



NBCC *Code of Ethics*

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INTRODUCTION

The National Board for Certified Counselors, Inc. and Affiliates (NBCC) serves as the largest national credentialing organization for counselors, providing national certification developed by counselors for counselors, and ensuring clear standards for eligibility specific to education, examination, supervision, experience, and ethical guidelines for the protection of the public.

PURPOSE OF CODE

This NBCC *Code of Ethics* establishes the minimum ethical behaviors for professional certified counselors and candidates and provides an expectation of and assurance for ethical practice for all who use the professional services of persons credentialed by NBCC.

Furthermore, it provides an enforceable set of directives and assures a resource for those served in the case of a perceived violation. When confronted by complex ethical dilemmas that require thoughtful and careful deliberation, the counselor shall engage in an ethical decision-making process and consult available resources as necessary.

Central to the purpose of the NBCC *Code of Ethics* is the commitment to maintain behavioral standards that will be used to enforce required disclosure procedures and compliance concerns brought forward through complaints. The Code serves as the foundation of an effective and fair method for submitting complaints and disclosures for the protection of both the public and counselors.

NBCC recognizes that ethical decision-making by counselors exists within the context of the legal parameters and licensure requirements enacted by States, territories, and other jurisdictions.

NBCC CORE VALUES AND BELIEFS AS INTEGRATED INTO THE CODE

- Counselors will be civil in their actions and words, avoiding arrogance, assumptions, and hubris. Counselors seek to listen to others with intention and respond with respect. When engaged in challenging dialogues, counselors do so to seek answers - not confrontations or harm. Counselors strive to be sensitive to differences in attitudes and culture. Counselors always seek to minimize undue harm and take particular care of those who are vulnerable or in anguish. With respect to all clients and work, counselors seek to be mindful of their humanity as they fulfill their counseling duties.
- Counselors strive to enhance the social and mental well-being of their clients while supporting the overall physical health of each client. Counselors must engage in self-care and self-reflection.
- Access and equity are essential to the profession of counseling and fundamentally important for the success of any society. Counseling services should be provided to achieve the best mental health outcomes. Counselors provide services to all of those in need, utilizing available resources, and advocating for the expansion of resources in underserved communities.
- Certified counselors and candidates demonstrate their commitment to ethical behaviors by demonstrating, and representing to their clients, sensitivity to multicultural issues, avoiding discrimination, oppression, and/or any form of social injustice.

NBCC ETHICS STANDARDS

Preamble

The National Board for Certified Counselors (NBCC) administers national certifications that recognize individuals who have voluntarily met standards for general and specialty areas of professional counseling practice. Counselors certified by NBCC may also identify with different professional organizations, and are often licensed by jurisdictions that promulgate standards of behavior. Regardless of any other affiliation, this *Code of Ethics* is applicable to all NBCC certificants, including National Certified Counselors (NCCs).

Counselors are required to adhere to these expectations and all of the Code directives.

Candidates and certificants will be sanctioned pursuant to this Code by NBCC when the standards in the NBCC *Code of Ethics* are found to have been violated. This Code applies to all counselors who are certified by NBCC, candidates for certification, and other counselors subject to this Code.

PROFESSIONAL RESPONSIBILITIES

1. Counselors shall perform only those professional services for which they are qualified by training, education, and supervised experience.
2. Counselors shall accurately represent their current professional qualifications and credentials in counseling or closely related disciplines. Counselors shall not use doctorate degrees related to professional counseling duties unless the degree is specific to counseling or another mental health discipline. Counselors shall correct known misrepresentations of their qualifications and credentials by others, and shall not allow such information to be used in a misleading way.
3. Counselors shall identify only earned educational degrees in counseling or another mental health discipline with regard to all counseling work, including publications. Identified degrees from programs in the United States must be from colleges and universities that were accredited at the time of graduation by one of the institutional accrediting organizations recognized by the Council for Higher Education Accreditation (CHEA).
4. Counselors shall seek professional assistance or withdraw from the practice of counseling if their mental or physical condition makes it so that they are unable to provide appropriate services.
5. Counselors shall obtain supervision or consultation with other qualified professionals when unsure about client treatment and/or professional practice responsibilities.
6. Counselors shall clearly distinguish honorary educational degrees from earned degrees.
7. Counselors shall demonstrate multicultural counseling competence in practice. Counselors will not use counseling techniques or engage in any professional activities that discriminate against or show hostility toward individuals or groups based on gender, ethnicity, race, national origin, sex, sexual orientation, disability, religion, or any other legally prohibited basis.

