COLLEGE OF
PSYCHOLOGISTS AND
BEHAVIOUR ANALYSTS
OF ONTARIO

STANDARDS OF PROFESSIONAL CONDUCT (2024)

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APPLICABILITY AND DEFINITIONS

APPLICABILTY

These Standards are applicable to the practice of psychology and applied behaviour analysis ("the professions") and other professional activities requiring the application of knowledge and skill associated with the practice of the professions, by all registrants of the College and all individuals providing services under the supervision of a registrant.

The Standards are intended to assist registrants in making professional judgments of an ethical nature and are not intended to determine clinical, technical, or legal matters. For the purposes of O. Reg. 195/23: PROFESSIONAL MISCONDUCT, made under the Psychology and Applied Behaviour Analysis Act, 2021, "standards of the profession" include the Standards of Professional Conduct (2024) as well as the nature of conduct reasonably expected of registrants.

PRACTICAL APPLICATIONS

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

DEFINITIONS

The College: The College of Psychologists and Behaviour Analysts of Ontario.

Client: an entity receiving psychological or behavioural 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" for the purpose of the *Regulated Health Professions Act, 1991*.

Consultation: the provision of information or advice, in a relationship where the recipient of the information or advice is not required to act on the information or advice and the consultee is not accountable to the consultant. Consultation is not supervision and does not include assessing, diagnosing or intervening with a client, regardless of whether there is direct contact between the registrant and the client. In these cases, the requirements applicable to the practice of the profession with those service recipients will apply.

Delegation: delegation under the *Regulated Health Professions Act, 1991*, is not specifically defined but is understood to be a process whereby a regulated health professional authorized to perform a controlled act procedure under a health profession Act confers that authority to someone - regulated or unregulated - who is not so authorized.

Organization: an entity, 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, regardless of who funds the services.

The practice of psychology: the assessment of behavioral and mental conditions, the diagnosis of neuropsychological disorders and dysfunctions and psychotic, neurotic and personality disorders and dysfunctions and the prevention and treatment of behavioral and mental disorders and dysfunctions and the maintenance and enhancement of physical, intellectual, emotional, social, and interpersonal functioning (*Psychology and Applied Behaviour Analysis Act, 2021*).

The practice of applied behaviour analysis: the assessment of covert and overt behaviour and its functions through direct observation and measurement, and the design, implementation, delivery, and evaluation of interventions derived from the principles of behaviour in order to produce meaningful improvements (*Psychology and Applied Behaviour Analysis Act, 2021*).

Professional services: services of a professional nature, whether psychological or behavioural, as described in the scopes of practice in the Psychology and Applied Behaviour Analysis Act, 2021, provided by or under the supervision of a registrant. Such services also include, but are not limited to, one or more of the following which require application of graduate level education, training and experience relevant to the profession:

a. Consultation;
b. Program development and evaluation;
c. Supervision;
d. Research;
e. Education and training;
f. Scholarly activities; and
g. Administration

Registrant: a Behaviour Analyst, Psychologist or Psychological Associate registered with the College; synonymous with the term "member".

Supervision: an ongoing educational, evaluative, and hierarchical relationship, where the supervisee is required to adhere to the Standards of Professional Conduct and comply with the direction of the supervisor, and the supervisor is responsible for ensuring that the service provided to each recipient of services is competent and ethical. It is not consultation or delegation.

Note: Capitalized terms not defined in these Standards shall have the meaning ascribed to them in the *Psychology and Applied Behaviour Analysis Act, 2021*, the regulations made thereunder, and/or the By-laws of the College.

1. ACCEPTANCE OF PROFESSIONAL REGULATION

1.1 General Conduct

Registrants must practise in alignment with the following hierarchy:

a. Legislation;
b. Regulations under the legislation;
c. Standards of Professional Conduct; and
d. College-endorsed Codes of Ethics.

1.2 Participation in College Programs

Registrants must fulfill all requirements relevant to their registration status, including, but not limited to, the Quality Assurance program. Registrants must notify the College immediately if there is any reason they are unable to do so.

1.3 Responding to the College

Registrants must be responsive to and cooperate with the College. This includes:

a. Promptly providing requested information to the College when asked;
b. Complying with the regulatory authority of the College; and
c. Abiding by agreements, undertakings and/or commitments made to and/or with the College.

1.4 Provision of Regulatory Information to Clients

Registrants must be transparent in their communications with clients about the College. Upon request from any service recipient, registrants must:

a. Provide information about the College's mandate and functions;
b. Provide contact details for the College; and
c. Supply information about governing statutes, regulations, Standards, and relevant ethical codes endorsed by the College.

1.5 Employment Settings

Registrants working as employees must demonstrate efforts to ensure that their work settings adhere to applicable statutes, regulations, standards, codes of ethics, and guidelines.

(See also *Section 2.1: Organizational Constraints and Conflicts*)

2. PROTECTING THE RIGHTS AND MEETING THE NEEDS OF SERVICE RECIPIENTS

2.1 Organizational Constraints and Conflicts

The well-being and rights of individuals receiving professional services from, or under the supervision of, registrants take precedence over organizational constraints, except where mandated by law. In instances of conflicting requirements, registrants should strive to resolve these conflicts in the recipients' best interests, unless doing so poses serious personal or professional risk to the registrant.

If the practices of an organization are contrary to the legislation, regulations or Standards of the Profession, registrants are required to demonstrate efforts to educate those in a position to authorize a change to the practices and adopt practices which are in keeping with the relevant rules.

Practical Applications: Registrants required by an employer to engage in conduct which is contrary to the standards of the profession are expected to advocate for changes within the workplace but are not expected to put livelihood at risk. Examples of such conflicts include, but are not limited to, the presentation of professional credentials, supervision arrangements and contents of records.

Where an employer expects a registrant to act in a way that is contrary to a statute or regulation, including the Professional Misconduct Regulation, registrants are encouraged to seek independent legal advice as lack of compliance with statute or regulation is tantamount to engaging in an illegal activity. Examples of such conflicts include, but are not limited to, breach of confidentiality, bypassing the need for appropriate consent or failing to make a report concerning harm to an individual as required by law.

2.2 Responsibility for Services

Registrants, who issue invoices for services, whether operating individually, in partnerships, or as shareholders within a health professional corporation, must assume responsibility for the planning, delivery, supervision, and billing procedures for all services provided.

