



CODE OF PROFESSIONAL ETHICS FOR **REHABILITATION COUNSELLOR**

Adapted with permission from the
Code of Professional Ethics developed by the
Commission on Rehabilitation Counselor Certification
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of Australasia for its members

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PREAMBLE

Rehabilitation counsellors are committed to facilitating the personal, social, and economic independence of individuals with disabilities and/or individuals who experience social disadvantage. In fulfilling this commitment, rehabilitation counsellors work with people, programs, institutions, and service delivery systems. Rehabilitation counsellors provide services within the Scope of Practice for Rehabilitation Counselling (see the Scope of Practice document) and recognise that both action and inaction can be facilitating or debilitating. It is essential that rehabilitation counsellors demonstrate adherence to ethical standards and ensure that the standards are enforced vigorously. The Code of Professional Ethics for Rehabilitation Counsellors, henceforth referred to as the Code, is designed to facilitate these goals.

The fundamental spirit of caring and respect with which the Code is written is based upon five principles of ethical behaviour¹. These include autonomy, beneficence, nonmaleficence, justice, and fidelity, as defined below:

- Autonomy: To honour the right to make individual decisions.
- Beneficence: To do good to others.
- Nonmaleficence: To do no harm to others.
- Justice: To be fair and give equally to others.
- Fidelity: To be loyal, honest, and keep promises.

The primary obligation of rehabilitation counsellors is to their clients, defined in the Code as individuals with disabilities and/or disadvantage who are receiving services from rehabilitation counsellors.

Regardless of whether direct client contact occurs or whether indirect services are provided, rehabilitation counsellors are obligated to adhere to the Code. At times, rehabilitation counselling services may be provided to individuals other than those with disabilities or experiencing social disadvantage, such as a student population. In all instances, the primary obligation remains with the client and adherence to the Code is required.

The basic objective of the Code is to promote public welfare by specifying ethical counselling expected of rehabilitation counsellors. The Enforceable Standards within the Code are the exacting standards intended to provide guidance in specific circumstances and will serve as the basis for processing ethical complaints initiated against members.

Rehabilitation counsellors who violate the Code are subject to disciplinary action. RCAA reserves unto itself the power to suspend or to revoke the privilege or to approve other penalties for a violation. Disciplinary penalties are imposed as warranted by the severity of the offence and its attendant circumstances. All disciplinary actions are undertaken in accordance with published procedures and penalties designed to assure the proper enforcement of the Code within the framework of due process and equal protection under the law.

¹ Beauchamp, T.L., & Childress, J.F. (1994), 4th Ed. *Principles of Biomedical Ethics*. Oxford: Oxford University Press.
 . Kitchener, K.S. (1984). *Ethics in Counselling Psychology: Distinctions and Directions*. *Counselling Psychologists*, 12 (3), 43-55.

ENFORCEABLE STANDARDS OF ETHICAL PRACTICE

SECTION A: THE COUNSELLING RELATIONSHIP

A.1. CLIENT WELFARE

a. DEFINITION OF CLIENT. The primary obligation of rehabilitation counsellors will be to their clients, defined as individuals with disabilities or social disadvantage who are receiving services from rehabilitation counsellors.

b. REHABILITATION AND COUNSELLING PLANS. Rehabilitation counsellors will work jointly with their clients in devising and revising integrated, individual rehabilitation and counselling plans that contain realistic and mutually agreed upon goals and are consistent with abilities and circumstances of clients.

c. CAREER AND EMPLOYMENT NEEDS. Rehabilitation counsellors will work with their clients in considering employment that is consistent with the overall abilities, vocational limitations, physical restrictions, psychological limitations, general temperament, interest and aptitude patterns, social skills, education, general qualifications, and cultural and other relevant characteristics and needs of clients. Rehabilitation counsellors will neither place nor participate in placing clients in positions that will result in damaging the interest and the welfare of clients, employers, or the public.

d. AUTONOMY. Rehabilitation counsellors will respect the autonomy of the client if actions such as involuntary commitment or initiation of guardianship are taken that diminish client autonomy. The assumption of responsibility for decision-making on behalf of the client will be taken only after careful deliberation. The rehabilitation counsellor will advocate for client resumption of responsibility as quickly as possible.

A.2. RESPECTING DIVERSITY

a. RESPECTING CULTURE. Rehabilitation counsellors will demonstrate respect for clients' cultural backgrounds.

b. INTERVENTIONS. Rehabilitation counsellors will develop and adapt interventions and services to incorporate consideration of clients' cultural perspectives and recognition of barriers external to clients that may interfere with achieving effective rehabilitation outcomes.

c. NON-DISCRIMINATION. Rehabilitation counsellors will not condone or engage in discrimination based on age, colour, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

A.3. CLIENT RIGHTS

a. DISCLOSURE TO CLIENTS. When counselling is initiated, and throughout the counselling process as necessary, rehabilitation counsellors will inform clients, preferably through both written and oral means, of their credentials, the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed, and other pertinent information. Rehabilitation counsellors will take steps to ensure that clients understand the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements. Clients have the right to (1) expect confidentiality and will be provided with an explanation of its limitations, including disclosure to supervisors and/or treatment team professionals; (2) obtain clear information about their case records; (3) actively participate in the development and implementation of rehabilitation counselling plans; and (4) refuse any recommended services and be advised of the consequences of such refusal.

b. THIRD PARTY REFERRAL. Rehabilitation counsellors who have direct contact with a client at the request of a third party will define the nature of their relationships and role to all rightful, legal parties with whom they have direct contact. Direct contact is defined as any written, oral, or electronic communication. Legal parties may include clients, legal guardians, referring third parties, and legal representatives actively involved in a matter directly related to rehabilitation services.

c. INDIRECT SERVICE PROVISION. Rehabilitation counsellors who are employed by third parties as case consultants or expert witnesses, and who engage in communication with the individual with a disability, will fully disclose to the individual with a disability and/or his or her designee their role and limits of their relationship. Communication includes all forms of written or oral interactions regardless of the type of communication tool used. When there is no pretence or intent to provide rehabilitation counselling services directly to the individual with a disability, and where there will be no communication, disclosure by the rehabilitation counsellor is not required. When serving as case consultants or expert witnesses, rehabilitation counsellors will provide unbiased, objective opinions. Rehabilitation counsellors acting as expert witnesses will generate written documentation, either in the form of case notes or a report, as to their involvement and/or conclusions.

d. FREEDOM OF CHOICE. To the extent possible, rehabilitation counsellors will offer clients the freedom to choose whether to enter into a counselling relationship and to determine which professional(s) will provide counselling. Restrictions that limit choices of clients will be fully explained. Rehabilitation counsellors will honour the rights of clients to consent to participate and the right to make decisions with regard to rehabilitation services. Rehabilitation counsellors will inform clients or the clients' legal guardians of factors that may affect decisions to participate in rehabilitation services, and they will obtain written consent or will acknowledge consent in writing after clients or legal guardians are fully informed of such factors.

e. INABILITY TO GIVE CONSENT. When counselling minors or persons unable to give voluntary informed consent, rehabilitation counsellors will obtain written informed consent

from legally responsible parties. Where no legally responsible parties exist, rehabilitation counsellors will act in the best interest of clients.

f. INVOLVEMENT OF SIGNIFICANT OTHERS. Rehabilitation counsellors will attempt to enlist family understanding and involvement of family and/or significant others as a positive resource if (or when) appropriate. The client or legal guardian's permission will be secured prior to any involvement of family and/or significant others.

