



OREGON BOARD OF LICENSED PROFESSIONAL COUNSELORS AND THERAPISTS

*Oregon Revised Statutes Chapter 675 (2023),
Oregon Administrative Rules Chapter 833
&
ACA Code of Ethics*

Revised 04/24

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&
Oregon Administrative Rules Chapter 833
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Oregon Revised Statutes Chapter 675 2021 EDITION

LICENSED PROFESSIONAL COUNSELORS AND MARRIAGE AND FAMILY THERAPISTS

(Generally)

675.705 Definitions for ORS 675.715 to 675.835. As used in ORS 675.715 to 675.835:

(1) “Assessment” means assessment under standards developed by a national body responsible for accrediting graduate training programs in clinical counseling for professional counselors or in marriage and family therapy for marriage and family therapists.

(2) “Clinical experience” means the professional practice of applying psychotherapeutic principles and methods to provide assessment, diagnosis and treatment of mental disorders.

(3) “Licensed marriage and family therapist” means a person licensed under ORS 675.715.

(4) “Licensed professional counselor” means a person licensed under ORS 675.715.

(5) “Licensee” means a licensed professional counselor or a licensed marriage and family therapist.

(6) “Marriage and family therapist associate” means an applicant for licensure as a marriage and family therapist who is registered to obtain post-degree supervised clinical experience toward licensure according to an approved plan pursuant to ORS 675.720.

(7)(a) “Marriage and family therapy” means the assessment, diagnosis or treatment of mental, emotional or behavioral disorders involving the application of family systems or other psychotherapeutic principles and methods in the delivery of services to individuals, couples, children, families, groups or organizations.

(b) “Marriage and family therapy” may include, but is not limited to:

(A) Application of counseling techniques for the purpose of resolving intrapersonal or interpersonal conflict or changing perceptions, attitudes, behaviors or interactional processes in the area of human relationships and family life;

(B) Provision of services to address wellness or optimal functioning in human relationships or family life;

(C) Research activities, including reporting, designing or conducting research in marriage and family therapy with human subjects;

(D) Referral activities, including the referral to other specialists when indicated to provide ethical treatment;

(E) Consulting activities that apply marriage and family therapy procedures to provide assistance to organizations that support or enrich marriage and family life; and

(F) Record keeping activities, including documentation of counseling treatment, therapeutic services or clinical supervision.

(8)(a) “Professional counseling” means the assessment, diagnosis or treatment of mental, emotional or behavioral disorders involving the application of mental health counseling or other psychotherapeutic principles and methods in the delivery of services to individuals, couples, children, families, groups or organizations.

(b) “Professional counseling” may include, but is not limited to:

(A) Application of intervention methods based on cognitive, affective, behavioral, systemic or human development principles;

(B) Provision of counseling services to address personal growth or wellness;

(C) Definition of goals and the planning of action reflecting interests, abilities, aptitudes or needs as they relate to problems, disabilities or concerns in personal, social, educational, rehabilitation or career adjustments;

(D) Research activities, including reporting, designing or conducting research in counseling with human subjects;

(E) Referral activities, including the referral to other specialists when indicated to provide ethical treatment;

(F) Consulting activities that apply counseling procedures and interpersonal skills to provide assistance in solving problems relating to an individual, group or organization; and

(G) Record keeping activities, including documentation of counseling treatment, therapeutic services or clinical supervision.

(9) “Professional counselor associate” means an applicant for licensure as a professional counselor who is registered to obtain post-degree supervised clinical experience toward licensure according to an approved plan pursuant to ORS 675.720.

(10) “Registered associate” or “associate” means:

(a) A professional counselor associate; or

(b) A marriage and family therapist associate. [1989 c.721 §1; 1993 c.546 §108; 1997 c.269 §3; 1999 c.463 §1; 2001 c.120 §1; 2009 c.549 §4; 2013 c.211 §1; 2021 c.677 §8; 2022 c.17 §3]

(Licensing)

675.715 Application; fee; qualifications; examinations; licensing; rules. (1) In order to obtain a license as a professional counselor or a marriage and family therapist, an applicant shall make application on a form and in such a manner as the Oregon Board of Licensed Professional Counselors and Therapists prescribes, accompanied by the nonrefundable fee established pursuant to ORS 675.785. The board shall issue a license as a professional counselor or a marriage and family therapist to each applicant who furnishes satisfactory evidence to the board that the applicant meets the following qualifications:

(a) Is not in violation of any of the provisions of ORS 675.715 to 675.835 and the rules adopted by the board.

(b) Has received:

(A) A graduate degree in counseling in a program approved by the Council for Accreditation of Counseling and Related Educational Programs of the American Counseling Association that includes training in the diagnosis of mental disorders;

(B) A graduate degree in marriage and family therapy in a program approved by the Commission on Accreditation for Marriage and Family Therapy Education of the American Association for Marriage and Family Therapy that includes training in the diagnosis of mental disorders;

(C) A graduate degree, under standards explicitly adopted by the board by rule that is determined by the board to be comparable in both content and quality to a degree approved under subparagraph (A) or (B) of this paragraph and that includes training in the diagnosis of mental disorders; or

(D) A graduate degree, determined by the board to meet at an acceptable level at least a majority of the board’s adopted degree standards and that includes training in the diagnosis of mental disorders, and has completed additional graduate training obtained in a counselor or

marriage and family therapy program at an accredited college or university to meet the remainder of the standards.

(c) At the time of application to become a licensed professional counselor or a licensed marriage and family therapist, has a minimum of three years of full-time supervised clinical experience or the equivalent, in accordance with rules adopted by the board.

(d) Demonstrates competence as a professional counselor or marriage and family therapist by passing an examination prescribed by the board as follows:

(A) The examination for the professional counselor license must include, but need not be limited to, counseling theory, human growth and development, social and cultural foundations, the helping relationship, group dynamics, lifestyle and career development, appraisal of individuals, research and evaluation, professional orientation, ethics and Oregon law.

(B) The examination for the marriage and family therapist license must include, but need not be limited to, marriage and family therapy theory, systems theory, appraisal of family relationships, normal individual and family development, research and evaluation, professional conduct, ethics and Oregon law.