2.3 Continuity of Services

Unless there has been an agreement with the client at the outset of services that services are time-limited and the time limit has been reached, registrants are responsible for ensuring continuity of services that are needed by each recipient whose services they provide directly or supervise. Barring a client's withdrawal or request to discontinue services which remain needed, services may only be discontinued if reasonable efforts are made to secure alternative services, the client is afforded a fair chance to arrange alternatives, or the continuation of services would pose a serious personal or professional risk to the registrant.

3. EQUITY, DIVERSITY, AND INCLUSION

3.1 Respect and Dignity in Professional Practice

Registrants must demonstrate dignity and respect in their professional conduct towards all individuals, in all aspects of their practice. This includes being culturally responsive and practising consistent with relevant legislation on harassment and discrimination and published practice guidelines.

Practical Application: The main pieces of legislation applicable in Ontario in this regard include the Canadian Charter of Rights and Freedoms,1982 the Ontario Human Rights Code, 1990, and the Criminal Code of Canada, 1985 . These statutes require, among other things, consideration of each individual's experience including, but not limited to, considerations of age, ancestry, colour, culture, race, citizenship, ethnic origin, place of origin, creed, disability, family status, marital status, gender identity, gender expression, receipt of public assistance, record of offences, sexual orientation, and language.

Practical Application: When working with an individual whose cultural background the registrant is not sufficiently familiar with, the registrant is encouraged to seek consultation from knowledgeable colleagues, other professionals, and/or relevant community members including elders and spiritual or religious leaders. Registrants are also encouraged to remain current with evolving literature in this regard, seek relevant professional training and consult clinical practice guidelines.

4. INDIRECT SERVICE PROVISION; SUPERVISION AND CONSULTATION

4.1 General

a. Clients receiving supervised services are the supervisor's clients. All professional responsibilities regarding supervision flow from this fundamental premise;
b. Supervisors must be competent to provide the services undertaken by their supervisees;
c. Supervisors must assess the knowledge, skills and competence of their supervisees and provide supervision as appropriate to their assessments;
d. Supervision must be sufficiently intensive to enable active monitoring of goals and progress concerning each service recipient; and
e. Supervisors must regularly review the list of active clients and actively monitor all matters to determine the optimal frequency of discussion of each client;

Practical Application: Supervisors are encouraged to meet with supervisees in real time, although they may meet with them more or less frequently, based on the supervisee's demonstrated knowledge, experience, and the degree of independence the supervisor deems appropriate.

Practical Application: In addition to any group supervision provided, supervisors should ensure that there is sufficient one to one supervision to allow the supervisee and supervisor to raise confidential individual concerns.

f. Supervisors bear full responsibility for all aspects of service, including marketing, public statements, intake procedures, case assignment, obtaining appropriate consents, billing, receipt issuance, and service termination;
g. Supervisors may not conduct supervision if it places them in a real or apparent conflict of interest. Supervisors must also avoid dual and/or multiple relationships (*see also Standard 12: Objectivity*);
h. Supervisors must ensure that a plan is in place for continuity of services, provided either under supervision or directly, in the case of unexpected circumstances preventing supervision from occurring. Such a plan must include communication of the changed circumstances to service recipients;
i. When supervising a registrant of a profession other than their own profession, the service is considered to be the practice of the supervisor's profession, and is subject to the legislation, regulations, and Standards applicable to the supervisor; and
j. Supervisors are expected to consider the activity of supervision when conducting self-assessment and demonstrate efforts to maintain competence as a supervisor through appropriate continuing professional development.

4.2 Purpose of Supervision

Supervisors may engage in supervision only when the supervisee requires it to competently deliver services, when a non-registrant is assisting a registrant in performing a service by the registrant, or to fulfill the College's registration requirements. Outside of these circumstances, registrants should consider offering consultation, training, or mentorship. Supervision may not be provided for the purpose of facilitating third-party payments.

Practical Application: Assisting a registrant in performing a service by the registrant may include permitting an employee or colleague to administer and score measures which require professional knowledge, skill and judgment. For example, one may supervise a psychometrist, therapist or unregistered behavioural service provider. A supervisor may also obtain assistance in performing intervention, such as therapy or counselling, so long as they ensure that the client is made aware that they are the client of the supervisor and that the therapy is being provided on behalf of the supervisor and under the supervisor's direction.

4.3 Communication Regarding Supervised Services

Supervisors must ensure that clients receiving services under their supervision, and relevant other parties, are informed of the following:

a. The supervision status of the direct service provider, including their credentials;
b. Any change in supervisors;
c. The supervisor's contact information;
d. That they may contact the supervisor directly and/or request a meeting, should they wish;
e. That, with respect to the limits of confidentiality, the supervisor must have access to all relevant recorded information about the client; and
f. The identity of the Health Information Custodian (HIC), and that the HIC will control and have access to the file.

4.4 Supervision Agreements

Supervisors must establish individual supervision agreements, jointly signed by themselves and their supervisees, for each supervisory relationship. These agreements should include, at a minimum:

a. The effective date and anticipated expiry date of the agreement;
b. Specific duties and responsibilities of the supervisee;
c. Any constraints placed on the supervisee's activities;
d. The specific duties and responsibilities of the supervisor;
e. Expected frequency and duration of supervision meetings;
f. Method of direct involvement of the supervisor in planning, monitoring, and evaluating services for each client;
g. Contact information and emergency contacts for both the supervisor and supervisee;
h. Confirmation of the supervisee's commitment to comply with relevant legislation, regulations, and the *Standards of Professional Conduct,2024*;
i. In circumstances where an individual is supervised by more than one supervisor, information about the roles and involvement of each supervisor that would prevent confusion about responsibility of the supervisors for client care;
j. A plan outlining appropriate support for the supervisee and clients in case the supervisor becomes unavailable; and
k. A mechanism for dispute resolution.

Practical Application: In institutional settings, such as school boards, hospitals and correctional facilities, only those items listed above which are not included in any employment contracts need be included in a supervision agreement.

