

The information provided in this Practice Support checklist is intended to provide general guidance to assist registrants in identifying issues and options that should be considered, and implementing strategies to address issues, resolve problems and improve practice, with respect to a particular aspect of psychology practice. No checklist can anticipate all variables that might be relevant to a specific professional decision or circumstance, but the checklist can provide general guidance to registrants dealing with the identified practice issue. Registrants are also invited to contact the Practice Support Service with any questions.

Readers are advised that documents provided by the Practice Support Service are not legal advice, and do not supplant any applicable legislation, the College's Code of Conduct, or any other official College communications. While an effort has been made to be comprehensive, the information in this checklist is not exhaustive, and the College makes no warranty or representation as to its currency, completeness or accuracy. The College accepts no responsibility for any errors or omissions, and expressly disclaims any such responsibility.

This checklist does not establish standards, limits or conditions for registrants' practice for the purposes of the Health Professions Act, and it is not intended to impose mandatory requirements to the extent that such requirements are not established under the Code of Conduct. In the case of any inconsistency between this checklist and any Code standard, the Code standard governs. The final decision on the course of action to be taken in any practice situation is made by the registrant, and checklists are not intended as a substitute for the professional judgment and responsibility of the registrant. Exclusive reliance on checklists is imprudent, as every practice decision depends on its own particular circumstances.

This document may not be copied in part. Registrants wishing to copy it in its entirety must keep this disclaimer attached and must identify it as a College of Psychologists of B.C. Practice Support document. For ease of reference, select Code standards are indicated in brackets following checklist items. Registrants are obligated to consider any other Code standards and legislation that may be relevant to a specific practice situation. All references to the Code of Conduct and other legislation is current to the date indicated at the beginning of each checklist.

## Use of Email and Other Electronic Media to Communicate with Clients Checklist

This document is intended to be of assistance to registrants with respect to their use of email and other electronic media to communicate with clients. Relevant Code standards are indicated in brackets following the checklist items.

The use of email or other electronic media in your practice is subject to the same standards and considerations as other forms of communication as per the *Code of Conduct* and other relevant legislation. Registrants should give careful consideration to issues of confidentiality, informed consent, expectations of response time and frequency of monitoring electronic communications, policies with regard to safety of clients and others, appropriate coverage and alternate resources for vacations, emergencies, etc., lack of security and confidentiality of email and text communications, location of email servers and accessibility of data, and other issues.

Use of electronic media brings to the fore a range of client expectations in terms of accessibility, response time, and confidentiality – none of which can be guaranteed by the use of these media and each of which presents the clinician with problems that can be avoided or at least minimized through prudent and circumscribed use.

- I ensure that patient confidentiality is maintained and guarded when using electronic means of communication in the same way as with paper records, as per *Code of Conduct* requirements. **(6.2, 6.15, 14.2, 14.3, 14.4)**
- I understand that communications with patients using electronic means forms part of the practice record and I have developed procedures for archiving these communications (e.g., printing, saving to computer or other device) so that they can be incorporated into the record. **(7.19, 13.6)**
- I ensure I have obtained the explicit informed consent of the patient before transmitting patient information electronically. **(4.2, 4.8)**
- I use encryption or password protection when sending information electronically and communicate information regarding passwords in a fashion that ensures it will only be received by the intended recipient. **(14.3)**
- I use the delay features available on my email program so that I can ensure the recipient is the intended receiver of the message. **(14.3)**
- I understand that email and texting may be appropriate, in some circumstances, for scheduling or other explicitly administrative functions, and understand that it may not be appropriate in other circumstances. **(8.2)**
- I understand that email and texting should not be a substitute for direct personal communication. **(8.2)**
- I have developed and adhere to a policy statement explaining the use of email and other electronic means of communication in my practice and include this statement in forms obtaining informed consent from my clients. **(3.1, 4.2)**