or their authorized representative unless prohibited by law or the member is otherwise permitted to refuse access.

Practical Application: In some settings, decisions concerning access to information may be made by others in the organization, for example, records personnel. In such situations, members must determine who the health information custodian under the relevant privacy legislation is and who is responsible for obtaining such consent and entitled to make such decisions.

Practical Application: Standard 10.8 requires that when reasonable and appropriate, raw data from standardized psychological tests and other test data must, upon request and with proper authorization, be released to clients and others. Only the publisher of a test may provide authorization for a member to share proprietary test materials, including copyrighted test forms. Members are therefore advised to seek such permission before copying or distributing any copyrighted materials. When permission is not granted by a test publisher to copy a form containing test scores, members may report raw test data by transferring the information to a document which is not protected by copyright, for example, a blank page. See Standard 10.8 for additional information regarding protection of test security.

9. RECORDS AND RECORD KEEPING

9.1 General Conditions

Members must make best efforts to ensure that their records are complete and accessible; this applies whether the record is kept in a single file or in several files and whether the record is housed in one location or at several locations.

Members supervising psychological services provided by a psychology intern, trainee, member holding a certificate for supervised practice or any other unregulated or regulated service provider who is not an autonomous practice member of the College, are responsible for the protection and retention of all individual client and organizational client records.

Practical Application: Due to the potential for harm from misinterpretation of raw data and a member's duty to protect the security and respect the copyright of psychological tests, a member should make reasonable efforts to avoid placing raw data and test materials in a common file.

9.1.2 Members Responsible for Supervising Supervised Practice Members and Non-Members

Members supervising Supervised Practice members and non-members are responsible for the security, accessibility, maintenance, and retention of records.

9.1.3 Use of Technology in Maintaining Records, for example, Electronic Record Keeping

Members are required to ensure the security of records kept in an electronic form and are required to maintain current knowledge of risks and associated risk mitigation strategies and to apply this knowledge to all technologies they may use to ensure that all records are secure and accessible to the member for the required retention period.

9.2 Individual Client Records

1. Members must keep a record regarding the psychological services they provide to each client who has engaged them to provide such services, or for whom such services have been authorized.
2. The record must include the following:
 - a. client's name(s), address(es) and (if available) telephone number(s), as well as any other identifying information needed to distinguish the client from other clients;
 - b. the client's date of birth;
 - c. the date of every relevant and material contact between the member and the client;
 - d. the date of every material consultation, either given or received by the member, regarding service to the client;
 - e. a description of any presenting problem and of any history relevant to the problem;
 - f. relevant information about every material service activity related to the client that is carried out by the member or under the responsibility of the member, including, but not limited to: assessment procedures; resulting assessment findings; diagnoses; goals or plans of service developed; reviews of progress on the goals and/or of the continued relevance of the plan of service; activities related to crises or critical incidents; and interventions carried out or advice given;
 - g. relevant information about every material service activity that was commenced but not completed, including reasons for the non-completion;
 - h. relevant information about every controlled act, within the meaning of Section 4 of the *Psychology Act, 1991* and subsection 27(2) of the *Regulated Health Professions Act, 1991*, and the regulations under both statutes, performed by the member;
 - i. all reports or correspondence about the client, received by the member, which are relevant and material to the member's service to the client; members may choose to return information that is not relevant or material, to the party that provided the information or to securely destroy that material after confirming that the sender has retained a copy;
 - j. all reports and communications prepared by the member regarding the client;
 - k. a copy of every written consent and/or documentation of the process of obtaining verbal consent related to the member's service to the client; and
 - l. relevant information about every referral of the client, by the member, to another professional.
3. All information recorded and/or compiled about an individual client must be identifiable as pertaining to that client.
4. All information recorded and/or compiled must be dated and the identity of the person making the entry, must be discernable.

5. Despite the requirements of Section 3, members are not required to retain personally identifiable information on persons receiving prevention, public education, group training, emergency or post emergency group services, or group screening services.
6. Members must explain or interpret a record written in a language other than that in which the service was provided, if requested by a client.

Practical Application: Translation generally refers to conveying the meaning from one language to another in writing. Interpretation generally refers to communicating this information orally.

Relevant legislation may require a member to provide a copy of the client's health record, upon request. While a member is not required under this Standard to provide a written translation of the record, they may voluntarily agree to do so. As there is no requirement to provide a translation, a translation which a member has agreed to provide need not be a certified translation.

There must be a reasonable expectation that the information provided will be understandable to the intended recipient. Factors that may help determine the nature of information to be conveyed include the purpose for which the recipient has requested the information; the recipient's ability to read and/or comprehend the information; and the effect of regional dialects, cultural terms, expressions, and idioms.

