

# DRAFT Electronic Practice Guideline

## Introduction

The Electronic Practice Guideline provides additional information that may be helpful to members who currently provide, or who are considering providing, psychotherapy services using electronic communications technologies.

Members may rely on electronic communications technologies for a variety of purposes, for example, to set appointments, to relay information or check in with clients between sessions, or as a means to engage with a client in the therapeutic process.

Though the principles of this guideline will apply in any interaction with a client that is mediated by communications technology, even those that are administrative in nature (e.g. booking appointments), this guideline particularly applies in situations where a member is using electronic communications technology as a means to engage with a client in the therapeutic process.

Regardless of the format (e.g. face-to-face, phone, videoconference) in which the Member practises, CRPO's [Regulations](#), [Code of Ethics](#) and [Professional Practice Standards](#) continue to apply.

## Applicable Standard

This guideline complements Professional Practice Standard 3.4: Electronic Practice. Members are encouraged to review the guideline and Standard together.

As the [Personal Health Information Protection Act](#) (PHIPA) sets health care providers' obligations for the collection, use and disclosure of client personal health information, CRPO urges members to become familiar with the Act. This can be accomplished by reviewing the Act itself, or by accessing one of the many resources available, including those developed by [the Information and Privacy Commissioner of Ontario](#).

## Note

Guidelines published by CRPO are intended to clarify CRPO's Professional Practice Standards, providing additional information that will help a member consider or respond to common situations that arise in practice in a manner that accords with the standards.

Information provided in a guideline is to be considered along with other relevant sources of information, such as the Code of Ethics, applicable standards, regulations, and laws. Members must rely on their knowledge, skill and judgment to determine when it is appropriate to apply a particular guideline, being mindful that ultimately, members are responsible for their own actions.

A member is considered to have an electronic practice when they rely on communications technologies to engage with clients in the therapeutic process. Examples of communications technologies that have been relied upon for this purpose include the following:

- Phone or voiceover internet protocol (VOIP)
- Email or direct messaging
- Videoconference
- Other formats which may be variations of the above, or entirely novel

## **2 Acceptable Communications Technologies**

Members may use communications technologies provided they are able to do so in accordance with law, regulation and the Professional Practice Standards for Registered Psychotherapists. Communications technologies employed by members of CRPO must conform to their duty to safeguard the personal health information of clients. Other considerations in selecting a platform may include the appropriateness of the technology in light of client safety and the services that will be provided.

Particular considerations and challenges presented by the communications technology must be addressed by the Member to ensure that the technology can be used reliably and effectively.

## **3 Confidentiality**

CRPO's Professional Practice Standards recognize confidentiality as a cornerstone of the psychotherapy profession. A client's right to confidentiality is also set out in law. According to section 12(1) of PHIPA, members who have access to or control over client personal health information must take reasonable measures to safeguard the information, protecting it against theft, loss and unauthorized use, disclosure, copying, modification or disposal.

Personal health information is transferred almost any time a member communicates with a client using communications technology, including when appointments are booked, during sessions, at time of payment and during check-ins that may occur between sessions. Using technologies and/or devices that provide encryption, require a password, or which possess other features designed to restrict data loss, unauthorized use and access are examples of reasonable measures a member can employ to safeguard the confidentiality of client information. For more specific examples, please see the Electronic Security Practices Self-Assessment [\[insert link when it is available\]](#).

## **4 Competence**

In consideration of the distinct therapeutic milieu that electronic practice presents, members must possess the array of competencies that are necessary to engage clients in a safe, effective therapeutic process, including at intake and when services are discontinued. Before engaging any client in therapy, the member must be sufficiently capable of using the particular communication technology such that the member is able to:

- recognize the potential impacts of the use of the technology with regard to the client-therapist relationship and the therapeutic process;
- recognize the limitations of confidentiality presented by the platform;
- identify how platform users can protect their personal health information;
- develop an effective contingency plan to address instances of technical failure; and
- troubleshoot common issues that might arise.

Before engaging clients in therapy via communications technology, members should consider receiving training and/or clinical supervision in this area of practice. Refer to Standard: 2.1 Competence for more information about when clinical supervision should be sought.

## **5 Appropriateness**

Therapy must have a reasonable prospect of benefit to the client, according to Standard 3.5: Unnecessary Treatment. Situations to consider when evaluating appropriateness may include:

- A client is showing severe cognitive symptoms, such as loss of contact with reality (psychosis)
- Where there is a risk of adverse reaction during treatment, such as a panic attack
- Where there is a risk of harm to self or others
- Impacts of trauma the client has experienced

In such situations, alternate options may be more appropriate, for example, offering services in another format (e.g. face-to-face) and/or referral to other services, such as those located near the client.