4.5 Supervision Records, Documents and Billing

4.5.1 Contents of supervision records

Supervising Registrants must maintain comprehensive records of supervision activities and contacts with their supervisees. These records must include, at minimum:

a. The date and duration of each supervision meeting;
b. Information enabling identification of discussed clients at each meeting;
c. A summary of discussions related to professional services, including but not limited to assessment, intervention and consultation matters per meeting;
d. A summary of discussions regarding ethical, and jurisprudence issues per meeting;
e. Documentation of any directives given to the supervisee at each meeting; and
f. The supervisee's identified strengths and developmental needs identified or discussed at each 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 identification of the client referred to. For example, a registrant may use initials or a client identification number, if this would enable the registrant 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.

4.5.2 Retention of Supervision Records

Supervision records must be retained for a minimum of ten years following the client's last relevant clinical contact for any client discussed, or 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.

(See also *Section 9: Records and Record Keeping*)

4.5.3 Formal Correspondence

A supervisor must be clearly identified by name as the supervisor, and their contact information must be clearly identified on all reports and formal correspondence related to supervised services.

4.5.4 Co-signing documents

A supervisor must co-sign all documents which may be reasonably relied upon to make a decision affecting client care, rights or welfare. (See also Section 9: *Records and Record Keeping*)

4.5.5 Billing of Supervised Services

All billing of services provided under supervision are the direct responsibility of the supervising registrant, who must ensure that billing and receipts for services are in their name, or the name of the health professional corporation or their employer. Additionally, invoices and receipts must clearly identify the name of the supervising registrant and the name, relevant degrees, and professional designations of the supervised service provider.

4.6 Supervision of Controlled Acts

Psychology registrants acting as supervisors may permit the performance of controlled acts only by individuals holding certificates authorizing supervised practice or those in the process of fulfilling registration requirements, and who demonstrate sufficient knowledge, skills, and competencies to perform the acts under supervision. Supervisors must ensure that those performing the controlled acts

under their supervision offer competent and ethical service, adhering to all relevant legislation and regulations. The supervisor is responsible for determining the process of performing controlled acts, considering the supervisee's knowledge and competence.

The controlled act of communicating a diagnosis may only be performed by the supervising registrant, unless the supervisee holds a Certificate of Registration for Autonomous Practice, a Certificate of Registration for Supervised Practice or is performing the act under supervision in the course of fulfilling the requirements to become a registrant of the College.

Practical Application: For the purposes of Standard 4.6, those who are in the process of satisfying the requirements to become a registrant of the College include, for example, graduate students enrolled in programs intended to prepare them for registration with the College or those who have satisfied the academic requirements for registration and are acquiring the required supervised experience to be eligible to apply for registration.

4.7 Consultation

Registrants providing ongoing formal consultation (as opposed to supervision) to service providers, regardless of the consultee's registration with any regulatory organization, must establish a clear agreement, signed by both parties. This agreement must acknowledge that the registrant is not assuming responsibility for the service provided, and that the recipient of the consultation retains full responsibility for service planning and delivery. Nonetheless, registrants remain accountable for offering competent information in all circumstances.

4.8 Familiarity with Guidelines for Supervised Practice

Supervisors overseeing Registrants with Certificates of Registration for Supervised Practice, and those possessing such certificates, must familiarize themselves with, and adhere to, the relevant registration guidelines and supervision resource manual.

4.9 Second-level Supervision

A Supervisor may allow a supervisee to oversee another service provider only if the supervisee holds a Certificate of Registration for Autonomous Practice or conducts supervision in order to meet College registration requirements. A Supervisor may permit a supervisee to obtain training and mentorship from others, however, all other supervisory responsibilities, including but not limited to ensuring the provision of competent and ethical care of each recipient of service is the direct responsibility of a supervisor registered with the College.

Practical Application: In some contexts, such as the institutional provision of ABA services, a supervisor may allow a supervisee to obtain training and mentorship by someone the supervisor deems qualified and competent, but the supervisor must ultimately monitor the services provided under their supervision and must ensure that the care provided is competent and consistent with the relevant legislation, regulations, Standards of Professional Conduct and codes of conduct. In permitting a non-supervisor to assist with a task in respect of a supervisee, such as training, mentorship or consultation, the supervisor must ensure that all individuals involved in the arrangement understand and agree that the person delivering the services is accountable directly to the supervisor and not the individual who has been assigned the task by the supervisor. In other words, there may only be one supervisor and the supervisor remains fully accountable for the service.

4.10 No Delegation

Psychology registrants may not delegate Controlled Acts in any circumstances. Behaviour Analysts do not have access to the Controlled Acts.

5. COMPETENCE

5.1 Authorized Areas of Practice and Client Groups

5.1.1 Behaviour Analysts

Although Behaviour Analysts are not subject to limitations related to authorized areas of practice or client groups, Psychologists and Psychological Associates have limitations on their certificates of registration that prohibit them from practicing outside of their particular authorized areas of practice and client groups. Registration as a Behaviour Analyst does not, however, imply that one can practice with any client, in any situation, and for any purpose within the scope of applied behaviour analysis. Practitioners must remain aware of practicing within the bounds of their own scopes of competence.

5.1.2 Psychologists and Psychological Associates

When providing psychological services, registrants are required to adhere to their authorized areas of practice and client groups. Registrants may provide other professional services outside of their authorized areas of practice and groups, where those services do not require specialized knowledge, skill and training.

Whether a professional service falls within a registrant's authorized areas of practice is determined by the nature of the client's difficulty to be addressed. If associated difficulties arise subsequent to the initiation of services, and those difficulties are not the focus of the contracted service provision, if addressing the additional issues would fall outside of the registrant's authorized area of practice or client group, the registrant must consult with another Registrant authorized to provide services in that area of practice and with that client group.

In considering a registrant's authorized populations, the service recipient's abilities, life circumstances and challenges, must be considered. The ability to work with the service recipient will be established in accordance with the registrant's reasoned determination of which group the recipient falls into. When uncertain, registrants should consult with another registrant with authorization for the specific relevant population and area of practice.

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 registrant 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 registrant providing the assessment would have Clinical Neuropsychology as an authorized area of practice. If the person was referred primarily because of difficulty performing activities of daily living or occupational requirements, it is expected that the registrant would be authorized in Rehabilitation Psychology. If the person was referred primarily because of suspected anxiety or depression, then it is expected that the registrant would be authorized in Clinical Psychology. In cases where the focus of the services is not the person's neuropsychological functioning, as long as the registrant 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 that would be preferable.