8. Counselors shall not misuse their professional influence or meet their own needs at the expense of a client's welfare, including, but not limited to, the promotion of services or products.
9. Counselors shall not solicit testimonials from current clients or their families and friends. Recognizing the possibility of future requests for services, counselors shall not solicit testimonials from former clients within (5) years from the date of service termination.
10. Counselors who become aware of another mental health professional's unethical behavior shall first attempt to resolve issues through reasonable means except when State regulations require immediate reporting. In the event that it cannot be resolved, Counselors shall report the matter to all appropriate professional regulatory organizations and agencies.
11. Counselors shall discuss service termination with clients when there is a reasonable belief that the clients are no longer benefiting from, or are unlikely to benefit from, future services. Counselors shall not abruptly terminate counseling services without good cause or significant justification, and in such cases, shall discuss and provide appropriate referrals.
12. Counselors shall comply with all NBCC policies, procedures, and agreements, including all disclosure requirements and related instructions.
13. Counselors shall adhere to legal standards and requirements, including State licensure regulations.
14. Counselors shall not engage in unlawful discrimination.
15. Counselors, who make public statements inconsistent with this Code or other professional counseling standards, shall state that their opinions represent their personal views. Counselors shall not make statements on behalf of NBCC or other organizations unless officially authorized to do otherwise.
16. Counselors providing professional counseling presentations shall ensure that the content is consistent with this *Code of Ethics*.

COUNSELING RELATIONSHIPS

17. Counselors shall take proactive measures to avoid harming their clients, and avoid imposing personal values on those who receive their professional services. Counselors will seek to minimize unavoidable or unanticipated harm, and where possible seek to address unintentional harm.
18. Counselors shall respect each client's privacy, and shall solicit only information that contributes to the identified counseling goals or facilitates the counseling process, and is also consistent with counseling protocols.

19. Counselors shall not share client information that is obtained through the counseling process without specific written consent by the client or legal guardian except when necessary to prevent serious and foreseeable harm to the client or others, or when otherwise mandated by Federal or State law or regulation.
20. Counselors generally shall not accept goods or services from clients in return for counseling services in recognition of the possible negative effects, including perceived exploitation. Counselors may accept goods, services or other nonmonetary compensation from clients only in cases where: no referrals are possible or appropriate; the arrangement is discussed with the client in advance; the exchange is of a reasonable equivalent value; the exchange does not place the counselor in an unfair advantage; the arrangement is not harmful to the client or their treatment; and, is documented in the counseling services agreement.
21. Counselors shall not accept gifts from clients except in cases when it is culturally appropriate or therapeutically relevant. Counselors shall consider the value of the gift and the effect on the therapeutic relationship before accepting. Acceptance of a gift shall be documented in the client's record.
22. Counselors shall be mindful of engaging in counseling relationships with those individuals with whom another relationship, such as a community connection, friendship, or work relationship exists (i.e., multiple relationships). Counselors strive to avoid multiple relationships with clients, to the extent possible, except in cases when it is culturally appropriate or therapeutically relevant. In the event that a multiple relationship develops in an unforeseen manner, the counselor shall discuss the potential effects with the client, and shall take reasonable steps to resolve the situation, including termination and the provision of referrals. This discussion shall be documented in the client's record.
23. Counselors will exercise caution, and avoid exploitation or the appearance of exploitation before entering into a non-counseling relationship with a former client. A period of five (5) years is recommended, and counselors shall exercise caution and avoid exploitation of former clients. Counselors will discuss with the former client important relevant considerations, including the amount of time since counseling service termination, duration of counseling, nature and circumstances of the client's counseling, and the likelihood that the client will want to resume counseling at some time in the future, circumstances of service termination, and possible negative effects or outcomes. Counselors will respect the autonomy of each former client, and not use undue influence to form any sort of relationship with a former client.
24. Counselors will not engage in any form of sexual or romantic contact with a client or former client for at least five (5) years following the date of counseling service termination.
25. Counselors will not engage in any type of harassing behavior towards clients, which is defined as any verbal, nonverbal, electronic, or physical act that is known, or reasonably understood, to be unwelcome or that are of a severity that reasonably would be perceived as harassment.