(2) An application that remains incomplete for one year from the date of the initial submission to the board is considered to have been withdrawn by the applicant. Incomplete applications include, but are not limited to, applications lacking documentation, signatures or the payment of fees required by the board. [2013 c.211 §2] [1989 c.721 §2; 1993 c.51 §1; 1993 c.546 §109; 1997 c.249 §206; 2001 c.120 §2; 2009 c.549 §14; 2013 c.211 §2]

675.720 Registered associate; registration requirements; renewal; ethical standards. (1) If an applicant for a license under ORS 675.715 possesses the graduate degree required by ORS 675.715 but has not submitted documentation satisfactory to the Oregon Board of Licensed Professional Counselors and Therapists that the applicant has the required supervised clinical experience, the applicant must register a plan to obtain acceptable post-degree supervised clinical experience to qualify for a license as a professional counselor or as a marriage and family therapist.

(2) To register as a professional counselor associate or as a marriage and family therapist associate under this section, the applicant shall submit in the form and manner determined by the board:

(a) A request for registration; and

(b) A plan to obtain or complete the supervised clinical experience required for licensure.

(3) The board shall register the applicant as an associate upon receipt and approval of the completed request and plan required in subsection (2) of this section.

(4)(a) A registered associate must renew the certificate of registration annually on or before the first day of the month in which the board approved the initial registration. To renew a certificate of registration, a registered associate shall:

(A) Submit a renewal application in the form and manner established by the board accompanied by a renewal fee pursuant to ORS 675.785; and

(B) Document fulfillment of all other requirements established by the board by rule.

(b) Failure to renew a registration within 30 days of the annual renewal date terminates the registration and the application for licensure.

(5) Registered associates are subject to all ethical standards adopted by the board. [1997 c.269 §2; 2001 c.103 §1; 2009 c.549 §5; 2013 c.211 §3; 2021 c.677 §9]

675.725 License; rules; fees; effect of expiration of license. (1) A license issued under ORS 675.715 to 675.835 is subject to renewal.

(2) A licensee seeking renewal of a license shall:

(a) Pay the license renewal fee on or before the renewal date established by the Oregon Board of Licensed Professional Counselors and Therapists by rule;

(b) Provide proof of fulfillment of any requirements of the board for continuing education and supervision;

(c) Submit to the board a sworn statement on a form provided by the board certifying that there is no reason for denial of the license renewal; and

(d) Maintain professional disclosure statements as required by the board by rule.

(3) A licensee may renew a license after the date for license renewal by paying the renewal fee and a late filing fee for license renewal prior to the expiration of the grace period for license renewal established by the board by rule.

(4) A licensee may not continue to practice as a licensed professional counselor or a licensed marriage and family therapist after expiration of the license.

(5) A person whose license has expired may apply to be relicensed as follows:

(a) If the person's previous license has been expired for more than two years, the person must apply and qualify for a new license in the same manner as a person who has never been licensed.

(b) If the person's previous license has been expired for two years or less, the person is not required to meet the degree, experience and examination standards for a person who has never been licensed, but must meet all other requirements for relicensure as the board may establish by rule. An application for relicensure under this subsection must be submitted in the manner required by the board and must be accompanied by the payment of the application fee and the renewal fee. [1989 c.721 §5; 1991 c.67 §179; 1999 c.463 §2; 2005 c.40 §1; 2023 c.439 §3]

675.730 Limited permit. (1) The Oregon Board of Licensed Professional Counselors and Therapists may issue a limited permit to practice as a professional counselor or marriage and family therapist to an applicant who submits to the board:

(a) A completed application;

(b) Proof that the applicant is authorized to practice professional counseling or marriage and family therapy in another state where, in the discretion of the board, the requirements for authorization are substantially equivalent to the requirements for licensure under ORS 675.715 to 675.835; and

(c) A limited permit fee.

(2) A limited permit issued under this section may be valid for up to 30 days in a 12-month period. [2023 c.439 §2]

675.735 Reciprocal license. Upon application therefor accompanied by the appropriate fees established under ORS 675.785, the Oregon Board of Licensed Professional Counselors and Therapists shall grant a license as a professional counselor or marriage and family therapist if the applicant provides evidence to the satisfaction of the board that the applicant is recognized as a professional counselor or marriage and family therapist in another state in which the requirements for such recognition are, in the judgment of the board, at least equivalent to the licensing requirements of ORS 675.715 to 675.835 and rules of the board. [1989 c.721 §6; 1993 c.546 §110]

675.745 Grounds for denial, suspension or revocation of license or refusal to issue license; probation; confidentiality of information; penalties. (1) The Oregon Board of Licensed Professional Counselors and Therapists may deny, suspend, revoke or refuse to issue or to renew any license issued under ORS 675.715 to 675.835 upon proof that the applicant for licensure or the licensee:

- (a) Except as provided in subsection (8) of this section, has been convicted of violating ORS 675.825 or of a crime in this or any other state or territory or against the federal government that brings into question the competence of the licensee in the role of a counselor or a therapist;
- (b) Is unable to perform the practice of professional counseling or marriage and family therapy by reason of physical illness;
- (c) Has an impairment as defined in ORS 676.303;
- (d) Has been grossly negligent in the practice of professional counseling or marriage and family therapy;
- (e) Has violated any provision of ORS 675.715 to 675.835 or 675.850;
- (f) Has violated any rule of the board pertaining to the licensure of professional counselors or licensed marriage and family therapists;
- (g) Has failed to file a professional disclosure statement or has filed a false, incomplete or misleading professional disclosure statement;
- (h) Has practiced outside the scope of activities, including administering, constructing or interpreting tests or diagnosing or treating mental disorders, for which the licensee has individual training and qualification;
- (i) Except as provided in subsection (8) of this section, has been disciplined by a state mental health licensing board or program in this or any other state for violation of competency or conduct standards; or
- (j) Notwithstanding ORS 670.280, has been convicted of a sex crime as defined in ORS 163A.005 or has been convicted in another state or jurisdiction of a crime that is substantially equivalent to a sex crime as defined in ORS 163A.005.

(2)(a) The board may reprimand or impose probation on a licensee or a registered associate upon proof of any of the grounds for discipline provided in subsection (1) of this section.

(b) If the board elects to place a licensee or a registered associate on probation, the board may impose:

- (A) Restrictions on the scope of practice of the licensee or associate;
- (B) Requirements for specific training;
- (C) Supervision of the practice of the licensee or associate; or
- (D) Other conditions the board finds necessary for the protection of the public.