Practical Application: There are not always clear demarcations with respect to authorized population groups, particularly with respect to age. Registrants 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. In doing so, one might consider such things as the person's abilities and life circumstances. For example, when determining whether a client should be considered an adolescent or young adult, it may help to consider whether, like an adolescent, they are experiencing the challenges of late-stage puberty, or still actively involved in navigating developmental milestones such as the development of personal identity, social autonomy, intimate relationships, vocational capability, and financial independence. If that is the case, one might reasonably consider them to fall within the category of adolescents. If they have achieved physical maturity, and levels of emotional, social, and financial independence typically expected in adulthood, one may make a reasonable argument that they be considered an adult.

5.2 Specialized Knowledge

Even when a service falls within a registrant's authorized area of practice or population, a registrant is expected to self-monitor and refrain from conducting activities with which they may be unfamiliar or not competent to engage in, and which require specialized knowledge, skill or experience. Registrants who are not competent with respect to the use of a particular tool or technique, or in addressing specific issues, may use the tool or technique only following consultation with a registrant with the relevant authorized areas of practice and client group, and competence.

Practical Application: Although registrants are required to work within their authorized areas of practice and client groups, in circumstances where the service is unrelated to a client service a registrant may provide services more generally. For example, a registrant may, without regard to client group, do such things as:

- act as an administrator of an agency that serves the lifespan of development without regard to their authorized areas of practice or client groups;
- conduct a research study with participants for non-clinical purposes, where there is no expectation from the public that a clinical service was delivered; or
- teach an undergraduate course, as long as they have the requisite knowledge themselves, as opposed to a graduate level course intended to prepare a registrant or future registrant for clinical practice.

5.3 Changing/Expanding Area of Authorized Competence

Psychology registrants seeking to change or expand their professional practice to include a new authorized area of practice or client group must inform the College. Pursuant to the College's direction, they must undertake appropriate training, education and supervision, and satisfy any other formal requirements directed by the College. Registrants wishing to provide services outside of their authorized areas of practice or their authorized populations, where specialized knowledge, training and experience are required, may do so only under supervision.

6. PRESENTATION OF INFORMATION TO PUBLIC

6.1 Presentation of Qualifications

a. Registrants must identify themselves by the title granted by the College, specifying the nature of their College-issued Certificate and the degree upon which their registration was granted upon request;
b. Any of the following applicable limitations must immediately follow a registrant's title:

"Supervised Practice", "Retired" or "Inactive";

c. The highest academic degree upon which registration is based, or the highest degree otherwise recognized by the College, must immediately precede the professional title;
d. The title "Doctor" or a variation, abbreviation or equivalent in another language may only be used in the course of providing or offering to provide, services if the registrant:
   - has been registered as a Psychologist on the basis of a doctoral degree; or
   - 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;
e. Additional relevant degrees may be included in a title or job description, following the degree upon which registration was granted;
f. Registrants may not reference professional association memberships in titles or service descriptions. However, credentials relevant to practising the profession, requiring successful formal evaluation, may be identified; and
g. As the College doesn't issue specialist designations, registrants may not claim specialization. They may indicate the focus of their practice, specify that their services are limited to certain activities, or highlight areas of expertise.

Practical Application: Acceptable identifiers include:

- Dr. Alexa Smith, Ph. D, C. Psych., Retired
- Alexa Smith, Ph. D., P. Eng., M.A., C. Psych. Assoc., Supervised Practice; Practice limited to Industrial/Organizational Psychology
- Alexa Smith, M.ADS., R.B.A. (Ont.), BCBA
- Alexa Smith, M.ADS., Behaviour Analyst
- Alexa Smith, M.ADS., R.B.A. (Ont.), Registered Behaviour Analyst, BCBA, Expertise in behavioural intervention with individuals experiencing dementia
- Alexa Smith, Ph.D., R.B.A. (Ont.), BCBA-D
- Alexa Smith, M.ADS., Behaviour Analyst (Supervised Practice)
- Alexa Smith, M.ADS., R.B.A. (Ont.) (Supervised Practice)
- Alexa Smith, R.B.A. (Ont.)

Practical Application: As the College doesn't issue specialist designations, registrants may not claim specialization. They may indicate the focus of their practice, specify that their services are limited to certain activities, or highlight areas of expertise. One may clarify an area of psychological practice 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, in which you are authorized to practice. Modifiers which are not consistent with the formal areas of practice, such as "sport psychologist" or "community psychological associate" are not permissible, however, Registrants with expertise in such areas may, however, use descriptors such as "having expertise in working with issues related to athletic performance" or "practice restricted to promoting community change at individual and systemic levels".

6.2 Public Statements

6.2.1 Accuracy of self-representation

Registrants must not knowingly make false, misleading, or fraudulent public statements regarding their professional activities or associations with individuals or organizations. This includes the direct or implied misrepresentation of their education, experience, or areas of competence. Additionally, registrants should refrain from misrepresenting their qualifications by displaying affiliations that could wrongly imply sponsorship or certification by an organization unless such sponsorship or certification

genuinely exists and can be verified.

6.2.2 Correction of Misrepresentation

Registrants may not permit others to misrepresent their qualifications and must demonstrate efforts made to correct misrepresentations made by others, where possible.

6.3 Promotion of Professional Practice

a. Registrants may advertise their practices, but the advertisements must be clearly identified as such;
b. Registrants may not name a practice in a manner that is misleading or suggests anything untrue;
c. Public announcements or advertisements may only be permitted in the name of a registrant with a Certificate of Registration for Autonomous or Interim Autonomous Practice;
d. Registrants may not compensate media for promotion of a practice;
e. Testimonials may not be used to promote a registrant's practice; and
f. Registrants may not engage in direct solicitation of individuals requiring service provision via any medium.

(See also*: General Regulation O. Reg 194/23: Advertising)*

6.4 Provision of Information to the Public

Registrants who provide 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.

Practical Application: Registrants who identify themselves as registrants of the College and wish to make public statements must consider whether they are contravening any of the limits of freedom of expression which are set out in relevant legislation, including: hate speech, harassment, discrimination, and defamation (Please also see *Standard 3: Equity, Diversity and Inclusion).*

6.5 Communicating via Social Media

Registrants may not publish information on social media about an identifiable service recipient if that information will be accessible to anyone other than the service recipient or their authorized substitute decision maker. Collecting personal health information about an identifiable service recipient using any medium, including social media, requires the service recipient or an authorized substitute decision maker's consent; even if collecting information about service recipient with appropriate consent, registrants must consider how collecting information from a public source may impact on ones' professional relationship with a service recipient (See also *Section 8: Confidentiality and Privacy*).