Practical Application: When a member is maintaining a record written in a language other than that in which the service was requested it is expected that, at the onset of services, the member will obtain an agreement with the client with respect to whether or not a translated record will be made available upon request, as well as what additional fees may be applied for any translation, explanation or interpretation of the record.

Practical Application: The decision about whether to retain a document, including raw test protocols, within the record, might be answered by the following question: "Could the reliability of my conclusions or the reasonableness of my actions be confirmed without reference to the information in the document or test protocol?"

9.3 Organizational Client Records

1. Members must keep a record related to the services provided to each organizational client.
2. The record must include the following:
 - a. the name and contact information of the organizational client;
 - b. the name(s) and title(s) of the person(s) who can release confidential information about the organizational client;
 - c. the date and nature of each material service provided to the organizational client;
 - d. a copy of all agreements and correspondence with the organizational client; and
 - e. a copy of each report that is prepared for the organizational client.

9.4 Retention of Records

Unless otherwise required by law:

- a. The individual client record must be retained for at least:
 - i. ten years following the client's last relevant clinical contact; or
 - ii. if the client was less than eighteen years of age at the time of their last relevant clinical contact, ten years following the day the client became or would have become eighteen
- b. The organizational client record must be retained for at least ten years following the organizational client's last contact. If the organizational client has been receiving service for more than ten years,

information contained in the record that is more than ten years old may be destroyed if the information is not relevant to services currently being provided to the client.

9.5 Billing Records

A record of fees charged to and received from clients must contain the following information: the payer, the recipient of psychological services, the service provider(s), the date, nature, and unit fee of the service, the total charged, the payment received and the date of payment. Such records must be maintained on the same retention schedule as the individual or organizational client record.

9.6 Security of Client Records

9.6.1 Storage

Members must make best efforts to ensure that client records are secure and protected from loss, tampering or unauthorized use or access.

9.6.2 Transmission and Disclosure

Members must make best efforts to ensure that the disclosure or transmission of information protects the privacy of the client record.

9.7 Client Records in a Common Filing System

Members must exercise appropriate care when placing information in a common record in an effort to ensure that their reports and recommendations are not misunderstood or misused by others who may have access to the file.

Practical Application: Due to the potential for harm from misinterpretation of raw data and a member's duty to protect the security and respect the copyright of psychological tests, a member should make reasonable efforts to avoid placing raw data and test materials in a common file.

9.8 Client Records of Members Who Cease to Provide Psychological Services

9.8.1 In Private Practice Settings

1. Members planning to, or who cease to, provide psychological services must:
 - a. take ongoing responsibility for the maintenance and security of client records or arrange for the security and maintenance of client records. In making such arrangements, members must make best efforts to ensure that the designate is a member of the College;
 - b. ensure that former clients have access to the client record for the prescribed retention period; and,
 - c. inform the College of these arrangements prior to ceasing to provide psychological services or at the earliest reasonable opportunity.
2. Members in private practice must arrange for the security and maintenance of private practice client records in the event of their incapacity or death and must inform the College of these arrangements. Members must make best efforts to ensure that the designate is a member of the College.

Note: For the purposes of (1) and (2) above, if a member is unable to designate another member of the College as custodian of the records, then the member must make best efforts to designate another regulated health professional and if unable to that, then a person who is familiar with the requirements of the applicable legislation.

9.8.2 In Employment Settings

1. Members planning to, or who cease to, provide psychological services must:
 - a. take reasonable steps to ensure the maintenance and security of client records;
 - b. take reasonable steps to ensure that former clients have access to the client record for the prescribed retention period.

10. ASSESSMENT AND INTERVENTION

10.1 Familiarity with Tests and Techniques

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

Practical Application: At times, a member may provide services in what would be considered an emerging area of practice. In such situations, a member should inform clients that the services being offered may not, as yet, have been subjected to extensive research and validation. As with any informed consent process regarding the provision of services, clients would be informed of the risks, benefits, and alternatives available.

Practical Application: A member should not provide or offer to provide services to a client who is known or should be known to be receiving similar from another provider, except in exceptional circumstances. Before agreeing to provide such services, the member should discuss with the client the reasons for seeking services and the potential disadvantages of receiving similar services from two providers at once. A member should seek the client's consent to notify the other provider and coordinate service provision.

10.2 Familiarity with Interventions

Members must be familiar with the evidence for the relevance and utility of the interventions used and with the proper use and application of these interventions.

10.3 Rendering Opinions

Members must render only those professional opinions that are based on current, reliable, adequate, and appropriate information.

10.3.1 Review Without Evaluation

When, as part of a psychological service, members conduct a review of a client record, and the evaluation of the client is not necessary, the members must document this and indicate the sources of information used to form their opinions.

10.4 Identification of Limits of Certainty

Members must identify limits to the certainty with which diagnoses, opinions, or predictions can be made about individuals or groups.