A.4. PERSONAL NEEDS AND VALUES

In the counselling relationship, rehabilitation counsellors will be aware of the intimacy and responsibilities inherent in the counselling relationship, maintain respect for clients, and avoid actions that seek to meet their personal needs at the expense of clients.

A.5. SEXUAL INTIMACIES WITH CLIENTS

a. CURRENT CLIENTS. Rehabilitation counsellors will not have any type of sexual intimacies with clients and will not counsel persons with whom they have had a sexual relationship.

b. FORMER CLIENTS. Rehabilitation counsellors will not engage in sexual intimacies with former clients within a minimum of 5 years after terminating the counselling relationship. Rehabilitation counsellors who engage in such relationship after 5 years following termination will have the responsibility to examine and document thoroughly that such relations do not have an exploitative nature, based on factors such as duration of counselling, amount of time since counselling, termination circumstances, client's personal history and mental status, adverse impact on the client, and actions by the counsellor suggesting a plan to initiate a sexual relationship with the client after termination. Rehabilitation counsellors will seek peer consultation prior to engaging in a sexual relationship with a former client.

A.6. NON-PROFESSIONAL RELATIONSHIPS WITH CLIENTS

a. POTENTIAL FOR HARM. Rehabilitation counsellors will be aware of their influential positions with respect to clients, and will avoid exploiting the trust and dependency of clients. Rehabilitation counsellors will make every effort to avoid non-professional relationships with clients that could impair professional judgment or increase the risk of harm to clients. (Examples of such relationships include, but are not limited to, familial, social, financial, business, close personal relationships with clients, or volunteer or paid work within an office in which the client is actively receiving services.) When a non-professional relationship cannot be avoided, rehabilitation counsellors will take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs.

b. SUPERIOR/SUBORDINATE RELATIONSHIPS. Rehabilitation counsellors will not accept as clients, superiors or subordinates with whom they have administrative, supervisory, or evaluative relationships.

A.7. MULTIPLE CLIENTS

When rehabilitation counsellors agree to provide counselling services to two or more persons who have a relationship (such as husband and wife, or parents and children), rehabilitation counsellors will clarify at the outset, which person or persons are clients and the nature of the relationships they will have with each involved person. If it becomes apparent that rehabilitation counsellors may be called upon to perform potentially conflicting roles, they will clarify, adjust, or withdraw from such roles appropriately.

A.8. GROUP WORK

a. SCREENING. Rehabilitation counsellors will screen prospective group counselling participants. To the extent possible, rehabilitation counsellors will select members whose needs and goals are compatible with goals of the group, who will not impede the group process, and whose well being will not be jeopardised by the group experience.

b. PROTECTING CLIENTS. In a group setting, rehabilitation counsellors will take reasonable precautions to protect clients from physical or psychological trauma.

A.9. TERMINATION AND REFERRAL

a. ABANDONMENT PROHIBITED. Rehabilitation counsellors will not abandon or neglect clients in counselling. Rehabilitation counsellors will assist in making appropriate arrangements for the continuation of treatment, when necessary, during interruptions such as vacations, and following termination.

b. INABILITY TO ASSIST CLIENTS. If rehabilitation counsellors determine an inability to be of professional assistance to clients, they will avoid entering or immediately terminate a counselling relationship.

c. APPROPRIATE TERMINATION. Rehabilitation counsellors will terminate a counselling relationship, securing client agreement when possible, when it is reasonably clear that the client is no longer benefiting, when services are no longer required, when counselling no longer serves the client's needs or interests, or when there is failure to pay fees according to Section J of this document.

d. REFERRAL UPON TERMINATION. Rehabilitation counsellors will be knowledgeable about referral resources and suggest appropriate alternatives. If clients decline the suggested referral, rehabilitation counsellors have the right to discontinue the relationship.

A.10. COMPUTER TECHNOLOGY

a. USE OF COMPUTERS. When computer applications are used in counselling services, rehabilitation counsellors will ensure that (1) the client is intellectually, emotionally, and physically capable of using the computer application; (2) the computer application is appropriate for the needs of the client; (3) the client understands the purpose and operation of the computer applications; and (4) a follow-up of client use of a computer application is provided to correct possible misconceptions, discover inappropriate use, and assess subsequent needs.

b. EXPLANATION OF LIMITATIONS. Rehabilitation counsellors will ensure that clients are provided information as a part of the counselling relationship that adequately explains the limitations of computer technology.

c. ACCESS TO COMPUTER APPLICATIONS. Rehabilitation counsellors will provide reasonable access to computer applications in counselling services.

SECTION B: CONFIDENTIALITY

B.1. RIGHT TO PRIVACY

a. RESPECT FOR PRIVACY. Rehabilitation counsellors will respect clients' rights to privacy and will avoid illegal and unwarranted disclosures of confidential information.

b. CLIENT WAIVER. Rehabilitation counsellors will respect the right of the client or his/her legally recognised representative to waive the right to privacy.

c. EXCEPTIONS. When disclosure is required to prevent clear and imminent danger to the client or others, or when legal requirements demand that confidential information be revealed, the general requirement that rehabilitation counsellors keep information confidential will not apply. Rehabilitation counsellors will consult with other professionals when in doubt as to the validity of an exception.

(Not sure why you deleted this section?)

e. MINIMAL DISCLOSURE. When circumstances require the disclosure of confidential information, rehabilitation counsellors will endeavour to reveal only essential information. To the extent possible, clients will be informed before confidential information is disclosed.

f. EXPLANATION OF LIMITATIONS. When counselling is initiated and throughout the counselling process as necessary, rehabilitation counsellors will inform clients of the limitations of confidentiality and will identify foreseeable situations in which confidentiality must be breached.

g. WORK ENVIRONMENT. Rehabilitation counsellors will make every effort to ensure that a confidential work environment exists and that subordinates including employees,

supervisees, clerical assistants, and volunteers maintain the privacy and confidentiality of clients.

h. TREATMENT TEAMS. If client treatment will involve the sharing of client information among treatment team members, the client will be advised of this fact and will be informed of the team's existence and composition.

i. CLIENT ASSISTANTS. When a client is accompanied by an individual providing assistance to the client (e.g. interpreter, personal care assistant, etc.), rehabilitation counsellors will ensure that the assistant is apprised of the need to maintain confidentiality.