26. Counselors will take proactive measures to avoid interruptions of counseling services due to illness, vacations, or unforeseen circumstances. To prevent the harm that may occur if clients are unable to access professional assistance, such measures shall identify other qualified professionals with whom the counselor has a working agreement or local emergency service agencies that can respond to a client in a mental health crisis. Counselors will also take proactive measures to avoid interruption of counseling services when leaving their place of employment.
27. Counselors shall protect against unauthorized access to confidential client information in all formats. Counselors will inform and ensure all other persons with access to confidential information on the importance of observing confidentiality procedures and protocols.
28. Counselors shall create and follow written procedures regarding client confidentiality rules and the handling of client records in the event of the counselor's death, incapacitation, unforeseen and lengthy interruption of services, and end of employment. These procedures shall explain how client confidentiality and records are maintained. The procedures will also identify those counseling professionals and/or support staff who are familiar with the relevant ethical and legal requirements of the counseling practice, and who will assist clients in locating other professional mental health providers and ensuring the appropriate transfer of client records. Counselors shall provide the client with such written procedures, and will provide an opportunity for the client to discuss concerns regarding the process as it pertains to the transfer of their record.
29. Counselors shall discuss with prospective clients and document the appropriateness of counseling services offered. If there is reasonable cause to believe a client will not benefit from counseling services offered, counselors will explore alternative forms of treatment and/or discuss and/or facilitate a referral to another provider.
30. Counselors working independently will retain and protect client records as directed by State or Federal law. Counselors will dispose of records in a manner that protects client confidentiality.
31. Counselors shall make efforts to inform clients and former clients of the court-ordered release of confidential client information prior to such release in a prompt and timely manner. In the event that the client seeks to prevent the release, the counselor may request that a court withdraw any order to release confidential information due to the potential harm to the client or the counseling relationship. When ordered to disclose confidential client information by a court or governmental agency, counselors will release only that information required by the court or agency. Release of information will be documented in a manner consistent with the practice's written procedures.
32. Counselors shall inform clients of the purposes, goals, procedures, limitations, and potential risks and benefits of services and techniques either prior to or during the initial counseling session. Counselors also will provide information about client's rights and responsibilities, including billing arrangements, collection procedures in the event of nonpayment, confidentiality and its limitations, and records and service termination policies as appropriate to the counseling setting. This professional information will be provided to the client in verbal and written forms, such as the counseling services agreement or professional disclosure statement. Counselors will confirm that the client understands the provided information and obtain written informed consent to participate in counseling. Counselors will document any related client concerns related to the information provided in the client's record.

33. Counselors understand that clients own the content of their clinical records, and counselors work to provide reasonable access to the content of the records when requested. Counselors will respond to client requests for access to or copies of records in a timely manner. Additionally, counselors will provide an opportunity for the client to discuss the content of their clinical record. If there is a reasonable basis to believe that direct review of the record will cause the client harm, the counselor will discuss the request and possible effects. Counselors will document each client request for records in the client's records. In the case of minors, counselors may limit access to the minor client or responsible guardian if there is compelling evidence that other access may cause harm.
34. Counselors shall obtain a client's consent prior to the provision of services. This consent shall be documented in writing in a counseling services agreement, professional disclosure statement, or other written form. This agreement or statement shall become a part of the client's record.
35. Counselors shall work collaboratively with clients in the creation of written plans of treatment that offer attainable goals and use appropriate techniques consistent with the client's psychological and physical needs and abilities.
36. Counselors shall update and modify the client's record throughout the counseling relationship when changes occur in the treatment plan, including changes relating to goals, roles, techniques and diagnoses. Counselors shall obtain each client's written approval for such changes.
37. Counselors shall clearly identify in writing the primary client in the record. Counselors will also identify in the record those individuals who are receiving related professional services in connection with such client relationship. In the context of couple, family or group counseling, the counselor shall not reveal any individual client's confidences to others, without the prior written permission of that individual.
38. Counselors working with minors, incapacitated adults, or other persons unable to give legal consent to release confidential and privileged information, shall protect the confidentiality of information received in the counseling relationship as specified by Federal and State laws, written policies, and applicable ethical standards. In all cases, the counselor shall discuss with the client and their legal representative the limits of confidentiality and the rules concerning the release of any information.
39. Counselors respect and honor the inherent and legal rights of the parents and legal guardians of minors and incapacitated adults who are legally incapable of giving informed consent. As appropriate, the counselor shall collaborate with the parent(s) or legal guardian, discussing the role of counseling, the confidential nature of the counseling relationship, and the autonomy of the client as required by the NBCC *Code of Ethics*, State and Federal law, and other applicable ethical standards. When working with minors or incapacitated adults who are legally incapable of giving informed consent, the counselor shall consider the custody agreement, power of attorney document, or legal agreement that may impact the rights of a parent or legal guardian.