(3) The board may initiate injunctive proceedings in any circuit court against persons violating any provision of ORS 675.715 to 675.835 or any rules adopted by the board.

(4) Pursuant to ORS 183.745, the board may impose a civil penalty of not more than \$2,500 for each ground for discipline listed in subsection (1) of this section found by the board.

(5) Pursuant to ORS 183.745, the board may impose a civil penalty of not more than \$2,500 for each violation of or failure to observe any limitation or condition imposed by the board on the licensee's or registered associate's practice under subsection (2) of this section.

(6) Information that the board obtains as part of an investigation into licensee or applicant conduct or as part of a contested case proceeding, consent order or stipulated agreement involving licensee or applicant conduct is confidential as provided under ORS 676.175.

(7) In addition to the actions authorized by subsections (1) and (2) of this section, the board may take such disciplinary action as the board in its discretion finds proper, including but not limited to the assessment of the costs of the disciplinary process.

(8) The board may not suspend or revoke a person's license or registration to practice professional counseling or marriage and family therapy, or refuse to grant a license or registration to practice professional counseling or marriage and family therapy to a person, because of a conviction or disciplinary action resulting solely from the person's provision of professional counseling services or marriage and family therapy services relating to reproductive or gender-affirming health care that are otherwise lawful in this state but unlawful in the jurisdiction in which the person provided the services, so long as the services provided were performed in accordance with the standard of care applicable to the services. [1989 c.721 §15; 1991 c.67 §180; 1993 c.56 §1; 1997 c.791 §17; 1999 c.463 §3; 2001 c.120 §3; 2009 c.549 §8; 2009 c.756 §17; 2015 c.79 §6; 2015 c.611 §3; 2021 c.677 §10; 2023 c.228 §31c]

(Disclosure and Confidentiality)

675.755 Professional disclosure statement required; content; exemptions; rules. (1)

Except as provided in subsection (6) of this section, prior to the performance of professional counseling or marriage and family therapy, the licensee must furnish the client with a copy of a professional disclosure statement. If the licensee fails to provide the statement, the licensee shall not charge a client a fee for services.

(2) A professional disclosure statement shall include the following information regarding the applicant or licensee:

- (a) Name, business address and telephone number;
- (b) Philosophy and approach to counseling or marriage and family therapy;
- (c) Formal education and training;
- (d) Continuing education and supervision requirements; and
- (e) Fee schedules.

(3) The statement must include the name, address and telephone number of the Oregon Board of Licensed Professional Counselors and Therapists.

(4) An applicant shall submit a professional disclosure statement for board approval upon application for a license.

(5) Whenever an applicant or licensee makes a change in the professional disclosure statement, the new statement shall be presented to the board for approval.

(6) The board may adopt by rule exemptions from the requirements of this section. [1989 c.721 §7; 1999 c.463 §4]

675.765 Confidentiality of information; exceptions. A licensee or any employee of the licensee shall not disclose any communication given the licensee by a client in the course of noninvestigatory professional activity when such communication was given to enable the licensee to aid the client, except:

(1) When the client or those persons legally responsible for the affairs of the client give consent to the disclosure;

(2) When the client initiates legal action or makes a complaint against the licensed professional counselor or licensed marriage and family therapist to the Oregon Board of Licensed Professional Counselors and Therapists;

- (3) When the communication reveals the intent to commit a crime or harmful act;
- (4) When the communication reveals that a minor is or is suspected to be the victim of a crime, abuse or neglect; or
- (5) When responding to an inquiry by the board made during the course of an investigation into the conduct of the licensee under ORS 676.165 to 676.180. [1989 c.721 §8; 2001 c.120 §4]

(State Board)

675.775 Oregon Board of Licensed Professional Counselors and Therapists. (1) The Oregon Board of Licensed Professional Counselors and Therapists is established. The board consists of eight members appointed by the Governor and subject to confirmation by the Senate in the manner provided in ORS 171.562 and 171.565. All members of the board must be residents of this state. Of the members of the board:

- (a) Three must be licensed as professional counselors under ORS 675.715;
 - (b) Two must be licensed as marriage and family therapists under ORS 675.715;
 - (c) One must be from the faculty of a school within this state that has programs to train persons to become professional counselors or marriage and family therapists; and
 - (d) Two must be members of the public who have demonstrated an interest in the fields of professional counseling and marriage and family therapy but who are not a:
 - (A) Licensed professional counselor or marriage and family therapist; or
 - (B) Spouse, domestic partner, child, parent or sibling of a licensee.
- (2)(a) Board members required to be licensees may be selected by the Governor from a list of three to five nominees for each vacancy, submitted by any professional organization representing licensees.
- (b) In selecting the members of the board, the Governor shall strive to balance the representation according to:
 - (A) Geographic areas of this state; and
 - (B) Ethnic group.
- (3)(a) The term of office of each member is three years, but a member serves at the pleasure of the Governor. The terms must be staggered so that no more than three terms end each year.
- (b) By October 1 of each year, the Governor shall appoint persons to fill positions on the board that are due to become vacant on October 1 of that year. A member is eligible for reappointment. If there is a vacancy for any cause, the Governor shall make an appointment to become immediately effective for the unexpired term.
 - (c) A board member shall be removed immediately from the board if, during the member's term, the member:
 - (A) Is not a resident of this state;
 - (B) Has been absent from three consecutive board meetings, unless at least one absence is excused; or
 - (C) Is not a licensee or a retired licensee whose license was in good standing at the time of retirement, if the board member was appointed to serve on the board as a licensee.
- (4) Members of the board are entitled to compensation and expenses as provided in ORS 292.495. The board may provide by rule for compensation to board members for the performance of official duties at a rate that is greater than the rate provided in ORS 292.495. [1989 c.721 §10; 2001 c.120 §5; 2009 c.535 §4]

675.785 Powers and duties of board; rules; fees. The Oregon Board of Licensed Professional Counselors and Therapists has the following powers and duties:

(1) In accordance with the applicable provisions of ORS chapter 183, the board shall adopt rules necessary for the administration of the laws the board is charged with administering.

(2) Subject to applicable provisions of the State Personnel Relations Law, the board may appoint, prescribe the duties and fix the compensation of employees of the board necessary to carry out the duties of the board.