B.2. GROUPS AND FAMILIES

a. GROUP WORK. In group work, rehabilitation counsellors will clearly define confidentiality and the parameters for the specific group being entered, explain its importance, and discuss the difficulties related to confidentiality involved in group work. The fact that confidentiality cannot be guaranteed will be clearly communicated to group members.

b. FAMILY COUNSELLING. In family counselling, unless otherwise directed by law, information about one family member will not be disclosed to another member without permission. Rehabilitation counsellors will protect the privacy rights of each family member.

B.3. RECORDS

a. REQUIREMENT OF RECORDS. Rehabilitation counsellors will maintain records necessary for rendering professional services to their clients and as required by laws, regulations, or agency or institution procedures.

b. CONFIDENTIALITY OF RECORDS. Rehabilitation counsellors will be responsible for securing the safety and confidentiality of any counselling records they create, maintain, transfer, or destroy whether the records are written, taped, computerized, or stored in any other medium.

c. PERMISSION TO RECORD OR OBSERVE. Rehabilitation counsellors will obtain and document written or recorded permission from clients prior to electronically recording or observing sessions. When counselling clients who are minors or individuals who are unable to give voluntary, informed consent, written or recorded permission of guardians must be obtained.

d. CLIENT ACCESS. Rehabilitation counsellors will recognise that counselling records are kept for the benefit of clients, and therefore provide access to records and copies of records when requested by clients, unless prohibited by law. In instances where the records contain information that may be sensitive or detrimental to the client, the rehabilitation counsellor has a responsibility to adequately interpret such information to the client. In situations

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involving multiple clients, access to records will be limited to those parts of records that do not include confidential information related to another client.

e. DISCLOSURE OR TRANSFER. Rehabilitation counsellors will obtain written permission from clients to disclose or transfer records to legitimate third parties unless exceptions to confidentiality exist as listed in Section B.1.

B.4. CONSULTATION

a. RESPECT FOR PRIVACY. Information obtained in a consulting relationship will be discussed for professional purposes only with persons clearly concerned with the case. Written and oral reports will present data germane to the purposes of the consultation, and every effort will be made to protect client identity and to avoid undue invasion of privacy.

b. COOPERATING AGENCIES. Before sharing information, rehabilitation counsellors will make efforts to ensure that there are defined policies in other agencies serving the counsellor's clients that effectively protect the confidentiality of information.

B.5. ALTERNATIVE COMMUNICATION

Rehabilitation counsellors will make every effort to ensure that methods of exchanging information that utilize alternative means of communication (i.e., facsimile, mobile telephone, computer, or videoconferencing) will be conducted in such a manner that ensures protection of client confidentiality. If confidentiality cannot be ensured, client or guardian permission must be obtained.

SECTION C: ADVOCACY AND ACCESSIBILITY

C.1. ADVOCACY

a. ATTITUDINAL BARRIERS. Rehabilitation counsellors will strive to eliminate attitudinal barriers, including stereotyping and discrimination, toward individuals with disabilities and to increase their own awareness and sensitivity to such individuals.

b. ADVOCACY WITH COOPERATING AGENCIES. Rehabilitation counsellors will remain aware of actions taken by cooperating agencies on behalf of their clients and will act as advocates of such clients to ensure effective service delivery.

c. EMPOWERMENT. Rehabilitation counsellors will provide the client with appropriate information and will support their efforts at self-advocacy both on an individual and an organizational level.

C.2. ACCESSIBILITY

- a. COUNSELLING PRACTICE.** Rehabilitation counsellors will demonstrate, in their practice, an appreciation of the need to provide necessary accommodations, including accessible facilities and services, to individuals with disabilities and/or social disadvantage.
- b. BARRIERS TO ACCESS.** Rehabilitation counsellors will identify physical, communication, and transportation barriers to clients and will communicate information on barriers to public and private authorities to facilitate removal of barriers to access.
- c. REFERRAL ACCESSIBILITY.** Rehabilitation counsellors, as advocates for individuals with disabilities and/or social disadvantage, will ensure, prior to referring clients to programs, facilities, or employment settings, that they are appropriately accessible.

SECTION D: PROFESSIONAL RESPONSIBILITY

D.1. PROFESSIONAL COMPETENCE

- a. BOUNDARIES OF COMPETENCE.** Rehabilitation counsellors will practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Rehabilitation counsellors will demonstrate a commitment to gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population. Rehabilitation counsellors will not misrepresent their role or competence to clients.
- b. REFERRAL.** Rehabilitation counsellors will refer clients to other specialists as the needs of the clients dictate.
- c. NEW SPECIALTY AREAS OF PRACTICE.** Rehabilitation counsellors will practice in specialty areas new to them only after appropriate education, training, and supervised experience. While developing skills in new specialty areas, rehabilitation counsellors will take steps to ensure the competence of their work and to protect clients from possible harm.
- d. RESOURCES.** Rehabilitation counsellors will ensure that the resources used or accessed in counselling are credible and valid
- e. QUALIFIED FOR EMPLOYMENT.** Rehabilitation counsellors will accept employment only for positions for which they are qualified by education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Rehabilitation counsellors will hire only individuals who are qualified and competent for professional rehabilitation counselling positions.
- f. MONITOR EFFECTIVENESS.** Rehabilitation counsellors will take reasonable steps to seek peer supervision to evaluate their efficacy as rehabilitation counsellors.

g. ETHICAL ISSUES CONSULTATION. Rehabilitation counsellors will take reasonable steps to consult with other rehabilitation counsellors or related professionals when they have questions regarding their ethical obligations or professional practice.

h. CONTINUING EDUCATION. Rehabilitation counsellors will engage in continuing education to maintain a reasonable level of awareness of current scientific and professional information in their fields of activity. They will take steps to maintain competence in the skills they use, will be open to new techniques, and will develop and maintain competence for practice with the diverse and/or special populations with whom they work.

i. IMPAIRMENT. Rehabilitation counsellors will refrain from offering or rendering professional services when their physical, mental, or emotional problems are likely to harm the client or others. They will seek assistance for problems, and, if necessary, will limit, suspend, or terminate their professional responsibilities.

D.2. LEGAL STANDARDS

a. LEGAL VERSUS ETHICAL. Rehabilitation counsellors will obey the laws and statutes of the legal jurisdiction in which they practice unless there is a conflict with the Code, in which case they should seek immediate consultation and advice.

b. LEGAL LIMITATIONS. Rehabilitation counsellors will be familiar with and observe the legal limitations of the services they offer to clients. They will discuss these limitations as well as all benefits available to clients they serve in order to facilitate open, honest communication and avoid unrealistic expectations.