40. Counselors are encouraged to consult with both parents or other family members prior to delivery of services in joint custody arrangements to ensure agreement with treatment planning and record sharing. Counselors will seek permission of an appropriate parent or legal guardian to disclose information and obtain voluntary and informed consent to release confidential information when counseling minors or adults who are legally incapable of providing consent. Counselors will advise their client of this action in a manner consistent with the client's level of understanding.

SUPERVISION AND CONSULTATION

Supervision

41. Counselors who provide clinical supervision shall obtain appropriate training, including continuing education concerning current clinical trends, in order to meet the needs of their supervisees and the clients they serve.
42. Counselors who provide supervision services shall provide accurate written information to supervisees regarding the counselor's credentials, as well as information regarding the process of supervision. This information shall include the conditions of supervision, supervision goals, case management procedures, confidentiality and its limitations, appraisal methods, and timing of evaluations.
43. Counselors who act as counselor educators, field placement supervisors, or clinical supervisors shall not engage in sexual or romantic intimacy with current and former students or supervisees for at least five (5) years from the date of the last academic and/or supervision contact, whichever is later. Prohibited intimate sexual or romantic engagements include in-person contact and electronic interactions.
44. Counselors who provide clinical supervision services shall keep accurate records of supervision goals and the supervisee's progress. All supervision related information shall be treated as confidential, except to prevent serious and foreseeable harm to a client or others, or when legally required to do so by a court or government agency order. When a supervisor receives a court or governmental agency order requiring the production of supervision records, the counselor shall make reasonable attempts to promptly notify the supervisee. In cases in which the supervisee is a student in a counselor education program, the supervisor counselor shall release supervision records consistent with the terms of the supervision arrangement with the counselor education program.
45. Counselors who provide clinical supervision services shall intervene in situations where a supervisee is impaired or incompetent and potentially placing the client(s) at risk. The clinical supervisor will notify the supervisee of any concerns and provide recommended or required steps to seek assistance. The supervisor also may take steps to end the supervisee's services to protect the client, and may only resume services after the completion of any recommended or required remediation.



46. Counselors who provide clinical supervision services shall not have multiple relationships with a supervisee that may interfere with the supervisor's professional judgment or exploit the supervisee. Supervisors shall not supervise friends, family, or relatives. When a dual relationship cannot be avoided, the supervisor must discuss risks and benefits with the supervisee prior to engaging in supervision and document this discussion in supervision records.
47. Counselors who provide supervision services shall provide supervisees with regular and substantive feedback throughout the supervision process.
48. Counselors shall promote the welfare and continued education of supervisees by discussing ethical standards and practices related to supervision, as well as the legal standards that regulate the practice of counseling.
49. Counselors who provide clinical supervision services shall establish procedures for responding to crisis situations related to supervisees and the supervisee's clients. These procedures shall be provided both verbally and in writing to their supervisees. A clear protocol and guidelines shall be made available and communicated to the supervisee in the event of the supervisor's absence. Contact information for an alternative supervisor shall be provided to the supervisee in the absence of the supervisor.

Consultation

50. Counselors who seek or receive case consultation services from another professional shall document consultation in the relevant client records.
51. Counselors who seek clinical supervision and consultation (consultees) shall promote the welfare of the client by selecting qualified professionals, who are trained and can competently respond to the identified issue of the client, supervisee, and/or student.
52. Counselors who provide supervision services to supervisees who are practicing under the supervision of more than one supervisor (e.g., field placement and university supervisors) shall exchange contact information and communicate as appropriate with the other supervisors about the shared supervisee's performance.
53. Counselors who act as a university, field placement, or clinical supervisor shall ensure that supervisees provide accurate information to clients about the supervisee's professional status, including whether the supervisee is acting as an intern, or licensed counselor.
54. Counselors who seek consultation (consultees) shall protect the client's identity and confidential information, and unnecessary invasion of privacy, by providing only the client information relevant to the consultation. Brief collaborative conversations between a counselor and other professionals are not considered consultations as long as no identifying client information is provided and need not be documented.