(3)(a) The board may impose nonrefundable fees in an amount set by rule for the following:

(A) License application.

(B) First issuance of a license.

(C) Renewal of a license.

(D) Late filing of a license renewal.

(E) Renewal of registration as an associate.

(F) Examinations. Examination fees may not exceed the costs incurred in administering the particular examination.

(G) Limited permits.

(b) Fees established under this subsection are subject to prior approval of the Oregon Department of Administrative Services and must be within the budget authorized by the Legislative Assembly as that budget may be modified by the Emergency Board.

(4) The Oregon Board of Licensed Professional Counselors and Therapists shall:

(a) Maintain a register of all current licensed professional counselors and marriage and family therapists.

(b) Annually publish a directory listing all current licensed professional counselors and marriage and family therapists. The directory must be available to the public, and the board may collect a publication fee for the directory.

(5) The board shall:

(a) Investigate alleged violations of the provisions of ORS 675.715 to 675.835 or rules adopted under authority of the board.

(b) Establish procedures to review the complaints of clients of licensees of the board. Upon receipt of a complaint under ORS 675.715 to 675.835 against a licensed or unlicensed person, the board shall conduct an investigation as described under ORS 676.165.

(6) The board shall report to the Legislative Assembly concerning the activities of the board during the preceding biennium.

(7) The board shall form standards committees to establish, examine and pass on the qualifications of applicants to practice professional counseling or marriage and family therapy in this state, including standards and requirements for continuing education and supervision, as appropriate. The standards committee for professional counselors shall be made up of the professional counselors on the board, the faculty member and the public member. The standards committee for marriage and family therapists shall be made up of the marriage and family members of the board, the faculty member and the public member.

(8) The board shall grant licenses to applicants who qualify to practice professional counseling or marriage and family therapy in this state upon compliance with ORS 675.715 to 675.835 and the rules of the board.

(9) The board may administer oaths, take depositions, defray legal expenses and issue subpoenas to compel the attendance of witnesses and the production of documents or written information necessary to carry out ORS 675.715 to 675.835.

(10) The board may adopt a seal to be affixed to all licenses.

(11) The board shall adopt a code of ethics for licensees. The board may use the ethical codes of professional counseling and marriage and family therapy associations as models for the code established by the board.

(12) The board may set academic and training standards necessary under ORS 675.715 to 675.835, including, but not limited to, the adoption of rules to establish semester hour equivalents for qualification for licensing where quarter hours are required under ORS 675.715 to 675.835.

(13) The board shall require the applicant for a professional counselor license or a marriage and family therapy license to receive a passing score on an examination of competency in counseling or marriage and family therapy. The examination may be the examination given nationally to certify counselors, or in the case of marriage and family therapy, the examination approved by the Association of Marital and Family Therapy Regulatory Boards.

(14) For the purpose of requesting a state or nationwide criminal records check under ORS 181A.195, the board may require the fingerprints of a person who is:

- (a) Applying for a license that is issued by the board;
- (b) Applying for renewal of a license that is issued by the board; or
- (c) Under investigation by the board.

(15) The board shall prescribe, in consultation with the Oregon Board of Psychology, the duties of the Director of the Mental Health Regulatory Agency. [1989 c.721 §14; 1991 c.703 §21; 1993 c.546 §111; 1997 c.269 §4; 1997 c.791 §18; 1999 c.463 §5; 2001 c.120 §6; 2005 c.730 §73; 2007 c.70 §300; 2009 c.697 §6; 2009 c.756 §19; 2017 c.104 §16; 2021 c.677 §11; 2023 c.439 §4; 2023 c.602 §18]

675.795 Board meeting; quorum; per diem; officers. (1) The Oregon Board of Licensed Professional Counselors and Therapists shall meet at least once a year at a place, time and hour determined by the board. The board also shall meet at other times and places specified when called by the chair of the board or by a majority of the members of the board.

(2) A majority of the members of the board constitutes a quorum. A majority of the members present may take action on behalf of the board unless a different number is provided in the rules of the board.

(3) A member of the board is entitled to compensation and expenses as provided in ORS 292.495.

(4) At the first meeting of each year, the Oregon Board of Licensed Professional Counselors and Therapists shall select from its members a chair and vice chair. Each officer shall have a term of one year with duties and powers the board determines necessary for the performance of the functions the board assigns to the officer.

(5) In the event that the position of any officer becomes vacant, the board shall elect from its members a replacement at its next meeting to serve the unexpired term. [1989 c.721 §§12,13]

675.805 Oregon Board of Licensed Professional Counselors and Therapists Account. All moneys received by the Oregon Board of Licensed Professional Counselors and Therapists under ORS 675.715 to 675.835 shall be paid into the General Fund in the State Treasury and placed to the credit of the Oregon Board of Licensed Professional Counselors and Therapists Account, which is hereby established. Such moneys are appropriated continuously to the board and shall be used only for the administration and enforcement of ORS 675.172, 675.715 to

675.835, 676.850 and 676.866. [1989 c.721 §17; 1993 c.546 §112; 2001 c.120 §7; 2013 c.240 §6; 2017 c.104 §17; 2017 c.511 §6; 2021 c.114 §5]

(Miscellaneous)

675.810 Authorized practice names. A licensee shall practice under one of the following names:

- (1) The name of the licensee.
- (2) An assumed business name or other designation that describes a place, institution, organization or agency where or in connection with which the licensee conducts practice. [2009 c.549 §7]

675.815 Duty to report prohibited conduct. Unless state or federal laws relating to confidentiality or the protection of health information prohibit disclosure, a licensee who has reasonable cause to believe that a licensee of another board has engaged in prohibited conduct shall report the prohibited conduct as defined in ORS 676.150 in the manner provided in ORS 676.150. [2009 c.536 §6]

(Enforcement)