D.3. ADVERTISING AND SOLICITING CLIENTS

a. ACCURATE ADVERTISING. Advertising by rehabilitation counsellors shall not be restricted. Rehabilitation counsellors will advertise or will represent their services to the public by identifying their credentials in an accurate manner that is not false, misleading, deceptive, or fraudulent. Rehabilitation counsellors will only advertise the highest degree earned which is in rehabilitation counselling from a university accredited by the Rehabilitation Counselling Association of Australasia.

b. TESTIMONIALS. Rehabilitation counsellors who use testimonials will not solicit them from clients or other persons who, because of their particular circumstances, may be vulnerable to undue influence. Full disclosure of uses and the informed consent of the client or guardian will be obtained. Use of testimonials will be for a specified and agreed upon period of time.

c. STATEMENTS BY OTHERS. Rehabilitation counsellors will make reasonable efforts to ensure that statements made by others about them or the profession of rehabilitation counselling are accurate.

d. RECRUITING THROUGH EMPLOYMENT. Employed rehabilitation counsellors will not use their institutional affiliations or relationship with their employers to recruit clients, supervisees, or consultees for their separate private practices.

e. PRODUCTS AND TRAINING ADVERTISEMENTS. Rehabilitation counsellors who develop products related to their profession or conduct workshops or training events will ensure that the advertisements concerning these products or events are accurate and disclose adequate information for consumers to make informed choices.

f. PROMOTING TO THOSE SERVED. Rehabilitation counsellors will not use counselling, teaching, training, or supervisory relationships to promote their products or training events in a manner that is deceptive or would exert undue influence on individuals who may be vulnerable. Rehabilitation counsellors may adopt textbooks they have authored for instructional purposes.

D.4. CREDENTIALS

a. CREDENTIALS CLAIMED. Rehabilitation counsellors will claim or will imply only professional credentials possessed and are responsible for correcting any known misrepresentations of their credentials by others. Professional credentials include tertiary qualifications in rehabilitation counselling, accreditation of graduate programs, government-issued certifications or licenses, or any other credential that might indicate to the public specialised knowledge or expertise in rehabilitation counselling.

b. CREDENTIAL GUIDELINES. Rehabilitation counsellors will follow the guidelines for use of credentials that have been established by the entities that issue the credentials.

c. MISREPRESENTATION OF CREDENTIALS. Rehabilitation counsellors will not attribute more to their credentials than the credentials represent, and will not imply that other rehabilitation counsellors are not qualified because they do not possess certain credentials.

D.5. PUBLIC RESPONSIBILITY

a. SEXUAL HARASSMENT. Rehabilitation counsellors will not engage in sexual harassment. Sexual harassment is defined as sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with professional activities or roles, and that either (1) the rehabilitation counsellor knows or is told the act is unwelcome, offensive, or creates a hostile workplace environment; or (2) is sufficiently severe or intense to be perceived as harassment to a reasonable person within the context in which it occurs. Sexual harassment may consist of a single intense or severe act or multiple persistent or pervasive acts.

b. REPORTS TO THIRD PARTIES. Rehabilitation counsellors will be accurate, timely, and objective in reporting their professional activities and opinions to appropriate third parties including courts, health insurance companies, those who are the recipients of evaluation reports, and others.

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c. MEDIA PRESENTATIONS. When rehabilitation counsellors provide advice or comment by means of public lectures, demonstrations, radio or television programs, pre-recorded tapes, printed articles, mailed material, or other media, they will take reasonable precautions to ensure that (1) the statements are based on appropriate professional rehabilitation counselling literature and practice; (2) the statements are otherwise consistent with the Code of Professional Ethics for Rehabilitation Counsellors; and (3) the recipients of the information are not encouraged to infer that a professional rehabilitation counselling relationship has been established.

d. CONFLICTS OF INTEREST. Rehabilitation counsellors will not use their professional positions to seek or receive unjustified personal gains, sexual favours, unfair advantage, or unearned goods or services.

e. DISHONESTY. Rehabilitation counsellors will not engage in any act or omission of a dishonest, deceitful or fraudulent nature in the conduct of their professional activities.

D.6. RESPONSIBILITY TO OTHER PROFESSIONALS

a. DISPARAGING COMMENTS. Rehabilitation counsellors will not discuss in a disparaging way the competency of other professionals or agencies, or the findings made, the methods used, or the quality of rehabilitation plans.

b. PERSONAL PUBLIC STATEMENTS. When making personal statements in a public context, rehabilitation counsellors will clarify that they are speaking from their personal perspectives and that they are not speaking on behalf of all rehabilitation counsellors or the profession.

c. CLIENTS SERVED BY OTHERS. When rehabilitation counsellors learn that their clients have an ongoing professional relationship with another rehabilitation or treating professional, they will request release from clients to inform the other professionals and strive to establish positive and collaborative professional relationships. File reviews, second-opinion services, and other indirect services are not considered ongoing professional services.

SECTION E: RELATIONSHIPS WITH OTHER PROFESSIONALS

E.1. RELATIONSHIPS WITH EMPLOYERS AND EMPLOYEES

a. NEGATIVE CONDITIONS. Rehabilitation counsellors will alert their employers to conditions that may be potentially disruptive or damaging to the counsellor's professional responsibilities or that may limit their effectiveness.

b. EVALUATION. Rehabilitation counsellors will submit regularly to professional review and evaluation by their supervisor or the appropriate representative of the employer.

c. DISCRIMINATION. Rehabilitation counsellors, as either employers or employees, will engage in fair practices with regard to hiring, promotion, or training.

d. EXPLOITATIVE RELATIONSHIPS. Rehabilitation counsellors will not engage in exploitative relationships with individuals over whom they have supervisory, evaluative, or instructional control or authority.

e. EMPLOYER POLICIES. In those instances where rehabilitation counsellors are critical of policies, they will attempt to affect change through constructive action within the organisation. Where such change cannot be affected, rehabilitation counsellors will take appropriate further action. Such action may include referral to appropriate certification, accreditation, or state licensure organisations or termination of employment.

E.2. CONSULTATION

a. CONSULTATION AS AN OPTION. Rehabilitation counsellors may choose to consult with professionally competent persons about their clients. In choosing consultants, rehabilitation counsellors will avoid placing the consultant in a conflict of interest situation that will preclude the consultant from being a proper party to the counsellor's efforts to help the client. If rehabilitation counsellors are engaged in a work setting that compromises this consultation standard, they will consult with other professionals whenever possible to consider justifiable alternatives.

b. CONSULTANT COMPETENCY. Rehabilitation counsellors will be reasonably certain that they have, or the organisation represented has, the necessary competencies and resources for giving the kind of consulting services needed and that appropriate referral resources are available.