Registrants may not respond publicly to on-line reviews if the review would allow the identification of a current or past service recipient. Even if no identification is possible, the registrant must consider the possibility of harm resulting to the client or former client as a result of the response.

Practical Application: When communicating via social media registrants should:

a. Consider whether their communications could reasonably amount to a public statement or in the alternative, would reasonably be considered private and accessible only to specific individuals , with the onus on the registrant to understand who may have access to their posting;
b. Consider whether they could be reasonably identified as a registrant, and if so, that they may be considered to be speaking as a registrant, even if they don't identify themselves as one;
c. Avoid the possibility of a dual or multiple relationship with a recipient of services, for example, by indicating that one is a "friend" of a recipient of services or by corresponding about personal matters of a social, recreational, or business nature;
d. Not make statements that interfere with, or are likely to interfere with, the ability to collaborate with others, the delivery of high-quality services or the maintenance of safety or perceived safety of others; and
e. Not use degrading, demeaning, intimidating or abusive language or behaviour in circumstances where they may reasonably be known to be a registrant.

7. CONSENT TO SERVICES

7.1 Obtaining Consent

Registrants must ensure they have obtained informed and capable consent from all individuals receiving services, prior to the commencement of services and whenever changes are made to the nature of services offered or provided. The following principles apply to obtaining appropriate consent:

a. Registrants should ensure they are familiar with and are following the legal requirements for obtaining consent, or proceeding without consent, particular to the service they are providing;
b. Consent obtained in writing, physical or via secure technology, is preferred. However, oral consent is acceptable and must be documented in the client's file; and
c. In the event of lack of clarity or uncertainty concerning consent between substitute decision makers of equal ranking within the hierarchy of substitute decision makers listed in statute, or between a substitute decision maker and an incapable service recipient, registrants should not provide services until they receive clarification of who is authorized to give consent via relevant legislation, court order, or formal and documented agreement.

Practical Application: If authority as a substitute decision maker is either unclear or in dispute, registrants may wish to seek independent legal advice.

Practical Application: In some situations, registrants may believe that third parties have exerted pressure on clients to consent to services or risk a loss of benefits or other rights. When in doubt about whether a client's consent is freely given, registrants should ensure that they do not exert any pressure on the client to agree and clarify that the client may refuse the service if they choose to do so. In this context, the registrant should encourage the client to seek clarification about their options should services not proceed. Registrants should proceed only if the client expresses a clear wish to proceed (See also *Section 3: Equity, Diversity and Inclusion*).

8. CONFIDENTIALITY AND PRIVACY

8.1 Limits of Confidentiality

Before or at the onset of service provision, registrants must ensure that service recipients are advised of the limits of confidentiality relevant to the services provided.

8.2 Applicable Privacy Legislation

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 most cases, the applicable privacy legislation is the Personal Health Information Protection Act, 2004 . In some circumstances services may be governed by other privacy legislation, as is often the case with services provided within organizations operated or funded under municipal, provincial, or federal legislation; if guidance in this regard is required, it is advisable to confirm the applicable legislation with the management of the organization within which services are provided.

Practical Application: Eligibility to act as a custodian of personal and personal health information may vary between different privacy statutes. The Personal Health Information Protection Act addresses privacy with respect to most services provided by Regulated Health Professionals. It allows for, among other things, a health care practitioner or a person who operates a group practice of health care practitioners to act as an HIC. In situations where more than one entity may be considered to be the HIC, consensus should be established between the HIC, the client and other eligible custodians. Registrants and others working within some institutions may also be considered agents of HICs. Information about when one may be considered the agent of a HIC is available from the Office of the Privacy Commissioner of Ontario.

8.3 Collection, Use and Disclosure of Personal and Personal Health Information

Registrants must ensure that the collection, use, and disclosure of information occurs only with the consent of the person about whom the information applies, or as permitted by legislation. When the service provider is not considered the HIC, Registrants must demonstrate efforts to ensure that the HIC acts in accordance with these requirements.

Practical Application: When unsolicited information is received without appropriate consent or does not appear to meet any of the statutory exceptions to the requirement for consent to collect information, the HIC must return the information to the sender, If possible. In so doing, Registrants should not even acknowledge that they are providing services to the relevant individual without consent.

8.4 Information about Third Parties

Information about a party other than a recipient of service that is contained in a record, may only be disclosed if permitted or required by law, or with consent of the parties to whom the information relates.

8.5 Access by Client or Client's Authorized Representative

Registrants 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 registrant is otherwise permitted to refuse access, even when contrary to the wishes of a third-party funder.

Practical Application: While recipients of a service may agree to waive their rights with respect to the control or access of their personal health information, if a client wishes to rescind such an agreement, a registrant is encouraged to seek independent legal advice before withholding any information the client may have a statutory right to obtain.

Practical Application: 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 cultural terms, expressions, and idioms.

8.6 Protection of Test Security

Registrants must respect test security and copyright restrictions. As such, they must prevent the distribution of materials and information that could adversely affect the integrity and validity of tests. Test questions, items, and other proprietary materials should not be released without permission of the publisher of the documents. When prevented from providing proprietary information by copyright protections, registrants are expected to seek the permission of the publisher of the document or, if necessary, provide transcribed responses to test items without revealing test questions or other proprietary information.

9. RECORDS AND RECORD KEEPING

9.1 General

a. All recorded or compiled information must be dated, and the identity of the person making the entry must be clear;
b. When collaborating with professionals from other disciplines and generating interdisciplinary information, registrants must include relevant notes from other professionals in their clinical records;
c. When providing services within a group, separate records must be maintained for each group participant;
d. If requested by a client, registrants must explain or interpret documents they have authored and/or signed in a language other than the language in which the service was provided; and
e. Client Records must be presented in a way which is understandable to another health professional if a client requests that the records be provided;

Practical Application: When a registrant is maintaining a record written in a language other than that in which the service was provided it is expected that, at the onset of services, the registrant 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: Relevant legislation may require a registrant to provide a copy of the client's health record, upon request. While a registrant is not required under this standard to provide a written translation of the record, they may voluntarily agree do so. As there is no requirement to provide a translation, a translation which a registrant has agreed to provide need not be a certified translation.