675.825 Prohibited practices; exceptions; civil penalty. (1) A person may not:

- (a) Attempt to obtain or obtain a license or license renewal by bribery or fraudulent representation.
 - (b) Engage in or purport to the public to be engaged in the practice of professional counseling under the title “licensed professional counselor” unless the person is a licensee.
 - (c) Engage in or purport to the public to be engaged in the practice of marriage and family therapy under the title of “licensed marriage and family therapist” unless the person is a licensee.
 - (d) Engage in the practice of professional counseling or marriage and family therapy unless:
 - (A) The person is a licensee, registered associate or graduate student pursuing a graduate degree in counseling or marriage and family therapy; or
 - (B) The person is exempted from the licensing requirements of ORS 675.715 to 675.835 by subsection (3) of this section.
 - (e) Provide counseling or therapy services of a psychotherapeutic nature if the person’s license to practice as a professional counselor or as a marriage and family therapist has been revoked by the Oregon Board of Licensed Professional Counselors and Therapists because the person engaged in sexual activity with a client.
- (2) A licensed psychologist whose license, or a regulated social worker whose authorization to practice regulated social work, was issued prior to October 1, 1991, may use the title “marriage and family therapist.”
- (3) The licensing requirements of ORS 675.715 to 675.835 do not apply to a person who is:
- (a) Licensed, certified, registered or similarly regulated under the laws of this state and who is performing duties within the authorized scope of practice of the license, certification, registration or regulation.
 - (b) A recognized member of the clergy, provided that the person is acting in the person’s ministerial capacity.

(c) Employed by a local, state or federal agency, a public university listed in ORS 352.002 or any agency licensed or certified by the state to provide mental health or health services, if the person’s activities constituting professional counseling or marriage and family therapy are performed within the scope of the person’s employment.

(d) Authorized to provide addiction treatment services under rules of the Department of Human Services.

(4) Nothing in ORS 675.715 to 675.835 limits or prevents the practice of a person’s profession or restricts a person from providing counseling services or services related to marriage and family if the person:

(a) Does not meet the requirements of ORS 675.715 (1)(b); or

(b) Does not practice:

(A) Marriage and family therapy as defined in ORS 675.705 (7)(a); or

(B) Professional counseling as defined in ORS 675.705 (8)(a).

(5) Each violation of this section is a separate violation.

(6) The board may levy a civil penalty not to exceed \$2,500 for each separate violation of this section. [1989 c.721 §18; 1993 c.546 §113; 2009 c.442 §24; 2009 c.549 §9; 2013 c.211 §4; 2019 c.384 §3; 2021 c.677 §12; 2022 c.17 §4]

675.835 Injunctive proceedings. (1) The Oregon Board of Licensed Professional Counselors and Therapists may commence injunction proceedings in any circuit court to enjoin violation of ORS 675.825.

(2) In proceedings under this section, the board need not show that any person is injured by the person against whom the injunction is sought.

(3)(a) If the person against whom an injunction is sought under this section is found by the court to have unlawfully used the title “licensed professional counselor” or “licensed marriage and family therapist,” a court may grant an injunction barring the person from using the title.

(b) If the person against whom an injunction is sought under this section is found by the court to have unlawfully engaged in the practice of professional counseling or marriage and family therapy, a court may grant an injunction barring the person from engaging in the unlawful practice.

(4) An injunction under this section is in addition to any other remedies or penalties provided by law. [1989 c.721 §16; 2009 c.549 §10]



BOARD OF LICENSED PROFESSIONAL COUNSELORS AND THERAPISTS

Oregon Administrative Rules Chapter 833

The official copy of an Oregon Administrative Rule is contained in the Administrative Order filed at the Archives Division, 800 Summer St. NE, Salem, Oregon 97310. Any discrepancies with the published version are satisfied in favor of the Administrative Order. The Oregon Administrative Rules and the Oregon Bulletin are copyrighted by the Oregon Secretary of State.

DIVISION 1 - PROCEDURAL

833-001-0000 Notice of Proposed Rulemaking

Prior to the adoption, amendment, or repeal of any rule, the Board of Licensed Professional Counselors and Therapists must:

- (1) Publish notice of the adoption, amendment, or repeal in the Secretary of State's Bulletin referred to in ORS 183.360 at least 21 days prior to the effective date.
- (2) Deliver by electronic or postal mail such notice to persons on the Board of Licensed Professional Counselors and Therapists mailing list established pursuant to ORS 183.335(1)(c), and deliver by electronic mail to the legislators specified in 183.335(1)(d) at least 49 days before the effective date of the rule.
- (3) Deliver by electronic mail such notice to the following:
 - (a) United Press International and Associated Press;
 - (b) Oregon Counseling Association;
 - (c) Oregon Chapter of the American Association of Marriage and Family Therapists; and
 - (d) Oregon college and university departments offering graduate degrees in counseling and marriage and family therapy.

833-001-0005 Model Rules of Procedure

The Board adopts the Attorney General's Model Rules of Procedure, OAR Chapter 137, Divisions 1 through 5, as its rules of procedure under the Administrative Procedures Act.

833-001-0010 Requiring an Answer to Charges as Part of Notices to Parties in Contested Cases

In addition to the requirements stated in OAR 137-003-0000 of the Attorney General's Model Rules of Procedure adopted by 833-001-0005, the notice to parties in contested cases may include a statement that an answer to the assertions or charges will be required, and if so, the consequence of failure to answer. A statement of the consequences of failure to answer may be satisfied by enclosing a copy of 833-001-0015 with the notice.

833-001-0015 Hearing Request and Answers; Consequences of Failure to Answer

(1) A hearing request must be made in writing to the Board by the party or the party's attorney within 21 calendar days after the date the notice was issued.

(2) If an answer is required, it must be made in writing to the Board by the party or the party's attorney within 21 calendar days after the date the notice was issued and must include the following:

(a) An admission or denial of each factual matter alleged in the notice;

(b) A short and plain statement of each relevant affirmative defense the party may have.

(3) Except for good cause:

(a) Factual matters alleged in the notice and not denied in the answer will be presumed admitted;

(b) Failure to raise a particular defense in the answer will be considered a waiver of such defense;

(c) New matters alleged in the answer (affirmative defenses) will be presumed to be denied by the agency; and

(d) Evidence will not be taken on any issue not raised in the notice and the answer.

(4) Contested case hearings are closed to the public.

(5) The Board's disciplinary and suspension cases brought under ORS 675.745 are exempt from the requirements of OAR 137-003-0655(7), which requires an agency to give written notice to the administrative law judge and all parties of the date by which the agency expects to issue an amended proposed order or a final order if the agency will not issue an amended proposed order or final order within 90 days of the proposed order. Due to the complexity of Board cases and the infrequency of regularly scheduled Board meetings, 90 days is an insufficient time for the Board to issue an amended proposed order or a final order.