E.3. AGENCY AND TEAM RELATIONSHIPS

a. CLIENT AS A TEAM MEMBER. Rehabilitation counsellors will ensure that clients and/or their legally recognised representative are afforded the opportunity for full participation in their own treatment team.

b. COMMUNICATION. Rehabilitation counsellors will ensure that there is fair mutual understanding of the rehabilitation plan by all agencies cooperating in the rehabilitation of clients and that any rehabilitation plan is developed with such mutual understanding.

c. DISSENT. Rehabilitation counsellors will abide by and help to implement team decisions in formulating rehabilitation plans and procedures, even when not personally agreeing with such decisions, unless these decisions breach the Code.

d. REPORTS. Rehabilitation counsellors will attempt to secure from other specialists appropriate reports and evaluations, when such reports are essential for rehabilitation planning and/or service delivery.

SECTION F: EVALUATION, ASSESSMENT, AND INTERPRETATION

F.1. INFORMED CONSENT

a. EXPLANATION TO CLIENTS. Prior to assessment, rehabilitation counsellors will explain the nature and purposes of assessment and the specific use of results in language the client (or other legally authorised person on behalf of the client) can understand. Regardless of whether scoring and interpretation are completed by rehabilitation counsellors, by assistants, or by computer or other outside services, rehabilitation counsellors will take reasonable steps to ensure that appropriate explanations are given to the client.

b. RECIPIENTS OF RESULTS. The client's welfare, explicit understanding, and prior agreement will determine the recipients of test results. Rehabilitation counsellors will include accurate and appropriate interpretations with any release of test results.

F.2. RELEASE OF INFORMATION TO COMPETENT PROFESSIONALS

a. MISUSE OF RESULTS. Rehabilitation counsellors will not misuse assessment results, including test results and interpretations, and will take reasonable steps to prevent the misuse of such by others.

b. RELEASE OF RAW DATA. Rehabilitation counsellors will ordinarily release data (e.g., protocols, counselling or interview notes, or questionnaires) in which the client is identified only with the consent of the client or the client's legal representative. Such data will be released only to persons recognised by rehabilitation counsellors as competent to interpret the data.

F.3. RESEARCH AND TRAINING

a. DATA DISGUISE REQUIRED. Use of data derived from counselling relationships for purposes of training, research, or publication will be confined to content that is disguised to ensure the anonymity of the individuals involved.

b. AGREEMENT FOR IDENTIFICATION. Identification of a client in a presentation or publication will be permissible only when the client has agreed in writing to its presentation or publication.

F.4. COMPETENCE TO USE AND INTERPRET TESTS

a. LIMITS OF COMPETENCE. Rehabilitation counsellors will recognise the limits of their competence and perform only those testing and assessment services for which they have been trained. They will be familiar with reliability, validity, related standardisation, error of measurement, and proper application of any technique utilised. Rehabilitation counsellors using computer-based test interpretations will be trained in the construct being measured and

the specific instrument being used prior to using this type of computer application. Rehabilitation counsellors will take reasonable measures to ensure the proper use of psychological assessment techniques by persons under their supervision.

b. APPROPRIATE USE. Rehabilitation counsellors will be responsible for the appropriate application, scoring, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use computerised or other services.

c. DECISIONS BASED ON RESULTS. Rehabilitation counsellors will be responsible for decisions involving individuals or policies that are based on assessment results and will have a thorough understanding of educational and psychological measurement, including validation criteria, test research, and guidelines for test development and use.

d. ACCURATE INFORMATION. Rehabilitation counsellors will provide accurate information and avoid false claims or misconceptions when making statements about assessment instruments or techniques. Special efforts will be made to avoid utilizing test results to make inappropriate diagnoses or inferences.

F.6. TEST SELECTION

a. APPROPRIATENESS OF INSTRUMENTS. Rehabilitation counsellors will carefully consider the validity, reliability, psychometric limitations, and appropriateness of instruments when selecting tests for use in a given situation or with a particular client.

b. REFERRAL INFORMATION. If a client is referred to a third party provider for testing, the rehabilitation counsellor will provide specific referral questions and sufficient objective data about the client so as to ensure that appropriate test instruments are utilised.

c. CULTURALLY DIVERSE POPULATIONS. Rehabilitation counsellors will be cautious when selecting tests for disability or culturally diverse populations to avoid inappropriateness of testing that may be outside of socialized behavioural or cognitive patterns or functional abilities.

d. NORM DIVERGENCE. Rehabilitation counsellors will be cautious in using assessment techniques, making evaluations, and interpreting the performance of populations not represented in the norm group on which an instrument was standardised and will disclose such information.

F.7. CONDITIONS OF TEST ADMINISTRATION

a. ADMINISTRATION CONDITIONS. Rehabilitation counsellors will administer tests under the same conditions that were established in the test standardisation. When tests are not administered under standard conditions, as may be necessary to accommodate modifications for clients with disabilities or when unusual behaviour or irregularities occur during the testing session, those conditions will be noted in interpretation.

b. COMPUTER ADMINISTRATION. When a computer or other electronic methods are used for test administration, rehabilitation counsellors will be responsible for ensuring that programs function properly to provide clients with accurate results.

c. UNSUPERVISED TEST-TAKING. Rehabilitation counsellors will not permit unsupervised or inadequately supervised use of tests or assessments unless the tests or assessments are designed, intended, and validated for self-administration and/or scoring.

F.8. TEST SCORING AND INTERPRETATION

a. REPORTING RESERVATIONS. In reporting assessment results, rehabilitation counsellors will indicate any reservations that exist regarding validity or reliability because of the circumstances of the assessment or the inappropriateness of the norms for the person tested.

b. DIVERSITY IN TESTING. Rehabilitation counsellors will place test results and their interpretations in proper perspective considering other relevant factors including age, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, and socioeconomic status.

c. RESEARCH INSTRUMENTS. Rehabilitation counsellors will exercise caution when interpreting the results of research instruments possessing insufficient technical data to support respondent results. The specific purposes for the use of such instruments will be stated explicitly to the examinee.

d. TESTING SERVICES. Rehabilitation counsellors who provide test scoring and test interpretation services to support the assessment process will confirm the validity of such interpretations. The interpretation of assessment data will be related to the particular goals of evaluation. Rehabilitation counsellors will accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.

e. AUTOMATED TESTING SERVICES. The public offering of an automated test interpretation service will be considered a professional-to-professional consultation. The formal responsibility of the consultant will be to the consultee, but the ultimate and overriding responsibility will be to the client.

F.9. TEST SECURITY

Rehabilitation counsellors will maintain the integrity and security of tests and other assessment techniques consistent with legal and contractual obligations. Rehabilitation counsellors will not appropriate, reproduce, or modify published tests or parts thereof without acknowledgment and permission from the publisher.

F.10. OBSOLETE TESTS AND OUTDATED TEST RESULTS

Rehabilitation counsellors will not use data or test results that are obsolete or outdated for the current purpose. Rehabilitation counsellors will make every effort to prevent the misuse of obsolete measures and test data by others.

F.11. TEST CONSTRUCTION

Rehabilitation counsellors will use established scientific procedures, relevant standards, and current professional knowledge for test design in the development, publication, and utilisation of educational and psychological assessment techniques.

