

Professional Practice Standards

Abridged (Without Commentary)

Date¹ approved by CRPO Council: December 7, 2023

Date² of coming into effect: January 1, 2024

Standard 1.1: Responsibility Toward the College

- 1.1.1 Registrants fulfill their professional responsibilities and obligations toward the College.
- 1.1.2 Registrants communicate with College personnel in an appropriate and professional manner.
- 1.1.3 Registrants reply appropriately and within 30 days to a written inquiry or request from the College.
- 1.1.4 Registrants fully cooperate with the College during an investigation.
- 1.1.5 Registrants comply with orders of a committee or panel.
- 1.1.6 Registrants adhere to any undertaking or agreement that they have made with the College.
- 1.1.7 Registrants comply with all terms, conditions, and limitations (TCLs) associated with their certificate of registration.
- 1.1.8 Registrants participate fully in all mandatory aspects of the College's Quality Assurance (QA) Program.

Standard 1.2: Use of Terms, Titles, and Designations

- 1.2.1 Registrants use terms, titles, and designations appropriately.
- 1.2.2 Registrants use the title conferred by the College when acting in a professional capacity, giving prominence to this title above any other qualification, designation, or title.
- 1.2.3 Registrants use terms, titles, or designations implying a specialization only if they are earned, conferred by a recognized credentialing body, and meet established standards and if prominence is given to the registrant's regulated title.
- 1.2.4 Registrants make reasonable efforts to correct others (including clients or colleagues) when they refer to the registrant using an incorrect title.

¹ For Standard 3.7 only, the date of CRPO Council approval is November 24, 2016.

² For Standard 3.7 only, the date of coming into effect is November 24, 2016.

- 1.2.5 Registrants do not use the title “Doctor,” including any associated abbreviations, when offering or providing healthcare services, including psychotherapy.³
- 1.2.6 Registrants shall not permit, counsel, or assist a person to represent themselves falsely as a registrant.

Standard 1.3: Mandatory Reporting

- 1.3.1 Registrants comply with their mandatory reporting obligations to the College and other organizations.
- 1.3.2 Registrants refrain from making frivolous or vexatious complaints or reports.

Standard 1.4: Controlled Acts

- 1.4.1 Registrants do not perform controlled acts unless
 - They are authorized to do so;
 - A legal exception or exemption applies; or
 - They receive appropriate delegation.
- 1.4.2 Registrants are authorized to perform the controlled act of psychotherapy provided they have the competence to do so in a safe and effective manner.
- 1.4.3 Registrants refrain from delegating the controlled act of psychotherapy.⁴

Standard 1.5: General Conduct

- 1.5.1 Registrants refrain from illegal conduct relevant to their suitability to practise the profession.
- 1.5.2 Registrants refrain from practising the profession when they ought to know their ability to do so is impaired.

³ A registrant may use the “Doctor” title when offering or providing health care if they are registered with one of the colleges whose members are authorized to do so (see Commentary).

⁴ The *Regulated Health Professions Act, 1991*, and Ontario Regulation 317/12, the professional misconduct regulation governing registered psychotherapists, allow for delegation of the controlled act of psychotherapy under limited circumstances, for example, where CRPO has pre-approved the delegation. To date, CRPO has not approved an RP delegating the controlled act of psychotherapy to an unregulated provider. Delegating the controlled act of psychotherapy to an unregulated provider is expected to occur very rarely, e.g., in an emergency.

- 1.5.3 Registrants treat employees, co-workers, students, and other individuals with whom they are professionally or academically associated with respect.
- 1.5.4 Registrants at all times refrain from conduct that, having regard to all the circumstances, would reasonably be regarded by registrants as disgraceful, dishonourable, unprofessional, or unbecoming a registrant.

Standard 1.6: Conflict of Interest

- 1.6.1 Registrants assess the potential for conflicts of interest with each client on an ongoing basis.
- 1.6.2 When a conflict of interest arises, registrants use clinical and ethical judgment to determine whether it would be appropriate to continue care.
- 1.6.3 When a conflict of interest arises, registrants make reasonable efforts to disclose the conflict to the client(s) involved, unless doing so would result in breaching the confidentiality of or causing harm to any client.
- 1.6.4 When a conflict of interest arises and it is appropriate to continue care, registrants manage and mitigate the conflict in a manner that best protects the client's interests.
- 1.6.5 Registrants avoid acting while in a conflict of interest that could be detrimental to client care.
- 1.6.6 Registrants discontinuing services due to a conflict of interest shall provide effective referrals.