833-001-0020 Obtaining Information

(1) The Board will provide the following information to members of the public in response to in-person or telephone inquiries regarding a particular applicant, registered associate, or licensee: name, license/registration number, date licensed/registered, if license/registration is active or expired, business address and telephone number, summary of education and experience, and if there are or have been any disciplinary actions proposed by the Board plus the status, disposition, or resolution of the proposed disciplinary actions, unless otherwise subject to or prohibited by law, statute, rule or regulation.

(2) Requests for any information other than that listed in section (1) of this rule, including written verifications of licensure, may be required to be in writing, and may require payment for copies of documents.

(3) Pursuant to ORS 676.175, information regarding complaints against or information obtained through investigations into the conduct of licensees, non-licensed individuals, or applicants for licensure will not be disclosed.

DIVISION 10 - DEFINITIONS

833-010-0001 Definitions

The definitions of terms used in ORS 675.705 to 675.835 and these administrative rules of the Board are:

- (1) “AAMFT” means the American Association for Marriage and Family Therapy.
- (2) “Accredited program” means the graduate program is fully accredited by COAMFTE, CACREP, or CORE.
- (3) “Associate registration plan” means a written description of post-graduate supervised work experience activities an applicant must complete to qualify for a license as a professional counselor or marriage and family therapist.
- (4) “Board” means the Oregon Board of Licensed Professional Counselors and Therapists.
- (5) “Board approved program” means a graduate program that the Board had found to be comparable to an accredited program.
- (6) “CACREP” means the Council for Accreditation of Counseling and Related Educational Programs.
- (7) “CRCC” means the Commission on Rehabilitation Counselor Certification.
- (8) “Client record” means any information maintained in a written or electronic form about a client.
- (9) “Clinical experience” means the professional practice of applying principles and methods to provide assessment, diagnosis, and treatment of individuals and families with mental health disorders.
- (10) “COAMFTE” means the Commission on Accreditation of Marriage and Family Therapy Education.
- (11) “CORE” means the Council on Rehabilitation Education.
- (12) “Direct client contact hours” means only those clinical experience hours that are therapeutic or a combination of assessment and subsequent therapeutic interactions.
- (13) “Distance learning” means coursework, or training that does not involve attending a presentation or program in the presence of the instructor or facilitator and other courses through electronic communication.
- (14) “Distance Services” means any use of technology that replaces face to face delivery of counseling or therapy service. Such technologies include, but are not limited to, use of computer

hardware and software, telephones, the internet, online assessment instruments and other communication devices.

(15) “Electronic communication” means communication through use of videoconference, telephone, teleconference, internet, electronic mail, chat-based, or video-based.

(16) "Equivalent" means comparable in content and quality, but not identical.

(17) “Hour Equivalents” means that when requirements for licensure are given in quarter hours, the following formula will be used to determine equivalent hours:

(a) Two semester hours is equal to three quarter hours;

(b) One semester is equal to 1.5 quarters;

(c) One quarter credit hour equals 10 clock hours;

(d) One semester credit hour equals 15 clock hours.

(18) “LMFT” means licensed marriage and family therapist.

(19) “LPC” means licensed professional counselor.

(20) “NBCC” means the National Board for Certified Counselors.

(21) "Official transcript" means a document certified by an accredited college or university indicating degree earned, hours and types of coursework, examinations and scores, completed by the student; and submitted by the school to the Board.

(22) "Practicing" means engaging in any of the activities listed in the definitions of marriage and family therapy and professional counseling set forth in ORS 675.705, including but not limited to providing clinical supervision to another mental health professional who is providing counseling or therapeutic services to clients.

(23) "Receipt" means the date received by the Board office as shown by US Postal Service postmark, or date received stamp if document was not mailed or without postmark.

(24) "Regional accrediting agency" means of one of the regional institutional accreditation bodies recognized by the United States Secretary of Education and established to accredit senior institutions of higher education.

(25) "Registered associate" (formerly "registered intern") means an applicant for licensure who has met the educational requirement for licensure, and is in the process of obtaining the required supervised work experience under a registration plan approved by the Board.

(26) “Supervision” means a professional relationship between a qualified supervisor and an intern, registered associate, counselor, or therapist during which the supervisor provides

guidance and professional skill development and oversight to the intern, registered associate counselor or therapist.

DIVISION 20 - APPLICATION METHODS

833-020-0011 Applications

(1) Application for licensure as a professional counselor and marriage and family therapist must be submitted to the Board in a form and manner prescribed by the Board.

(2) Application for licensure must include gender, date of birth, social security number, practice and residence addresses, email address, similar licenses held in other states, and history of professional discipline, litigation, and criminal involvement and be accompanied by:

(a) The non-refundable application fee;

(b) Official transcript sent directly to the Board from the college or university and supporting documentation as necessary showing education requirements have been met;

(c) Documentation to prove experience requirements have been met or request for registration as an associate with a proposed plan to obtain required experience;

(d) Verification that approved examination has been passed, or state examination is being requested (if applicable);

(e) Proposed professional disclosure statement as specified in OAR 833-075-0050;

(f) Criminal history information as specified in OAR 833-120-0021; and

(g) Other clarifying information requested by the Board.

(3) Applicants will be allowed one year from application submission complete their application file, which documents that the applicant meets the educational requirements, examination requirements (except for associate registration method), and experience qualifications (if applicable) for licensure.

(4) Failure to withdraw the application or complete the process within the allowed time will result in closure of the file. An incomplete application includes but is not limited to an application in which:

(a) Required information or original signatures are not provided;

(b) Required forms are not submitted; or

(c) No fee or an insufficient fee is received.

(5) Applicants who complete their application file but are not approved for registration, examination, or licensure will be notified in writing that the application is being denied and state the reason(s) for denial.

(6) To be reconsidered for licensure, applicants who failed to become licensed, who were refused licensure, who withdrew from consideration, or associates who have allowed their registration to expire will be required to file a new application, fee, and resubmit all documentation necessary to meet the standards for licensure in effect at the time of reapplication. Applicants reapplying must fulfill any deficiencies that are the result of changes to requirements that may have been implemented between former and current application.

(7) An applicant must notify the Board immediately, but not less than within 30 days, if any information submitted on the application changes, including but not limited to: name, address, email address, telephone number, complaints, disciplinary actions, litigation, criminal involvement, and employment investigations which results in disciplinary action. Failure to do so may be grounds for denial of the application or revocation of the license, once issued.