F.12. FORENSIC EVALUATION

When providing forensic evaluations, the primary obligation of rehabilitation counsellors will be to produce objective findings that can be substantiated based on information and techniques appropriate to the evaluation, which may include examination of the individual with a disability and/or review of records. Rehabilitation counsellors will define the limits of their reports or testimony, especially when an examination of the individual with a disability has not been conducted.

SECTION G: TEACHING, TRAINING, AND SUPERVISION

G.1. REHABILITATION COUNSELLOR EDUCATORS AND TRAINERS

a. RELATIONSHIP BOUNDARIES WITH STUDENTS AND SUPERVISEES. Rehabilitation counsellors will clearly define and maintain ethical, professional, and social relationship boundaries with their students and supervisees. They will be aware of the differential in power that exists and the student or supervisee's possible incomprehension of that power differential. Rehabilitation counsellors will explain to students and supervisees the potential for the relationship to become exploitive.

b. SEXUAL RELATIONSHIPS. Rehabilitation counsellors will not engage in sexual relationships with students or supervisees and will not subject them to sexual harassment.

c. SUPERVISION PREPARATION. Rehabilitation counsellors will supervise only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Rehabilitation counsellors who are doctoral students serving as practicum or internship supervisors will be adequately prepared and supervised by the training program.

d. RESPONSIBILITY FOR SERVICES TO CLIENTS. Rehabilitation counsellors who supervise the rehabilitation counselling services of others will perform direct supervision sufficient to ensure that rehabilitation counselling services provided to clients are adequate and do not cause harm to the client.

e. ENDORSEMENT. Rehabilitation counsellors will not endorse students or supervisees for employment, or completion of an academic or training program if they believe students or supervisees are not qualified for the endorsement. Rehabilitation counsellors will take reasonable steps to assist students or supervisees who are not qualified for endorsement to become qualified.

G.2. REHABILITATION COUNSELLOR EDUCATION AND TRAINING PROGRAMS

a. ORIENTATION. Prior to admission, rehabilitation counsellor educators will orient prospective students to the counsellor education or training program's expectations, including but not limited to the following: (1) the type and level of skill acquisition required for successful completion of the training, (2) subject matter to be covered, (3) basis for evaluation, (4) training components that encourage self-growth or self-disclosure as part of the training process, (5) the type of supervision settings and requirements of the sites for required clinical field experiences, (6) student evaluation, probation and exclusion policies and procedures, and (7) up-to-date employment prospects for graduates.

b. EVALUATION. Rehabilitation counsellor educators will clearly state, in advance of training, to students, the levels of competency expected, appraisal methods, and timing of evaluations for both didactic and experiential components. Rehabilitation counsellor educators will provide students with periodic evaluation feedback throughout the training program.

c. TEACHING ETHICS. Rehabilitation counsellor educators will teach students the ethical responsibilities and standards of the profession and the students' and supervisees' professional ethical responsibilities.

d. PEER RELATIONSHIPS. When students are assigned to lead counselling groups or provide clinical supervision for their peers, rehabilitation counsellor educators will take steps to ensure that students placed in these roles do not have personal or adverse relationships with peers and that they understand they have the same ethical obligations as counsellor educators, trainers, and supervisors. Rehabilitation counsellor educators will make every effort to ensure that the rights of peers are not compromised when students are assigned to lead counselling groups or provide clinical supervision.

e. VARIED THEORETICAL POSITIONS. Rehabilitation counsellor educators will present varied theoretical positions so that students may make comparisons and have opportunities to develop their own positions. Rehabilitation counsellor educators will provide information concerning the scientific bases of professional practice.

f. FIELD PLACEMENTS. Rehabilitation counsellor educators will develop clear policies within their training program regarding field placement and other clinical experiences. Rehabilitation counsellor educators will provide clearly stated roles and responsibilities for the student and the site supervisor. Rehabilitation counsellor educators will confirm that site

supervisors will be qualified to provide supervision and are informed of their professional and ethical responsibilities in this role. Rehabilitation counsellor educators will not accept any form of professional services, fees, commissions, reimbursement, or remuneration from a site for student placement.

g. DIVERSITY IN PROGRAMS. Rehabilitation counsellor educators will respond to their institution and program's recruitment and retention needs for training program administrators, faculty, and students with diverse backgrounds and special needs.

G.3. STUDENTS AND SUPERVISEES

a. LIMITATIONS. Rehabilitation counsellors, through ongoing evaluation and appraisal, will be aware of the academic and personal limitations of students and supervisees that might impede performance. Rehabilitation counsellors will assist students and supervisees in securing remedial assistance when needed.. Rehabilitation counsellors will seek professional consultation and document their decision to dismiss or to refer students or supervisees for assistance. Rehabilitation counsellors will advise students and supervisees of appeals processes as appropriate.

b. SELF-GROWTH EXPERIENCES. Rehabilitation counsellor educators, when designing training groups or other experiences conducted by the rehabilitation counsellor educators themselves, will inform students of the potential risks of self-disclosure. Rehabilitation counsellor educators will respect the privacy of students by not requiring self-disclosure that could reasonably be expected to be harmful and student evaluation criteria will not include the level of the student's self-disclosure.

c. COUNSELLING FOR STUDENTS AND SUPERVISEES. If students or supervisees request counselling, supervisors or rehabilitation counsellor educators will provide them with acceptable referrals. Supervisors or rehabilitation counsellor educators will not serve as rehabilitation counsellors to students or supervisees over whom they hold administrative, teaching, or evaluative roles unless this is a brief role associated with a training experience.

d. CLIENTS OF STUDENTS AND SUPERVISEES. Rehabilitation counsellors will make every effort to ensure that clients are aware of the services rendered and the qualifications of the students and supervisees rendering those services. Clients will receive professional disclosure information and will be informed of the limits of confidentiality. Client permission will be obtained in order for the students and supervisees to use any information concerning the counselling relationship in the training process.

e. PROFESSIONAL DEVELOPMENT. Rehabilitation counsellors who employ or supervise individuals will provide appropriate working conditions, timely evaluations, constructive consultations, and suitable opportunities for experience and training.

SECTION H: RESEARCH AND PUBLICATION

H.1. RESEARCH RESPONSIBILITIES

a. USE OF HUMAN PARTICIPANTS. Rehabilitation counsellors will plan, design, conduct, and report research in a manner that reflects cultural sensitivity, is culturally appropriate, and is consistent with pertinent ethical principles, federal and state laws, NHMRC Guidelines, host institutional regulations, and scientific standards governing research with human participants.

b. DEVIATION FROM STANDARD PRACTICES. Rehabilitation counsellors will seek consultation and observe stringent safeguards to protect the rights of research participants when a research problem suggests a deviation from standard acceptable practices.

c. PRECAUTIONS TO AVOID INJURY. Rehabilitation counsellors who conduct research with human participants will be responsible for the participants' welfare throughout the research and will take reasonable precautions to avoid causing injurious psychological, physical, or social effects to their participants.

d. PRINCIPAL RESEARCHER RESPONSIBILITY. While ultimate responsibility for ethical research practice lies with the principal researcher, rehabilitation counsellors involved in the research activities will share ethical obligations and bear full responsibility for their own actions.

e. MINIMAL INTERFERENCE. Rehabilitation counsellors will take precautions to avoid causing disruptions in participants' lives due to participation in research.

f. DIVERSITY. Rehabilitation counsellors will be sensitive to diversity and research issues with culturally diverse populations and they will seek consultation when appropriate.