10.4.1 Documentation of Sources of Data

In situations in which all reasonable attempts have been made to conduct an evaluation of a client, but a complete evaluation is not possible, members must ensure that the efforts made to conduct the evaluation and the obstacles encountered are documented. Additionally, members must indicate the extent to which the availability of only limited information influenced the certainty of their opinion.

10.5 Freedom from Bias

Members must provide professional opinions that are clear, fair, and unbiased and must make best efforts to avoid the appearance of bias.

10.6 Clarity of Communication

Members must make best efforts to present information in a manner that is likely to be understood by the client.

10.7 Use of Computer-Generated Reports

Information obtained from computer-generated assessments, reports or statements must not be substituted for a member's professional opinion.

10.8 Protection of Test Security

Members must protect the security of tests and respect test copyright. To this end, members must distinguish between test data and test materials. When reasonable and appropriate, raw data from standardized psychological tests and other test data must, upon request and with proper authorization, be released to clients and others. Test material, such as test questions and stimuli, manuals, and protocols should not be released, except as required by law.

11. FEES/CONTRACT FOR SERVICES

11.1 Fees and Billing Arrangements

Members must reach an agreement with an individual, group or organization concerning the psychological services to be provided, the fees to be charged and the billing arrangements prior to providing psychological services. Any changes in the services to be provided must be agreed to by the client before service is delivered or fees are changed. Fees must be based on amount of time spent and complexity of the services rendered.

Practical Application: Fees for services should be determined on a consistent basis, regardless of the payer. A member may, however, offer pro bono services or apply a sliding scale to ensure access to services and affordability.

11.2 Ancillary Charges

11.2.1. Interest and Missed Appointments

Members may charge:

- a. interest on an overdue account; or
- b. a fee for a missed appointment or late cancellation when prior notice is not given within an agreed upon period of time.

Note: The client must be informed of such charges at the time that billing arrangements are discussed.

11.2.2. Administrative Fees

Members may charge a fee for other services such as:

- a. preparing special reports;
- b. copying, interpreting, or translating records; or,
- c. completing forms (e.g., disability tax credit forms, insurance forms). Such fees must be discussed prior to the service being undertaken

11.3 Collection of Unpaid Fees

Members must inform their clients of the intention to use a collection agency or other legal options to collect fees and must provide an opportunity for payment to be made before doing so.

11.4 Retainers

Members must not require clients to prepay for any psychological services including preparation of reports. Members may request retainer funds in advance, but these funds must be held in a segregated account, separate from the member's practice operating account funds or personal funds. These segregated funds must only be applied to services rendered, when such services are rendered and invoiced, and any excess segregated funds must be returned to the client following the termination or conclusion of services.

12. IMPAIRMENT

12.1 Impairment Due to Health Factors

Members must not undertake or continue to provide psychological services when they are, or could reasonably be expected to be, impaired due to mental, emotional, physiological, or pharmacological or substance abuse conditions. If such a condition develops after psychological services have been initiated, members must discontinue the psychological services in an appropriate manner. Members must make best efforts to ensure that clients are notified and assisted in obtaining replacement services to ensure continuity of care.

13. PROFESSIONAL OBJECTIVITY

13.1 Compromised Objectivity, Competence or Effectiveness Due to Relational Factors

Members must not undertake or continue to provide psychological services with an individual client when their objectivity, competence or effectiveness is, or could reasonably be expected to be, impaired. This could be due to the members present or previous familial, social, sexual, emotional, financial, supervisory, political, administrative, or legal relationship with the client or a relevant person associated with the client. This prohibition does not apply if the services are delivered to an organizational client and the nature of the professional relationship is neither therapeutic nor vulnerable to exploitation.

13.2 Compromised Objectivity, Competence or Effectiveness Due to Other Factors

Members must not undertake or continue to provide psychological services when personal, scientific, professional, legal, and financial or other interests could reasonably be expected to:

- a. impair their objectivity, competence, or effectiveness in delivering psychological services; or
- b. expose the client to harm or exploitation.

13.3 Avoidance of Undue Influence on Clients

Members must not persuade or influence a client to make gifts or contributions of any kind.

13.4 Avoidance of Exploitation

1. Members must not use information obtained during the provision of psychological services to directly or indirectly acquire advantage over or exploit the client or to improperly acquire a benefit.
2. Members must not exploit persons over whom they have supervisory, evaluative, or other authority such as clients, students, supervisees, research participants or employees.

13.5 Relations with Current or Former Clients

Members must not enter, or make plans to enter, into an intimate or sexual relationship with a current client or a former client where the psychological services were provided within the previous two years. Even after two years, members must not enter into an intimate or sexual relationship with a former client when they know or reasonably ought to know that the former client is vulnerable to exploitation or may require future service or some other professional involvement specifically from them. This does not apply to relationships with employees of an organizational client unless the psychological service provided to a particular individual was either intended to be therapeutic or the individual is vulnerable to exploitation.