833-020-0021 Methods of Application

(1) Applications for licensure must indicate one of the following:

- (a) Associate registration method pursuant to OAR 833 Division 50;
- (b) Direct method pursuant to OAR 833-020-0041;
- (c) Reciprocity method pursuant to OAR 833-020-0051;
- (d) Re-licensure method pursuant to OAR 833-020-0061; or
- (e) Reapplication method pursuant to OAR 833-020-0071.

(2) Applicants may request permission to change their method of application or license requested without re-application if they do so within the year allowed to complete application.

833-020-0041 Direct Method

(1) The direct method is required for applicants who seek acceptance of supervised clinical experience completed in another jurisdiction or in Oregon before June 30, 2002.

(2) The direct method requires the applicant to document no less than the total minimum number of supervised clinical experience hours required for licensure, all of which must have been completed prior to the date of application for licensure.

(3) Applicants seeking licensure as a professional counselor must meet the requirements specified in OAR 833, division 30.

(4) Applicants seeking licensure as a marriage and family therapist must meet the requirements specified in OAR 833, division 40.

833-020-0051 Reciprocity Method

(1) The reciprocity method requires applicants to document that they obtained a comparable license in another state in which the requirements are equivalent to the standards required for Oregon licensure as a professional counselor or as a marriage and family therapist.

(2) Applicants for licensure by reciprocity must possess a current, active license to practice professional counseling or marriage and family therapy issued by another state credentialing entity.

(3) Application for licensure must be submitted to the Board office in accordance with OAR 833-020-0011.

(4) The application must also include an official verification of each healthcare professional license, registration or certification held, current or expired.

(5) To be considered equivalent, the applicant's license in the state upon which reciprocity is based must have:

(a) Required at least a graduate degree in counseling, a graduate degree in marriage and family therapy, or a related degree; and

(b) Been issued to an applicant whose qualifying degree meets the educational requirements specified in:

(A) OAR 833-030-0011 for licensure as a professional counselor; or

(B) OAR 833-040-0011 for licensure as a marriage and family therapist.

(6) The applicant must meet the supervised clinical experience requirements specified in:

(a) OAR 833-030-0021 for licensure as a professional counselor; or

(b) OAR 833-040-0021 for licensure as a marriage and family therapist.

(7) The applicant must meet the examination requirements specified in:

(a) OAR 833-020-0081 and 833-030-0041 for licensure as a professional counselor; or

(b) OAR 833-020-0081 and 833-040-0041 for licensure as a marriage and family therapist.

(8) Primary source verification is required for application materials. Transcripts, competency examination verification, and supervised clinical experience documentation required in Sections (5) to (7) above is considered primary source verified when received by the Board directly from the following sources:

- (a) Supervisor Reference Form from the supervisor (or successor or representative of the employer at which the supervision took place);
- (b) Transcript from the degree-granting institution;
- (c) File copy from the other jurisdiction(s) in which the applicant is licensed.

833-020-0061 Re-Licensure Method

(1) The re-licensure method is required for applicants who were previously licensed by the Board within the last two years of their new application submission. The re-licensure method requires the applicant, as a previous Board licensee, to request a new license with a new license number, but without documenting further supervised clinical experience.

(2) To be considered for re-licensure, all of the following items must be received:

(a) An application for re-licensure, in a form and manner prescribed by the Board, which must include complete and truthful responses to all of the questions regarding character and fitness, the applicant’s current information and status, and any other information requested by the Board.

(b) The current application fee plus one current renewal fee;

(c) Updated proposed professional disclosure statement if required by OAR 833-075-0050;

(d) Report of at least the minimum continuing education activities required in OAR Chapter 833, Division 80 completed within two years prior to the date the Board will issue the new license; and

(e) Disclosure as to whether the applicant has engaged in the unlicensed practice of professional counseling or marriage and family and therapy during the period since their previous license expired.

(3) To be considered for licensure more than two years after the expiration date of the prior license, an applicant must request a new license with a new license number by reapplying for licensure using the method of application that applies to their current situation under OAR 833-020-0021.

(4) All applicants for re-licensure must successfully pass the current Oregon law and rules examination.

833-020-0071 Reapplication

(1) Former applicants who reapply for licensure must submit a new, fully completed application form and application fee to the Board.

(2) Applicants may request to transfer previously filed documents to the new application file if the documents have not been destroyed under state records retention schedules and are still in the

possession of the Board. Such documents include, but are not limited to, documentation of supervised work experience, examination results, and transcripts.

833-020-0081 Examination

(1) All applicants must pass a competency exam and an Oregon law and rules exam approved by the Board.

(2) Applicants who have passed the competency exam within 10 years prior to applying for licensure are not required to retake the exam.

(3) Applicants applying by the reciprocity method who have passed the competency exam 10 years or more prior to applying for licensure in Oregon must:

(a) Retake the exam; or

(b) Document completion of continuing education activities which at minimum meet the requirements described in OAR chapter 833, division 80 within the 24-month period prior to application or initial licensure.

(4) In lieu of exam verification, applicants applying by the reciprocity method who have maintained a comparable license in another jurisdiction for at least two years may complete continuing education in accordance with section (3)(b) of this rule to satisfy the competency exam requirement.

(5) Failure to achieve a passing score on the competency examination after taking the exam three times will result in denial of the application for licensure, and if applicable, termination of associate registration.

(6) The Board will not review a reapplication until at least one year has elapsed from the date of the previous denial. For former registered associates, the Board will only approve a subsequent reapplication under the direct or reciprocity method.

(7) Special Accommodations. Requests for special accommodations for a disability or for English as a second language must be made at the time the written request to sit for the examination is made, or when the disability becomes known to the applicant. The request must include:

(a) Disability. Written verification of the disability from a qualified care provider (i.e. a person certified or licensed by the state to provide such services) detailing:

(A) Nature, extent, and duration of disability; and

(B) Recommendation(s) for accommodation.

(b) English as a Second Language. Written request for reasonable accommodation detailing:

- (A) Level of proficiency in English including, but not limited to, number of years speaking and/or writing English;
- (B) History of special accommodations granted in similar testing circumstances;
- (C) Other information to support request for special accommodation; and
- (D) Recommendation(s) for accommodation.