Practical Application: Information provided from a client record is expected to be legible and understandable to the intended recipient.

f. All documents that contain conclusions, judgments, decisions, diagnoses, or recommendations must be signed by the registrant responsible for the service; a document authored by a person who is not a registrant authorized for autonomous practice must be signed by both the registrant and supervisee;
g. The record keeping requirements applicable to organizational clients are applicable to the provision of consultation;
h. Registrants who are not health information custodians (HICs) must take reasonable steps to ensure the maintenance and security of service records and ensure that current and former recipients of service are informed about how they may gain access to the service record for the prescribed retention period;

Practical Application: In the absence of an institutional or organizational HIC, a registrant who is supervising service provision is the HIC. When uncertain about who the HIC is, registrants are encouraged to seek independent legal advice.

i. Records in the control of a registrant must identify if any information that the registrant knows or ought to know is false or misleading.

9.2 Individual Client Records

Registrants must keep a record regarding the services they provide to each client. Each record must contain:

a. Identifying information about the client, including name, date of birth, address and (if available) telephone number and email address of each service recipient;
b. Dates and details of every relevant or material service contact or consultation;
c. A description of any presenting problem and of any history relevant to the problem;
d. Relevant information about every material service activity that is carried out by the registrant or under the responsibility of the registrant, including, but not limited to: assessment procedures; assessment findings; diagnoses; goals or plans of service; reviews of progress with respect to 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;
e. Relevant information about every material service activity that was commenced but not completed, including reasons for the non-completion;
f. When providing group therapy, a separate record must be maintained for each individual recipient of services;
g. Relevant information about the performance of every controlled act performed by the registrant;
h. All reports or correspondence about the service recipient(s), received by the registrant, which are relevant and material to the service to the client. Registrants may 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;
i. All reports and communications prepared by the registrant regarding the service recipient(s);
j. A copy of every written consent and/or documentation of the process of obtaining verbal consent related to the service;
k. Relevant information about every referral of the service recipient by the registrant to another professional; and
l. Any other documents that provide information relevant and material to service that is not included elsewhere in file, and which is relevant to the opinions, recommendations and decision making with respect to client service.

Practical Application: The decision about whether to retain a document within the record, including raw test protocols or other raw data, 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

When an organization, as opposed to an individual within the organization, is the entity receiving service, the record must contain:

a. The name and contact information of the organizational client;
b. The name(s) and title(s) of the person(s) authorized to 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;
e. A description of the problems which were the focus of the service, the methodology utilized, the recommendations made and any other material information available about the progress and outcome of the matter; and
f. A copy of each report that is prepared for the organizational client.

Practical Application: Professional consultation is typically provided to an organization or entity providing services, rather than directly to an individual requiring psychological or behavioural services. When recording consultation activities, it is expected that registrants would keep records in line with the requirements for organizational clients.

9.4 Record Storage and Retention

a. Individual Client Service records must be retained for a minimum of 10 years after the service recipient reaches the age of 18 or after the last professional contact, whichever comes later;
b. Unless otherwise required by law, organizational service records must be maintained 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;
c. Different components of a record can be stored across multiple locations. If so, each location must reference the other locations;
d. Registrants are not obliged to retain personally identifiable information which a person has not provided consent to collect, inquiries about services which did not result in the provision of services, or for recipients of prevention, public education, group training, emergency or post-emergency group services, or group screening services;
e. Records regarding fees, billing, and financial matters must be retained in the same manner as other service records.

9.5 Record Security

a. Registrants must ensure that disclosure or transmission of personal health information protects the privacy of the client record;

b. When using an electronic record management service, even if hosted externally, the registrant must ensure the service operator acts in compliance with legislation. The HIC remains responsible for information collection, use, disclosure, and secure destruction by the agent;
c. Electronic records must be encrypted before transmission. Registrants must verify the practices of their technology provider and seek guidance from relevant authorities (for example, the relevant Information and Privacy Commissioner) if uncertain about the current minimum requirements;
d. When others within an organization have access to client records, measures should be taken to prevent misunderstanding or misuse. Raw data or potentially misinterpreted information should be stored separately or, if not possible, marked with a warning that misinterpretation, misunderstanding or misuse could cause harm to clients and the information should only be available to registrants of the relevant profession or a specified supervisee of the registrant that the registrant authorizes.

9.6 Maintenance of Client Records

Registrants who are HICs must arrange for the security and maintenance of client records in case of expected or unexpected incapacity or death, and inform the College of these arrangements prior to ceasing to provide services or at the earliest reasonable opportunity. In making such arrangements, where possible, the designate should be a registrant of the College.

Practical Application: If a registrant is unable to designate another registrant as custodian of the records, then the registrant must make best efforts to designate another regulated health professional and if unable to do that, then a person who is familiar with the requirements of the applicable legislation.

10. ASSESSMENT AND INTERVENTION

10.1 Familiarity with Tests and Techniques

Registrants must understand and adhere to the standardized norms, reliability, validity, and/or appropriate application of tests and techniques. Registrants must also avoid using outdated, obsolete, or invalid tests. In cases where no appropriate tools are available, they may use individual test items or stimuli for clinical assessment purposes, avoiding use of outdated norm-based data, or the otherwise inappropriate use of such data. Any departure from proper use should be documented with a clear rationale.

Practical Application: Norms which may be appropriately used as comparators for some populations may not be applicable to all populations. Similarly, criteria referenced measures may not be applicable to all circumstances. In such situations, registrants must use their knowledge, skill, and clinical judgment (See also *Section 3: Equity, Diversity and Inclusion*).

Familiarity with tests and techniques extends to all psychological or behaviour analysis practices, regardless of whether they are standardized and norm-based or idiographic, such as in the case of functional behavioural assessments.

10.2 Controlled Access to Test and Materials

Unsupervised access to tools or materials must not be provided to individuals lacking the necessary user qualifications as stipulated by the publishers or vendors. Registrants may not provide information or describe test content in any way in circumstances that could invalidate the tests or compromise the proper use and application of the tests or techniques.