55. Counselors who provide consultative services (consultants) shall establish a written plan with the professional seeking assistance. This plan shall include the identification of the primary client concern or issue, consultation goals, potential consequences of actions, evaluation, and other future steps. The consultant shall document such information in the relevant professional records.
56. Counselors who provide consultative services (consultants) shall use and provide to consultees accurate information regarding their consultation qualifications and credentials related to the identified concerns or situations.
57. Counselors who act as university, field placement, or clinical supervisors shall require that supervisees provide the supervisor's name, credentials, and contact information to the supervisee's clients.

TESTING, APPRAISAL, AND RESEARCH

Testing and Appraisal

58. Counselors shall protect the confidentiality and security of client related tests, assessments, reports, data, and any transmission of client-related information in any form.
59. Counselors shall not release any information related to the client, including the results of tests and assessments to any party other than the client without prior written consent, except: as required to prevent clear and imminent danger to the client or others; when authorized by written agreement with the client; or, when legally required to do so by a court order or governmental agency.
60. Counselors shall use or interpret only the specific tests and assessments for which they are qualified, including meeting the qualification of having the required education and supervised experience.
61. Counselors shall only use current, valid tests and assessments specifically necessary for the provision of quality services, and that have been carefully considered in terms of the instrument's validity, reliability, psychometric limitations, and appropriateness for use with regard to a particular population or client.
62. Counselors shall recognize results that are clinically significant for a given client test and assessment, and shall document in the client's record how the results will be appropriately used in the counseling process.
63. Counselors who develop tests or assessments for measuring personal characteristics, development, diagnoses, goal attainment, or other appropriate clinical uses shall provide test users with written valid, information regarding the benefits and limitations of test instruments, including appropriate use, test results, and interpretation.

64. Counselors who develop tests and assessments for measuring personal characteristics, development, diagnoses, goal attainment, or other appropriate clinical uses shall identify to users of the test/assessment other potential sources of comparable information, and shall explain to clients and/or provide written information on the importance of basing decisions on multiple sources rather than a single criterion.
65. Prior to the use of a test or assessment, counselors shall provide complete information to a client regarding: the format of each test and assessment; the test administration purpose; and, the desired outcome, risks, and limitations. Counselors shall have a reasonable basis for believing that the information provided is understood.
66. Prior to the use of a test or assessment with a client, counselors shall seek information about a test's normative groups and limitations of use that may affect the administration or interpretation of results. If appropriate, the counselor may provide a referral to another qualified professional who specializes in the evaluation of individuals with similar conditions. This referral shall be documented in the client's record.
67. Counselors shall follow administration and interpretation protocols for all tests and assessments, including the use of appropriate computer software. Counselors shall understand and address any issues of access and disability when using tests and assessments.
68. Counselors shall comply with identified information and data security protocols identified by test publishers when using published tests and assessments.

Research

69. Counselors shall protect the welfare of research participants by taking all appropriate precautions to prevent negative psychological or physical effects.
70. Counselors shall protect the identities of research participants by appropriately disguising data, except when there is a specific written client authorization for an identified appropriate reason. Counselors will discuss appropriate considerations and obtain written consent from the client(s) prior to the use of any research activities or experimental approach.
71. Counselors conducting research with underrepresented groups must take into consideration their historical, diverse, and multicultural experiences, and only use techniques and approaches based on established, clinically sound theory applicable to underrepresented populations.
72. Counselors shall take credit only for research activities they have performed or authored. When quoting the work of others, Counselors shall provide appropriate citations and references.
73. Counselors shall provide appropriate disclosures prior to research participation, and appropriately report to and debrief participants regarding the subject and features of the study after research data is collected, as well as clarify any client misconceptions about the research.