Practical Application: The Standards state that a member must not enter into a sexual relationship with a current or former client for two years following the last professional contact. Even after two years however, a member should avoid such relationships except in the most exceptional circumstances. If a member is considering entering into a sexual relationship with a former client, there are a number of relevant factors a member should consider including:

- 1. the likelihood of adverse impact on the client;*
- 2. the client's current mental status;*
- 3. whether there continues to be a power imbalance that may be influencing the client's decision;*
- 4. the client's personal history and any difficulties of which the member ought to have been aware;*
- 5. the nature, duration, and intensity of the professional service; and*
- 6. the amount of time, over two years, since the last professional contact.*

13.6 Gifts from Clients

Members must not accept a gift of more than token value from a client. In accepting even, a small gift, members must carefully consider the potential clinical implications of this.

14. HARASSMENT, ABUSE AND SEXUAL RELATIONSHIPS

14.1 Sexual Harassment

Members must not engage in sexual harassment in any professional context. Sexual harassment includes, but is not limited to, any or all, of the following:

- a. the use of power or authority in an attempt to coerce another person to engage in or tolerate sexual activity including, but not limited to, explicit or implicit threats of reprisal for noncompliance or promises of reward for compliance;
- b. engaging in deliberate and/or repeated unsolicited sexually oriented comments, anecdotes, gestures, or touching, where the member knows or ought to know that such behaviours are offensive and unwelcome, or creating an offensive, hostile, or intimidating professional environment; and
- c. engaging in physical or verbal conduct of a sexual nature when such conduct might reasonably be expected to cause harm, insecurity, discomfort, offence, or humiliation to another person or group.

14.2 Other Forms of Abuse and Harassment

Members must not engage in any verbal or physical behaviour of a demeaning, harassing or abusive nature in any professional context.

14.3 Sexual Relationships with Students and Psychology Interns, Psychology Trainees and Supervisees

Members must not engage in a sexual relationship with an individual with whom they have a current evaluative relationship or with whom they might reasonably expect to have a future evaluative relationship.

15. USE OF TECHNOLOGY IN THE PROVISION OF PSYCHOLOGICAL SERVICES

The College has adopted the [Association of Canadian Psychological Regulatory Organization \(ACPRO\), Model Standards for Telepsychology Practice](#) as a Practice Advisory for all members which are reflected in the following *Standard*:

Regardless of the modality used for service delivery, members are expected to practice according to all of the statutes, regulations, *Standards*, and Codes of Ethics applicable to them in Ontario and those jurisdictions in which any of their clients receive services.

In addition to the general responsibilities for providing psychological services as noted above, the following must be observed in the provision of services via telepsychology:

15.1 Registration in Ontario

Members must be authorized in Ontario to provide any service they are providing outside of Ontario. When practicing outside of Ontario, members must conform to any and all rules, regulations, and *Standards* established within Ontario. As with any other services, members holding certificates authorizing supervised practice must be supervised in all telepsychology practice by a member authorized to provide such services.

15.2 Services Outside of Ontario

Members delivering telepsychology services to individuals who are located outside of Ontario must ensure they are legally entitled to do so.

Practical Application: The College does not have the authority to determine what is permissible in jurisdictions outside of Ontario. A member who wishes to provide services to individuals outside of Ontario must seek direction from the relevant regulatory body. The College recognizes that in exceptional circumstances, in order to prevent harm to vulnerable clients, it may be necessary to provide emergency services to a client. The College cannot provide permission to members to contravene statutes in another jurisdiction.

Practical Application: A member who wishes to provide services to individuals outside of Ontario where there is a lack of clarity regarding jurisdiction, for example, in military or diplomatic situations, is advised to obtain independent legal advice before providing those services.

15.3 Complaints

Members must inform clients that the College of Psychologists of Ontario is the regulatory body with authority to address complaints about the services received and must provide contact information for the College on request.

15.4 Familiarity with Jurisprudence

Members must be familiar with the local jurisprudence and standards for practice in the jurisdiction in which the service is being delivered. Where there is a conflict between such laws/regulations/standards and those of Ontario, members must act according to the higher standard.

15.5 Liability Insurance

Members delivering telepsychology services outside of Ontario must ensure they carry appropriate liability insurance with respect to such service.

15.6 Competence in Use of Technology

Members must be competent in the use of the technology of the service delivery medium.

15.7 Privacy

To minimize the possibility of someone impersonating a client and gaining access to confidential health information, or influencing a psychologist's assessment or opinion of the client, members must use some form of coded identification of the client in cases where live visual verification is not possible.

15.8 Technological Failure

Members must make plans with clients regarding what will happen in the event of technological failure.



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