Practical Application: Care must be taken to avoid providing such materials as instruction manuals or actual test items or answers, where providing such information could reasonably be expected to invalidate a test or otherwise affect the integrity of the material. Unless sharing such information can be justified by the need to train individuals in the practice of the profession, or to comply with a legal requirement to make such information available in specified circumstances, registrants are encouraged to explain the risks of sharing the information and may wish to consider providing materials which they construct for demonstration purposes.

10.3 Familiarity with Intervention Tools and Techniques

Registrants must be familiar with the evidence supporting the utility and effectiveness of the interventions they employ. They should be prepared to provide a reasoned explanation for their choice of tools and techniques, if requested.

10.4 Adherence to Evidence-Based Practice

Registrants must be familiar with evidence-based tools and techniques. If they choose not to use such tools or techniques, they must be able to justify their decision and demonstrate competence in the tools and techniques they use. When evidence-based tools and techniques are not available or suitable, then registrants must evaluate and use any new or emerging tools or techniques with caution, ensuring safety to recipients. Recipients of all services must be informed about the potential risks, benefits and alternative options.

Practical Application: Drug assisted therapy is an emerging practice area and registrants must exercise caution if considering offering this service. Unless also a registrant of a College whose registrants have access to the controlled acts of prescribing or dispensing a drug, registrants can neither perform those acts nor provide or administer any drug, and in particular any psychedelic or dissociative drug (one that can alter a person's perception of their surroundings, sense of self, or perception of reality, e.g., psilocybin, LSD, Ayahuasca, Ketamine, MDMA).

If providing therapy to a person under the influence of a psychedelic or dissociative drug which has been provided by an authorized health care professional, a registrant should be able to demonstrate that use of drug assisted therapy is supported by evidence, appropriate based upon client needs, legally permitted, and that a practical plan has been established to address adverse side effects which might arise from the intervention, including a plan for emergency medical care. This guidance is not meant to apply to the provision of services to individuals using conventional and well-established psychotropic medications such as antidepressants, anxiolytics, antipsychotics, and stimulants (e.g., fluoxetine lorazepam, risperidone, methylphenidate, etc.) that are prescribed and managed by a health care provider authorized to provide those services.

Practical Application: Behaviour Analysts may receive requests, for example, from parents of a nonverbal child to implement a technique they read about on the internet. Before considering doing so, the Behaviour Analyst should review academic literature to see whether there is credible evidence for the method. In the absence of support for their intervention, they should explain why they cannot use such an approach.

10.5 Coordination of Services

Registrants should not provide or offer services to someone already receiving similar services from another provider, except in exceptional circumstances. In such cases, the registrant must coordinate services with the other provider(s).

11. OPINIONS

11.1 Rendering Opinions

Registrants must base professional opinions on current, reliable, adequate, and appropriate information.

11.2 Review Without Evaluation

If conducting a review of a record and direct evaluation is not required, registrants must document this and indicate the sources of information used to form opinions.

11.3 Identification of Limits of Certainty

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

11.4 Documentation of Limitations

If a complete evaluation is not possible after reasonable attempts have been made, registrants must document the efforts made to obtain additional information, the obstacles existing and the impact of limited information on their opinions.

11.5 Clarity of Communication

Registrants must present information in a manner likely to be understood by the recipients of service.

12. OBJECTIVITY

12.1 Professional Objectivity

Registrants must not undertake or continue to provide services where objectivity, competence or effectiveness is, or may reasonably be perceived as, compromised by bias or conflict of interest.

12.2 Disclosure of Impartiality Concerns

Where any potential lack of objectivity exists or arises, registrants must disclose this to the relevant parties, unless this would reasonably present a risk of harm to an individual or constitute a privacy breach.

12.3 Avoidance of Dual or Multiple Relationships

Registrants must avoid dual or multiple relationships wherever possible. If not possible, registrants must seek guidance from a neutral colleague to manage such relationships professionally.

12.4 Independence in Disputes

Registrants must remain impartial in disputes between clients with other service recipients or organizations; while registrants may provide their own objective professional opinions and objective information, they should refrain from advocating on behalf of any party.

Practical Application: Registrants may find themselves in a situation where a service recipient wants or expects them to advocate on their behalf. This may occur in the context of an application for school or workplace accommodations, insurance matters or even familial disputes. Advocacy is a skill and if performed on behalf of others, should be performed by those with appropriate training, experience and liability insurance. Well intentioned efforts to rectify what may be perceived as unfairness may fail and expose the client to loss and the registrant to liability. Unsuccessful advocacy can also damage an otherwise productive professional relationship with the client.

12.5 Gifts and Contributions

Registrants may not accept gifts of more than token value unless a rationale for doing so can be provided and documented. Any rationale should include careful consideration of the potential clinical impact of accepting or not accepting the gift. Registrants may not influence a recipient of services to make gifts or contributions of any kind.

12.6 Avoidance of Exploitation

Registrants may not use their professional knowledge, title, or position to acquire advantage directly or indirectly over, or exploit, any person in any professional context, or improperly acquire a benefit of any kind.

12.7 Priority of Service Recipient's Interests

The interests of a recipient of services must be a registrant's primary consideration. Interests of others, including insurers and other third-party funders must not take precedence over the interests of the person who is the subject of the service.

13. IMPAIRMENT

13.1 Impairment Due to Health Factors

Registrants must not undertake or continue to provide services when mental, emotional, medical, pharmacological or substance use conditions could be reasonably expected to adversely affect their ability to provide competent services. If such a situation develops after services have been initiated, registrants must discontinue the services in an appropriate manner. Registrants must make efforts to ensure that clients are notified that they are unable to continue providing services and, where possible, assist in obtaining replacement services to ensure continuity of care.

14. HARASSMENT, SEXUALLY INAPPROPRIATE CONDUCT, AND ABUSIVE RELATIONSHIPS

14.1 Relationships with Current or Former Clients

Registrants must not enter, or make plans to enter, into an intimate or sexual relationship with a current or past service recipient or a close relative of the service recipient, unless at least five years has passed since the last professional contact, and it can be demonstrated that the individual is not vulnerable and will not be reasonably expected to require additional services from the registrant. This does not apply to relationships with employees of an organizational client unless the service provided to the individual was either intended to be therapeutic or the individual is vulnerable to exploitation.