74. Counselors shall provide critical information through an informed consent process to potential research subjects that will assist them in reaching a determination about participation. This information shall include the research purpose, process, duration, risks, potential consequences, and procedures, as well as the participant's right to refuse or withdraw from participation. This consent process shall also contain relevant information with regard to the recording of voices or images of participants. For research participants who are unable to give informed consent, counselors shall document considerations concerning the potential subject's desire to participate and the legal guardian's consent to the subject's participation. Written consent for participation must be obtained for all research participants.
75. Counselors shall accurately report results of research, including limitations and variables that may have impacted the findings. Counselors shall take all appropriate and necessary steps to publicly correct errors in their published research.
76. Counselors shall not employ deceptive techniques in research unless there are no alternatives and there is significant prospective scientific, educational, or clinical value to the research. In all cases, counselors shall review potential techniques with, and provide an explanation to, participants during the debriefing, and will not use any techniques that can be reasonably expected to cause harm.
77. Prior to conducting research with students, counselors shall carefully follow ethical standards, including requirements regarding participant, supervisee, and client confidentiality and multiple relationships. Counselors shall not indicate to students or supervisees that research participation is required or will otherwise negatively affect academic standing, supervision, or counseling services.
78. Counselors shall comply with applicable guidelines when designing, conducting, or reporting research, including those of the relevant institutional review board.
79. Counselors shall credit the work of contributors, including students who have contributed to research or publication either by joint authorship, acknowledgment, or other appropriate means.
80. Counselors shall comply with intellectual property laws and accepted publication guidelines.

COUNSELOR EDUCATION

Competence

81. Counselor educators shall stay current with, and be well informed about, counseling-related professional issues and developments.
82. Counselor educators shall engage in teaching and student supervision activities only with respect to their areas of professional knowledge and competence.

83. Counselor educators shall ensure that all teaching activities are based on current research and evidence-based practices. When providing training in unresearched or developing content areas, counselor educators shall advise all students that the content of the training is not based on current research and concerns theories.
84. Counselors who are counselor educators shall maintain professional licensure and/or certification consistent with their practice and teaching activities, including specialization areas, such as school, clinical mental health, rehabilitation counseling.
85. Counselors who are counselor educators shall maintain competency in the delivery models and tools they use for teaching, supervision, and research.

Multiple Relationships

86. Counselor educators shall avoid non-academic relationships with counseling students during the student's participation in the educator's training program. Counselor educators with pre-existing relationships with students shall clearly communicate the nature of the relationship to the appropriate university administrator(s) and students, and shall carefully manage risks related to the relationship.
87. Counselor educators shall not engage in intimate or sexual relationships with current students or individuals who were students enrolled in the counselor's program within the past five (5) years. Prohibited sexual or romantic intimacy engagements include physical contact and electronic interactions.

Gatekeeping

88. Counselor educators shall serve as professional gatekeepers and assume responsibilities related to the evaluation of their students' professional behaviors and dispositions. Counselor educators shall establish clear, written behavioral and dispositional expectations for students, as well as policies regarding student remediation. Counselor educators engage in gatekeeping practices that account for the developmental nature of counselor training, as well as cultural differences among students.

Advocacy

89. Counselor educators shall advocate for counseling students to address programmatic barriers and obstacles that hinder student academic growth and development.

Cultural Identity

90. Counselor educators will practice cultural responsiveness in their teaching, and respect the cultural identity, values, sexual orientation, and gender identity, of their students.

TELEMENTAL HEALTH, SOCIAL MEDIA, AND TECHNOLOGY

Telemental Health

91. Counselors shall provide only those telemental health services for which they are qualified by education and experience.
92. Counselors shall carefully adhere to legal requirements when providing telemental health services. This requirement includes legal regulations from the State(s) in which the counselor and client are located. Counselors shall document relevant State requirements in the relevant client record(s).
93. Counselors shall ensure that the electronic means used in providing telemental health services are in compliance with current Federal and State laws and regulatory standards concerning telemental health service.
94. Counselors shall ensure that all electronic technology communications with clients are encrypted and secure.
95. Counselors shall maintain records of all clinical contacts with telemental health service clients.
96. Counselors shall set clear expectations and boundaries with telemental health service recipients about the type(s) and timing of communications that will be included in service provision. These expectations and boundaries shall be communicated in writing in disclosure documents provided to clients.
97. Counselors shall provide written information to all telemental health clients regarding the protection of client records, accounts and related passwords, electronic communications, and client identity. This information should include a description of the nature of all communication security measures that are used by the counselor, including any risks or limitations related to the provision of telemental health services.
98. Counselors shall communicate information regarding security to clients who receive telemental health services. Telemental health service clients shall be informed of the potential risks of telemental health communications, including warnings about transmitting private information when using a public access computer or one that is on a shared network.
99. Counselors shall screen potential telemental health service clients to determine whether such services are appropriate. These considerations shall be documented in the client's record. Counselors shall advise telemental health services clients that they must be intentional about protecting their privacy and confidentiality, including advice concerning viewing employer policies relating to the possible prohibitions concerning the use of work computer systems for personal communications, and not using "auto-remember" usernames and passwords.