Standard 1.7: Dual Relationships

- 1.7.1 Registrants avoid dual relationships with current clients, except in extenuating circumstances, such as practising in a small community.
- 1.7.2 Registrants should avoid dual relationships with former clients.
- 1.7.3 Registrants apply and document the use of ethical and clinical judgment before engaging in dual relationships with current or former clients.
- 1.7.4 Registrants maintain professional boundaries, both online and in person.

Standard 1.8: Undue Influence and Abuse

- 1.8.1 Registrants are respectful of clients. They refrain from verbal, physical, psychological, emotional, and sexual abuse of clients.
- 1.8.2 Registrants are respectful, both during and outside of treatment sessions, of clients' representatives, family, partners, or other individuals with whom clients maintain a close

personal relationship. They refrain from sexual, verbal, physical, psychological, and emotional abuse of any of these individuals.

- 1.8.3 Registrants do not unduly influence clients, their representatives, family, or partners, including, but not limited to, personal life decisions, the making of wills, or powers of attorney.

Standard 1.9: Referrals

- 1.9.1 Registrants take all of the following steps prior to making a referral:
- 1) Adequately inform the client about any referral they propose to make;
 - 2) Obtain the client's informed consent to refer; and
 - 3) Take reasonable steps to assure themselves of the competence and character of the professional to whom the client is being referred.
- 1.9.2 When registrants refer clients to an individual or business with whom the registrant has a personal or professional relationship, they do all of the following:
- 1) Fully disclose the extent of the relationship;
 - 2) Provide alternatives; and
 - 3) Assure the client their decision will not affect their care from the referring registrant.
- 1.9.3 Registrants avoid self-referral unless all of the following have been fulfilled:
- 1) The benefit to the registrant is disclosed to the client;
 - 2) Alternative options are provided; and
 - 3) The client is reassured that the existing relationship will not be affected by the client's decision.
- 1.9.4 Registrants do not accept commission fees or otherwise benefit materially from providing referrals to other professionals.
- 1.9.5 Registrants, including individuals acting on their behalf, respond to incoming referrals within a reasonable timeframe by providing a response either confirming or denying capacity and competency to take on an additional client.

Standard 2.1: Seeking Consultation, Clinical Supervision, and Referral

- 2.1.1 Registrants understand their professional capabilities and limitations with regard to client populations served, issues treated, and modalities used.
- 2.1.2 Registrants only provide services that are within their knowledge, skill, and judgment, i.e., competence, to provide.
- 2.1.3 Registrants ensure any clinical advice or information they provide is based on reasonable professional opinion.

- 2.1.4 Registrants complete appropriate, verifiable education and receive clinical supervision or consultation before changing or expanding their practice area.
- 2.1.5 When registrants are treating a client within their practice area and encounter an issue beyond their competence, registrants receive clinical supervision or consult a more experienced colleague.
- 2.1.6 When consultation and clinical supervision do not provide adequate safeguards, registrants refer the client to another professional who is qualified to provide the required care.
- 2.1.7 Registrants receive clinical supervision when it is required for safe and effective treatment, beneficial for professional development or expanding competency, or required by CRPO.
- 2.1.8 Registrants practising with clinical supervision promptly notify their clinical supervisor when a client presents an issue outside the registrant's area of competence.

Standard 3.1: Confidentiality

- 3.1.1 Registrants do not collect, use, or disclose information about a client without the informed consent of the client or their authorized representative, except as permitted or required by law.
- 3.1.2 Registrants familiarize themselves and comply with relevant privacy laws.
- 3.1.3 Registrants relying on others to provide reception or other administrative support train and supervise them on matters of confidentiality and privacy.