Practical Application: Non-sexual intimacy can take the form of mutual sharing of personal information, thoughts and feelings for personal, nonprofessional reasons. In this context, an inappropriately intimate relationship includes one in which a registrant expresses their personal needs to a service recipient with an expectation that they will be fulfilled. Intimacy with a client and the creation and maintenance of appropriate professional boundaries are mutually inconsistent. This can take the form of quasi- familial relationships, personal friendships, or borrowing or giving money to the other.

14.2 Sexual Relationships with Students, Trainees, and Supervisees

Registrants must not enter, or make plans to enter, into an intimate or sexual relationship with a current research participant, student, employee, or supervisee, or with any person the registrant could reasonably expect to be in a position to evaluate.

14.3 Sexual Harassment

In addition to the adhering to the legislated prohibition of sexual abuse of clients, which is an act of Professional Misconduct, registrants 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 registrant knows or ought to know that such behaviours are offensive and unwelcome, or create 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.

14.4 Other Forms of Abuse and Harassment

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

15. FINANCIAL MATTERS

15.1 Fees and Billing Arrangements

a. Registrants must reach an agreement with payers regarding fees and payment arrangements before providing services or implementing changes to services or fees;
b. Fees must be based on the time spent and complexity of services delivered;

c. Rates for services should remain consistent across payers, although registrants may offer pro bono services or sliding scale fees to allow for affordability;
d. Provision of services by a supervisee must be clearly noted on invoices and receipts; and
e. Regardless of the payer, invoices and receipts related to supervised services rendered to clients or third party payers must be in the name of supervising member, the supervisor's employer or the supervisor's professional corporation, unless the supervisee is a registrant of the College with a Certificate of Registration for Autonomous Practice, in which case the supervisee may issue invoices and receipts independently in their name, or the name of the health professional corporation or their employer. Additionally, invoices and receipts must clearly identify the name of the supervising registrant and the name, relevant degrees, and professional designations of the supervised service provider. For further clarity, a supervisor may not permit a supervisee who is not an autonomous practice member of the College to issue invoices or receipts in their own name.

15.2 Prepayment and Retainer Funds

a. Registrants may request retainer funds in advance, but these funds must be held in a segregated account, separate from the registrant'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;
b. Payment for a specified multiple session treatment plan or group series may be charged and accepted at the beginning of the series, as long as clients agree that unused fees will not be refunded;

> **Practical Application:** A multiple session treatment or group series refers to a treatment plan that requires a set number of multiple appointments to complete in order to address the treatment goal(s). It is not meant to allow the bulk sale of sessions and should not be used as a means of prepayment without the need for reimbursing unused sessions when providing an open-ended course of individualized treatment.

c. Registrants may not require clients to prepay for any professional services including preparation of reports, except in the context of multi session or group programs as described above; and
d. Registrants may not withhold reports for non-payment of fees.

15.3 Collection of Unpaid Fees

If they have informed clients of their practice in advance, registrants may:

a. Charge Interest on an overdue account;
b. Charge a fee for a missed appointment or late cancellation when prior notice is not given within an agreed upon period; and
c. Registrants may take legal action or use a collection agency to collect unpaid fees from clients provided they have first given clients an opportunity to resolve payment. In using a collection agency or filing documents in a legal process, registrants may provide only that information necessary for the recovery of funds.

15.4 Additional Charges

Registrants may charge a fee for other services such as:

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

16. CROSS-JURISDICTIONAL PRACTICE

16.1 Authorization for Cross-Jurisdictional Practice

a. Registrants must ensure they are legally authorized to provide services outside Ontario and comply with Ontario's service requirements while practising elsewhere;
b. Registrants providing services in another jurisdiction in which that service is regulated must be authorized to provide the same services in Ontario;
c. Registrants must inform service recipients that the College has authority to address complaints about the services received and must provide contact information for the College on request; and
d. Registrants providing services outside of Ontario must ensure they carry appropriate liability insurance with respect to such service.

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

16.2 Adherence to Local Jurisprudence

Registrants must be familiar with and adhere to the local jurisprudence and standards for practice in the jurisdiction in which the service is being delivered. Where a conflict exists between the requirements of two jurisdictions, the registrant must comply with the obligations affording greater client protection.

17. USE OF TECHNOLOGY

17.1 General

a. Registrants considering providing service virtually (via technology) must determine whether virtual vs. in- person services is clinically indicated. If in person service is clinically indicated and the Registrant does not wish to provide in person services to an existing client, they must demonstrate efforts to facilitate a referral to an appropriate service provider.
b. Registrants are expected to maintain current knowledge of all technologies that they use and be sensitive to cultural, regional and local issues which may impact service delivery. Registrants are also expected to adhere to the Association of Canadian Psychology Regulatory Associations (ACPRO) Model Standards for Telepsychology Service Delivery, as amended from time to time, and to maintain current awareness of guidance by relevant professional associations.

Practical Application: Relevant information about best practices is available from the Canadian Psychological Association (CPA), the American Psychological Association (APA), the Ontario Psychological Association (OPA), the Association of Canadian Psychology Regulatory Associations (ACPRO) and the Ontario Association of Behaviour Analysts (ONTABA).

c. Registrants must make plans for the management of a client emergency, ensuring they possess information about emergency services in the client's location and alternative services locally available to the client.

17.2 Technological Knowledge and Competence

a. Registrants using technology must maintain and address current knowledge of the risks associated with that use;
b. Registrants must be competent in the use of technology they adopt;
c. Registrants are free to responsibly utilize technological advances, including computer assisted scoring and test interpretation and non-human mediated artificial intelligence, but technology may not be used instead of registrants' own professional knowledge, skill and judgment. Such professional activities must always be actively reviewed by registrants who are authorized to provide the services and registrants must take full responsibility for the content of reports and any opinions or recommendations expressed in their names; and
d. Registrants must ensure, as part of the informed consent process that clients understand how technology is being used to assist them, any risks of technological error, and what risks there are to their privacy when personal information is being used, stored, or transmitted within an external technological application.

17.3 Security in the Use of Technology

a. If using cloud services, registrants must ensure that the jurisdiction within which the cloud service is hosted has security features which would be consistent with privacy requirements under Ontario legislation and that that all provisions of the Standards of Professional Conduct apply with respect to transmission of information; and
b. To minimize the possibility of someone impersonating a client and gaining access to confidential health information or influencing a registrant's assessment or opinion of the client, registrants must take steps to verify the identity of the client using some form of coded identification of the client, in cases where visual verification is not possible.



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