100. During the screening or intake process, Counselors shall provide potential clients with a detailed written description of the telemental health counseling process and service provision. This information shall be specific to the identified service delivery type, and include relevant considerations for that particular client. These considerations shall include: the appropriateness of telemental health counseling in relation to the specific goal; the format of service delivery; the electronic equipment requirements such as the need for a computer with certain capabilities; the limitations of confidentiality; privacy concerns; the possibility of technological failure; anticipated response time to electronic communication; alternate service delivery processes; and, any additional considerations necessary to assist the potential client in reaching a determination about the appropriateness of the telemental health service delivery format for their needs. Counselors shall discuss this information throughout the service delivery process to ensure that this method satisfies the anticipated goals. The counselor will document such information and the discussion of alternative service options and referrals in the client's record.
101. Counselors shall prevent the distribution of confidential telemental health client information to unauthorized individuals. Counselors shall discuss actions the client may take to reduce the possibility that such confidential information is sent to unauthorized individuals in error.
102. Counselors shall provide clients of telemental health services with information concerning their professional preparation and/or credentials related to telemental health, and identify the relevant credentialing organization websites.
103. Counselors, either prior to or during the initial session, shall inform clients of the purposes, goals, procedures, limitations, and potential risks and benefits of telemental health services and techniques. Counselors also shall provide information about rights and responsibilities as appropriate to the telemental health service. Counselors also shall discuss with clients the associated challenges that may occur when communicating through telemental health means, including those associated with privacy and confidentiality.
104. In the event that the client of telemental health services is a minor or is unable to provide legal consent, the counselor shall obtain a legal guardian's consent prior to the provision of services unless otherwise required by State law. Counselors shall retain documentation indicating the legal guardian's identity and consent in the client's file.
105. Counselors will provide clients of telemental health services with specific written procedures regarding emergency assistance situations related to a client. This information shall include the identification of emergency responders near the client's location. Counselors shall take reasonable steps to secure referrals for recipients when needed for emergencies. Counselors shall provide information to clients concerning the importance of identifying personal contacts in the event of identified emergency situations, and shall ask clients to identify such contacts. Counselors also shall identify to the clients the circumstances in which the counselor will communicate with emergency contacts, and the information that will be shared with emergency contacts.

106. Counselors shall develop written procedures for verifying the identity of each telemental health client, their current location, and readiness to proceed at the beginning of each contact. Examples of verification include the use of code words, phrases, or inquiries, such as “Is this a good time to proceed?”.
107. Counselors shall limit use of client information obtained through social media sources (e.g., Facebook, LinkedIn, Twitter) in accordance with established practice procedures provided to the client at the initiation of services and as adopted through the ongoing informed consent process.
108. Counselors shall retain telemental health service records for a minimum of five (5) years unless applicable State laws require additional time. Counselors shall limit the use of such client records to those permitted by law and professional standards, and as specified by the agreement terms with the respective telemental health services client.

Social Media and Technology

109. Counselors shall provide services pursuant to an appropriate written policy which regulates the use of social media and other related digital technology with respect to current and former clients. This policy shall include terms that protect against the disclosure of confidential client information and the creation of multiple relationships. This Policy shall also identify that client and counselor personal accounts are distinct from social media accounts used for professional purposes.
110. Counselors shall be familiar with the use of privacy and security settings of social media and other electronic platforms utilized for telemental health service provision. Counselors shall understand the purpose of those settings and their impact on client confidentiality, and ensure that such settings are in use.
111. Counselors shall not publish confidential client information on any social media platform, including updates, and blogs, without the consent of the client. To facilitate the secure provision of information, counselors shall inform clients prior to or during the initial session about secure and appropriate ways to communicate with them. Counselors also shall advise clients about the potential risks of sending messages through digital technology and social media sources.
112. Counselors who use digital technology for professional purposes shall only post information related to professional services, such as information concerning advocacy, educational purposes, and marketing, that does not create multiple relationships or threaten client confidentiality.
113. Counselors shall respect the privacy of a client’s social media material and accounts, and shall not access client social media accounts without specific client permission, a related discussion with the client, documentation of potential risks and benefits, and a specific clinical purpose.
114. Counselors shall avoid non-professional relationships with clients online. This restriction includes connecting with or following client social media accounts.