Standard 3.2: Consent

- 3.2.1 Where a client appears to lack capacity to consent to treatment, registrants assess and document the client's capacity. If the client lacks capacity, registrants identify the client's substitute decision-maker(s).
- 3.2.2 Registrants ensure consent is voluntary, specific, and does not involve misrepresentation or fraud.
- 3.2.3 Registrants only seek consent after ensuring the client understands the process of therapy, possible benefits and risks or adverse outcomes, other therapeutic options, and the implications of not proceeding with therapy.
- 3.2.4 Registrants ensure informed consent is obtained from the client or their authorized representative on an ongoing basis.

- 3.2.5 Registrants immediately comply with the withholding or withdrawal of consent by a client or their representative.
- 3.2.6 Registrants document conversations about and indications of consent, including the date when consent was provided, refused, or revoked, as well as the options, risks, and benefits discussed and the method of indicating consent (oral, in writing, etc.).
- 3.2.7 Registrants obtain express consent in every instance before using physical touch as part of psychotherapy treatment.

Standard 3.3: Communicating Client Care

- 3.3.1 Registrants make reasonable attempts to communicate with a client's other relevant healthcare providers respecting the client's care. This obligation does not apply if any of the following conditions are present:
 - The client refuses to consent to such communication;
 - The communication would be counter-therapeutic; or
 - The communication is unnecessary.
- 3.3.2 When registrants deny another care provider access to a client's information, they enter the decision and reasons for doing so into the clinical record and discuss the decision with the client.

Standard 3.4: Electronic Practice

- 3.4.1 Registrants adhere to all professional standards, whether their practice is electronic, by telephone, in person, or a hybrid thereof.
- 3.4.2 Registrants obtain informed consent from clients regarding the use of electronic communication media in the provision of services.
- 3.4.3 Registrants take reasonable steps to ensure that the technology employed is secure, confidential, and appropriate, given the needs of the client.
- 3.4.4 Registrants ensure that their professional liability insurance provides sufficient coverage for electronic services prior to treating clients.
- 3.4.5 Registrants comply with relevant professional licensing requirements in the jurisdictions where clients are located.
- 3.4.6 Registrants offering modalities requiring written communication (secure text- or email-based) include copies of correspondence and treatment-related communication in the clinical record.
- 3.4.7 Registrants do not rely on information obtained from computer-generated assessments, reports, or statements without exercising their own professional judgment.

Standard 3.5: Unnecessary Treatment

- 3.5.1 Registrants provide or continue therapy only when there is a reasonable prospect of benefit to the client.
- 3.5.2 Registrants involve clients in determining whether therapy offers a reasonable prospect of benefit.
- 3.5.3 When it appears that therapy is no longer indicated or has ceased to be effective, registrants discuss the option of discontinuing therapy.

Standard 3.6: Complaints Process

- 3.6.1 As part of the consent process, registrants inform clients that the registrant is registered with CRPO and that CRPO is the organization that sets the rules for and considers complaints about registered psychotherapists.
- 3.6.2 If asked, registrants inform individuals of their right to file a complaint with the College.
- 3.6.3 If asked, registrants provide the College's contact information.
- 3.6.4 If asked, registrants inform clients that the College's mandate is to regulate registered psychotherapists in the public interest and that the College has standards and policies available on its website.

Standard 3.7: Affirming Sexual Orientation and Gender Identity

Registrants refrain from providing services such as conversion or reparative therapy, which seek to change or direct a person's sexual orientation or gender identity.

Standard 4.1: Providing Clinical Supervision

- 4.1.1 Registrants provide clinical supervision only if they are qualified to do so.
- 4.1.2 Registrants appropriately supervise persons whom they are professionally obligated to supervise.

Standard 4.2: Practising with Clinical Supervision

- 4.2.1 Registrants practise with clinical supervision when they are required to do so because of their registration category, when encountering a challenging client situation, when expanding their area of practice, or by order of a CRPO committee.

Standard 5.1: Clinical Records

- 5.1.1 Registrants keep an accurate, complete, and legible clinical record for each client.
- 5.1.2 Registrants provide access to and disclosure of client records in their custody as permitted or required by law.