H.2. INFORMED CONSENT

a. TOPICS DISCLOSED. In obtaining informed consent for research, rehabilitation counsellors will use language that is understandable to research participants and that (1) accurately explains the purpose and procedures to be followed; (2) identifies any procedures that are experimental or relatively untried; (3) describes the attendant discomforts and risks; (4) describes the benefits or changes in individuals or organisations that might reasonably be expected; (5) discloses appropriate alternative procedures that would be advantageous for participants; (6) offers to answer any inquiries concerning the procedures; (7) describes any limitations of confidentiality; and (8) instructs that participants are free to withdraw their consent and to discontinue participation in the project at any time.

b. DECEPTION. Rehabilitation counsellors will not conduct research involving deception unless alternative procedures are not feasible and the prospective value of the research justifies the deception. When the methodological requirements of a study necessitate

concealment or deception, the investigator will be required to explain clearly the reasons for this action as soon as possible.

c. VOLUNTARY PARTICIPATION. Participation in research is voluntary and without any penalty for refusal to participate.

d. CONFIDENTIALITY OF INFORMATION. Information obtained about research participants during the course of an investigation will be confidential. When the possibility exists that others may obtain access to such information, ethical research practice requires that the possibility, together with the plans for protecting confidentiality, will be explained to participants as a part of the procedure for obtaining informed consent.

e. PERSONS INCAPABLE OF GIVING INFORMED CONSENT. When a person is incapable of giving informed consent, rehabilitation counsellors will provide an appropriate explanation, obtain agreement for participation, and obtain appropriate consent from a legally authorised person.

f. COMMITMENTS TO PARTICIPANTS. Rehabilitation counsellors will take reasonable measures to honour all commitments to research participants.

g. EXPLANATIONS AFTER DATA COLLECTION. After data are collected, rehabilitation counsellors will provide participants with full clarification of the nature of the study to remove any misconceptions. Where scientific or human values justify delaying or withholding information, rehabilitation counsellors will take reasonable measures to avoid causing harm.

h. AGREEMENTS TO COOPERATE. Rehabilitation counsellors who agree to cooperate with another individual in research or publication will incur an obligation to cooperate as agreed.

i. INFORMED CONSENT FOR SPONSORS. In the pursuit of research, rehabilitation counsellors will give sponsors, institutions, and publication channels the same opportunity for giving informed consent that they accord to individual research participants. Rehabilitation counsellors will be aware of their obligation to future researchers and will ensure that host institutions are given feedback information and proper acknowledgment.

H3 STORAGE OF DATA

Rehabilitation counsellors will store data collected during their research in a secure location (eg locked filing cabinet) for a minimum of seven years. Data from internet based surveys will be stored on a 128 bit encrypted, password protected, secure Internet server for a minimum of seven years.

H.4. REPORTING RESULTS

a. INFORMATION AFFECTING OUTCOME. When reporting research results, rehabilitation counsellors will explicitly mention all variables and conditions known to the investigator that may have affected the outcome of a study or the interpretation of data.

b. ACCURATE RESULTS. Rehabilitation counsellors will plan, conduct, and report research accurately and in a manner that minimises the possibility that results will be misleading. They will provide thorough discussions of the limitations of their data and alternative hypotheses. Rehabilitation counsellors will not engage in fraudulent research, distort data, misrepresent data, or deliberately bias their results.

c. OBLIGATION TO REPORT UNFAVORABLE RESULTS. Rehabilitation counsellors will make available the results of any research judged to be of professional value even if the results reflect unfavourably on institutions, programs, services, prevailing opinions, or vested interests.

d. IDENTITY OF PARTICIPANTS. Rehabilitation counsellors who supply data, aid in the research of another person, report research results, or make original data available will take due care to disguise the identity of respective participants in the absence of specific authorisation from the participants to do otherwise.

e. REPLICATION STUDIES. Rehabilitation counsellors will be obligated to make sufficient original research data available to qualified professionals who may wish to replicate the study.

H.4. PUBLICATION

a. RECOGNITION OF OTHERS. When conducting and reporting research, rehabilitation counsellors will be familiar with and give recognition to previous work on the topic, observe copyright laws, and give full credit to those to whom credit is due.

b. CONTRIBUTORS. Rehabilitation counsellors will give credit through joint authorship, acknowledgment, footnote statements, or other appropriate means to those who have contributed significantly to research or concept development in accordance with such contributions. The principal contributor will be listed first and minor technical or professional contributions are acknowledged in notes or introductory statements.

c. STUDENT RESEARCH. For an article that is substantially based on a student's dissertation or thesis, the student will be listed as the principal author.

d. DUPLICATE SUBMISSION. Rehabilitation counsellors will submit manuscripts for consideration to only one journal at a time. Manuscripts that are published in whole or in substantial part in another journal or published work will not be submitted for publication without acknowledgment and permission from the previous publication.

e. PROFESSIONAL REVIEW. Rehabilitation counsellors who review material submitted for publication, research, or other scholarly purposes will respect the confidentiality and proprietary rights of those who submitted it.

SECTION I: ELECTRONIC COMMUNICATION AND EMERGING APPLICATIONS

I.1. COMMUNICATION

- a. COMMUNICATION TOOLS.** Rehabilitation counsellors will be held to the same level of expected behaviour as defined by the Code of Professional Ethics for Rehabilitation Counsellors regardless of the form of communication they choose to use (i.e., mobile phones, electronic mail, facsimile, video, audio-visual).
- b. IMPOSTERS.** In situations where it is difficult to verify the identity of the rehabilitation counsellor, the client, or the client's guardian, rehabilitation counsellors will take steps to address impostor concerns, such as using code words, numbers, or graphics.
- c. CONFIDENTIALITY.** Rehabilitation counsellors will ensure that clients are provided sufficient information to adequately address and explain the limits of: (1) computer technology in the counselling process in general; and (2) the difficulties of ensuring complete client confidentiality of information transmitted through electronic communication over the Internet through on-line counselling.