In light of this, before commencing therapy, a member's initial assessment should also consider whether it is appropriate to engage the client in a form of therapy that would be conducted primarily through communications technology. Factors that may be relevant to this assessment process include:

- The nature of the therapeutic relationship.
- The nature of the client's concerns.
- Anticipated shifts in the depth or focus of the therapy.
- The client's ability to access the technology reliably and in a safe, private setting.
- The client's overall capabilities, comfort and familiarity with the technology.
- The client's capacity to participate.
- Access to local supports.

Throughout the therapeutic process, members should continue to evaluate the effectiveness of the therapy, taking into consideration the impact of the technology on the therapeutic process and the client's progress. The factors listed above may be relevant to this evaluation process. If there is reason to believe that the use of communications technology is no longer effective or appropriate, it will be important to understand why and what actions would be appropriate given the circumstances. Such actions could include, engaging in clinical supervision, linking the client to local resources, encouraging the client to attend a face-to-face session (if possible), referring the client to another therapist, among other things.

## **6 Informed Consent**

Members may provide professional services (i.e. assessment and treatment) using communications technology with the prior consent of the client. Members must provide information about the technology that will be employed in the course of the therapeutic relationship, in particular, potential risks associated with the technology.

Part of the informed consent discussion will address the collection, use and disclosure of a client's personal health information. This is an opportunity to describe record-keeping practices in light of the member's electronic practice. For example, clients may be interested to know whether email communications are stored separately or in the clinical record, or whether sessions can be recorded. Consider these matters carefully, as emails and recordings effectively serve as transcripts of the therapy.

Below are examples of potential risks associated with use of electronic communications technology:

- Failure to meet professional obligations with respect to confidentiality in situations where the therapist knows or ought to know that the client would be unable to secure a sufficiently private location in which to engage in therapy.
- Inadvertent disclosure of client personal health information due to errors in the recipient's email address/phone number.
- Recording of sessions without consent of the therapist or the client.
- Improper storage and destruction of session recordings.

See Standard 3.2: Consent for more information regarding the details that must be included in the informed consent discussion.

### **Recording sessions**

A recording would serve as a complete transcript of a session, and may contain substantially more information than would be captured in clinical notes. Therapists are encouraged to take extra care in their informed consent processes if it is proposed by the client or the therapist that a session be recorded.

Where sessions are recorded, be mindful that special consideration must be taken in their storage, transmission and destruction.

### **7 Contract**

According to Standard 3.4: Electronic Practice, members are required to enter into a contract with a client before providing services via communications technology. While the standard does not specify that this contract must be in writing, members are encouraged to establish a written contract with the client. Where no written contract exists, communications with the client regarding terms for services provided via electronic communications technology must be documented in the clinical record. In addition to information ordinarily provided to clients, members should also address:

- The particular technology or platform that will be used.
- Risks or benefits associated with the technology, including the limitations of the technology.
- Steps to be taken in the event of a technology disruption or when a client is in crisis.
- Therapist's responsibility to maintain confidentiality, and measures that are employed to preserve confidentiality, and limitations to confidentiality.
- Measures a client can employ to protect their privacy and personal health information.
- Practice policies relevant to electronic practice (e.g. payment methods, appointment cancellations, disruption in services).
- The therapist's usual hours of work and average response times to between-session communications from clients.
- That the member is a regulated health professional, and CRPO's contact information, upon request.

### **8 Professional Liability Insurance**

As described in Standard 3.4: Electronic Practice, members must ensure that their professional liability insurance covers electronic practice.

### **9 Services where a client is located in another jurisdiction**

If providing services to clients who are located in another jurisdiction (e.g. in another province or country), ensure your insurance coverage will apply.

In addition to abiding by the laws of Ontario and the standards set by CRPO, a Member who provides services to a client in another jurisdiction should become familiar with the laws of the jurisdiction(s) in which the services are provided.

### **10 Operating within an ethical framework**

While developments in technology create new opportunities for practice, they also bring a host of new clinical, legal, and practical challenges. Members who engage in electronic practice should be aware that they may face situations where there is no clear course of action. When faced with such situations, members are advised to operate within an ethical decision-making framework, relying on their professional judgment to identify reliable sources of information and an appropriate course of action.

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