Standard 5.2: Requests for Reports

- 5.2.1 Upon request, registrants provide, within a reasonable timeframe, a report or certificate relating to the treatment performed, unless there is reasonable cause not to do so.
- 5.2.2 When providing a report or certificate, registrants indicate whether they are providing opinion, stating objective fact, or summarizing information provided by a client.

Standard 5.3: Issuing Accurate Documents

- 5.3.1 Registrants ensure that documents they sign or transmit in a professional capacity, or allow others to do so on their behalf, contain accurate and complete information.

Standard 5.4: Appointment Records

- 5.4.1 Registrants maintain an appointment and attendance record for each client.

Standard 5.5: Financial Records

- 5.5.1 Registrants keep a financial record for all clients for whom a fee is charged for therapeutic services.

Standard 5.6: Record Storage, Security, and Retrieval

- 5.6.1 Registrants take steps that are reasonable under the circumstances to ensure that personal health information is protected against theft, loss, and unauthorized use, disclosure, modification, or disposal.

Standard 6.1: Fees

- 6.1.1 Registrants establish a standardized fee schedule and make it available to current and prospective clients. Registrants inform clients of their fee schedule prior to providing services.
- 6.1.2 Registrants charge fees that are reasonable in relation to services provided; fulfill the terms of agreements established with clients; and provide itemized accounts upon request.
- 6.1.3 Registrants do not offer discounts or incentives for pre-payment or prompt payment of services.
- 6.1.4 Registrants do not charge for services that are not provided, with the exception of late cancellations, missed appointments, or deposits.
- 6.1.5 Registrants do not unduly restrict methods of payment and do not provide discounts for preferred methods of payment.
- 6.1.6 Registrants should not barter their services with clients due to the risks of dual relationships and conflicts of interest.
- 6.1.7 Registrants offering block fees to clients ensure there is a written agreement in place detailing the services covered by the fee, the total fee, arrangements for paying the fee, and refund requests and procedures.
- 6.1.8 Registrants do not sell or assign debt owed for professional services.

Standard 6.2: Advertising

- 6.2.1 Registrants ensure their advertising is truthful, accurate, factual, and verifiable.
- 6.2.2 Registrants do not request or solicit testimonials or use them in their advertising.
- 6.2.3 Registrants solicit only in accordance with applicable regulations (see Commentary).
- 6.2.4 When advertising, registrants do not
- Promise a result that cannot be delivered;
 - Use comparisons to others, superlatives, or suggest that their practice is unique;
 - Appeal to a person's fears.

- 6.2.5 Registrants ensure paid advertisements of their practice are identifiable or recognizable as an advertisement.
- 6.2.6 Registrants take reasonable steps to ensure that advertising placed by others on their behalf meets College requirements.
- 6.2.7 Registrants advertise an area of practice only if they have verifiable training in that area of practice.
- 6.2.8 Registrants ensure it is clear whether an advertisement pertains to psychotherapy or different products/services that the registrant offers.

Standard 6.3: Discontinuing Services

- 6.3.1 Registrants discontinue professional services only when appropriate.
- 6.3.2 Registrants do not refuse or discontinue treatment based on grounds protected by the Ontario Human Rights Code (race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status, or disability).
- 6.3.3 When discontinuing services to clients who are interested in further treatment, registrants make reasonable efforts to provide referrals to other providers.
- 6.3.4 When discontinuing services, registrants clearly communicate and document the reason(s) for discontinuing services and the conversation they have with the client.

Standard 6.4: Closing, Selling, or Relocating a Practice

- 6.4.1 Registrants intending to close or relocate their practice take reasonable steps to give appropriate notice of the intended closure or relocation to each client for whom the registrant has primary responsibility.
- 6.4.2 Registrants have a contingency plan in place to promote continuity of care in the event of an unexpected interruption to their practice.
- 6.4.3 Registrants who are health information custodians provide the College with up-to-date information about who would take custody of the records in their care in the event of the registrant's death or long-term inability to fulfill their obligations related to this position.
- 6.4.4 Registrants acting as health information custodians maintain records in a secure manner for the period set out in [Standard 5.1](#), even after the closure of their practice, unless the records are transferred to another health information custodian.