I.2. COUNSELLING RELATIONSHIP

- a. ETHICAL/LEGAL REVIEW.** Rehabilitation counsellors will review pertinent legal and ethical codes for possible violations emanating from the practice of distance counselling and supervision. Distance counselling is defined as any counselling that occurs at a distance through electronic means, such as web-counselling, tele-counselling, or video-counselling.
- b. SECURITY.** Rehabilitation counsellors will use encryption methods whenever possible. If encryption is not made available to clients, clients must be informed of the potential hazards of unsecured communication on the Internet. Hazards may include authorised or unauthorised monitoring of transmissions and/or records of sessions.
- c. RECORDS PRESERVATION.** Rehabilitation counsellors will inform clients whether the records are being preserved, how they are being preserved, and how long the records are being maintained.
- d. SELF-DESCRIPTION.** Rehabilitation counsellors will provide information about themselves as would be available if the counselling were to take place face-to-face (e.g., possibly ethnicity or gender).
- e. CONSUMER PROTECTION.** Rehabilitation counsellors will provide information to the client regarding all appropriate professional bodies to facilitate consumer protection, such as links to websites.
- f. CRISIS CONTACT.** Rehabilitation counsellors will provide the name of at least one agency or counsellor-on-call for purposes of crisis intervention within the client's geographical region.

g. UNAVAILABILITY. Rehabilitation counsellors will provide clients with instructions for contacting them when they are unavailable through electronic means.

h. INAPPROPRIATE USE. Rehabilitation counsellors will mention at their websites or in their initial contacts with potential clients those presenting problems they believe to be inappropriate for distance counselling.

i. TECHNICAL FAILURE. Rehabilitation counsellors will explain to clients the possibility of technology failure and will provide an alternative means of communication.

j. POTENTIAL MISUNDERSTANDINGS. Rehabilitation counsellors will explain to clients how to prevent and address potential misunderstandings arising from the lack of visual cues and voice intonations from the counsellor or client.

SECTION J: BUSINESS PRACTICES

J.1. BILLING

Rehabilitation counsellors will establish and maintain billing records that accurately reflect the services provided and the time engaged in the activity, and that clearly identify who provided the service.

J.2. TERMINATION

Rehabilitation counsellors in fee for service relationships may terminate services with clients due to non-payment of fees under the following conditions: a) the client was informed of payment responsibilities and the effects of non-payment or the termination of payment by a third party, and b) the client does not pose an imminent danger to self or others. As appropriate, rehabilitation counsellors will refer clients to another qualified professional to address issues unresolved at the time of termination.

J.3. CLIENT RECORDS

a. ACCURATE DOCUMENTATION. Rehabilitation counsellors will establish and will maintain documentation that accurately reflects the services provided and that identifies who provided the service. If case notes need to be altered, it will be done so in a manner that preserves the original note and will be accompanied by the date of change, information that identifies who made the change, and the rationale for the change.

b. SUFFICIENT DOCUMENTATION. Rehabilitation counsellors will provide sufficient documentation in a timely manner (e.g., case notes, reports, plans).

c. PRIVACY. Documentation generated by rehabilitation counsellors will protect the privacy of clients to the extent that it is possible and appropriate, and will include only relevant information.

d. MAINTENANCE. Rehabilitation counsellors will maintain records necessary for rendering professional services to their clients and as required by applicable laws, regulations, or agency/institution procedures. Subsequent to file closure, records will be maintained for the number of years consistent with jurisdictional requirements or for a longer period during which maintenance of such records is necessary or helpful to provide reasonably anticipated future services to the client. After that time, records will be destroyed in a manner assuring preservation of confidentiality.

J.4. FEES

a. ADVANCE UNDERSTANDING. Rehabilitation counsellors will clearly explain to clients, prior to entering the counselling relationship, all financial arrangements related to professional services including the use of collection agencies or legal measures for non-payment.

b. ESTABLISHING FEES. In establishing fees for professional rehabilitation counselling services, rehabilitation counsellors will consider the financial status and locality of clients. In the event that the established fee structure is inappropriate for a client, assistance will be provided in attempting to find comparable services of acceptable cost.

J.5. FEES FOR REFERRAL

a. ACCEPTING FEES FROM AGENCY CLIENTS. Rehabilitation counsellors will not accept a private fee or other remuneration for rendering services to persons who are entitled to such services through the rehabilitation counsellor's employing agency or institution. However, the policies of a particular agency may make explicit provisions for agency clients to receive rehabilitation counselling services from members of its staff in private practice. In such instances, the clients will be informed of other options open to them should they seek private rehabilitation counselling services.

b. REFERRAL FEES. Rehabilitation counsellors will neither give nor receive commissions, rebates or any other form of remuneration when referring clients for professional services.

SECTION K: RESOLVING ETHICAL ISSUES

K.1. KNOWLEDGE OF STANDARDS

Rehabilitation counsellors are responsible for learning the Code and should seek clarification of any standard that is not understood. Lack of knowledge or misunderstanding of an ethical responsibility will not be used as a defence against a charge of unethical conduct.

K.2. SUSPECTED VIOLATIONS

a. CONSULTATION. When uncertain as to whether a particular situation or course of action may be in violation of the Code of Professional Ethics for Rehabilitation Counsellors, rehabilitation counsellors will consult with other rehabilitation counsellors who are knowledgeable about ethics, with colleagues, and/or with appropriate authorities, such as RCAA, or legal counsel.

b. ORGANIZATION CONFLICTS. If the demands of an organisation with which rehabilitation counsellors are affiliated pose a conflict with the Code of Professional Ethics for Rehabilitation Counsellors, rehabilitation counsellors will specify the nature of such conflicts and express to their supervisors or other responsible officials their commitment to the Code of Professional Ethics for Rehabilitation Counsellors. When possible, rehabilitation counsellors will work toward change within the organisation to allow full adherence to the Code of Professional Ethics for Rehabilitation Counsellors.

c. INFORMAL RESOLUTION. When rehabilitation counsellors have reasonable cause to believe that another rehabilitation counsellor is violating an ethical standard, they will attempt to resolve the issue informally with the other rehabilitation counsellor if feasible, providing that such action does not violate confidentiality rights that may be involved.

d. REPORTING SUSPECTED VIOLATIONS. When an informal resolution is not appropriate or feasible, rehabilitation counsellors, upon reasonable cause, will take action such as reporting the suspected ethical violation to RCAA, unless this action conflicts with confidentiality rights that cannot be resolved.

e. UNWARRANTED COMPLAINTS. Rehabilitation counsellors will not initiate, participate in, or encourage the filing of ethics complaints that are unwarranted or intended to harm a rehabilitation counsellor rather than to protect clients or the public.

K.3. COOPERATION WITH ETHICS COMMITTEES

Rehabilitation counsellors will assist in the process of enforcing the Code of Professional Ethics for Rehabilitation Counsellors. Rehabilitation counsellors will cooperate with investigations, proceedings, and requirements of the RCAA Ethics Committee or ethics committees of other duly constituted associations or boards having jurisdiction over those charged with a violation.

Acknowledgements – RCAA acknowledges the CRCC for permitting RCAA to adopt the CRCC's Code of Conduct for Rehabilitation Counsellors as the basis for its Code of Conduct.