833-020-0102 Limited Permit

(1) The Board may grant a non-renewable limited permit to practice professional counseling or marriage and family therapy in the State of Oregon as follows:

(a) A professional counselor limited permit may be issued to applicants that possess a current, active license to practice professional counseling in good standing in another state based on a graduate degree.

(b) A marriage and family therapist limited permit may be issued to applicants that possess a current, active license practice marriage and family therapy in good standing in another state based on a graduate degree.

(2) A limited permit is for individuals to provide professional counseling or marriage and family therapy services only for a limited specific purpose and time-specific period. It is not intended to be a substitute for or to allow unlimited, general provision of services in Oregon.

(3) To qualify for a limited permit, an applicant must submit to the Board:

(a) An application for a limited permit in a form and manner prescribed by the Board;

(b) Verification of licensure in good standing in another state;

(c) A statement certifying that the applicant has read and understands Oregon law and administrative rule pertaining to the practice of professional counseling or marriage and family therapy and the Board's adopted code of professional conduct;

(d) A statement of work that includes the limited purpose, location, and specific dates of service to be rendered;

(e) Other clarifying information requested by the Board; and

(f) The limited permit fee. This fee is not refundable, regardless of an applicant's inability to qualify for a permit.

(4) A limited permit issued by the Board:

- (a) Is effective for no more than 30 days in a 12-month period. The 30 days may be nonconsecutive.
- (b) Expires if the person is no longer actively licensed to practice professional counseling or marriage and family therapy in another state.

833-020-0200 Temporary Practice Authorization

(1) The Board may grant a temporary practice authorization to the spouse or domestic partner of a member of the Armed Forces of the United States who is stationed in Oregon as follows:

- (a) Temporary Professional Counselor Authorization may be issued to applicants that possess a current, active license to practice professional counseling in good standing in another state based on a graduate degree.
- (b) Temporary Marriage and Family Therapist Authorization may be issued to applicants that possess a current, active license practice marriage and family therapy in good standing in another state based on a graduate degree.
- (c) To qualify for Temporary Practice Authorization, an applicant must be in good standing, with no restrictions or limitations upon, actions taken against, or investigation or disciplinary action pending against his or her license in any jurisdiction where the applicant is or has been licensed.

(2) A Temporary Practice Authorization issued by the Board is not renewable, and is only valid until the earliest of the following:

- (a) Two years after the date of issuance;
- (b) The date the spouse or domestic partner of the person to whom the temporary practice authorization was issued completes the spouse's or domestic partner's term of service in Oregon; or
- (c) The date the person's authorization issued by another state expires.

(3) To apply for a Temporary Practice Authorization, an applicant must submit the following in a form and manner prescribed by the Board:

- (a) A complete Temporary Authorization Application;
- (b) A copy of the evidence of marriage or domestic partnership (such as marriage certificate or domestic partnership registration) showing the name of the applicant and the name of the active duty member of the Armed Forces of the United States;
- (c) A copy of the assignment to a duty station located in Oregon by official active duty military order for the spouse or domestic partner named in the document described provided under (b), above; and

(d) The temporary practice authorization fee. This fee is not refundable, regardless of an applicant's inability to qualify for temporary practice authorization.

(4) All applicants must pass an Oregon law and rules examination pursuant to OAR 833-020-0081 before the authorization will be issued.

(5) Current Information to the Board. An applicant or person who has been granted a temporary practice authorization must provide current contact information to the Board, and must notify the Board within 30 days in a form and manner prescribed by the Board if any information submitted on the application changes, including but not limited to:

(a) Public and mailing address;

(b) Telephone number;

(c) Electronic mail address

(d) Any nickname or alternative personal name used by the individual;

(e) Change of name, which must be accompanied by acceptable identification and a copy of the legal document showing the name change;

(f) Character and fitness information, including complaints, disciplinary actions, employment investigations that lead to termination or resignation, and civil, criminal, or ethical charges;

(g) The status of the license to practice professional counseling or marriage and family therapy in another state; and

(h) The status of the spouse's or domestic partner's term of service in Oregon.

DIVISION 30 - REQUIREMENTS FOR LICENSED PROFESSIONAL COUNSELOR

833-030-0011 Educational Requirements for Licensure as a Professional Counselor

To qualify for licensure as a professional counselor under ORS 675.715(1)(b), an applicant must hold a graduate degree from one of the following:

(1) A counseling program approved by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) as of the date the degree was conferred;

(2) A counseling program approved by the Council on Rehabilitation Education (CORE) as of the date the degree was conferred;

(3) A program at an institution of higher learning that was accredited by a regional accrediting agency as of the date the degree was conferred; or

(4) A foreign program that has been evaluated by a credentialing body recognized by the Board. Submission of foreign degree evaluation and cost of the foreign degree qualification determination are the responsibility of the applicant.

(5) A graduate degree under sections (1) or (2) must have included at least two semester credit hours or three credit quarter hours of coursework in the diagnosis of mental disorders.

(6) A graduate degree under sections (3) or (4) must have included all of the following requirements:

(a) At least two years in duration, including at least:

(A) 48 semester credit hours or 72 quarter hours for graduate degrees granted before October 1, 2014; or

(B) 60 semester credit hours or 90 quarter credit hours for graduate degrees granted on or after October 1, 2014.

(b) At least two semester credit hours or three credit quarter hours in each of the following coursework:

(A) Counseling Theory;

(B) Human Growth and Development;

(C) Social and Cultural Foundations;

(D) The Helping Relationship;

(E) Group Dynamics Processing and Counseling;

(F) Lifestyle and Career Development;

(G) Diagnosis of mental disorders;

(H) Research and Evaluation; and

(I) Professional Orientation (Ethics).

(c) At least 16 semester hours or 24 quarter hours of supporting coursework for specialty areas; and

(d) A supervised clinical practicum or internship experience that:

(A) Included at least 600 total clock hours, including 240 direct client contact hours, for graduate degrees granted before October 1, 2014;

(B) Included at least 700 total clock hours, including 280 direct client contact hours, for graduate degrees granted on or after October 1, 2014;

(C) Had supervisory staff with a minimum of a master's degree in the program emphasis and with pertinent professional experience;

(D) Made provision for faculty monitoring of operations;

(E) Kept records of student-client contact hours including summary of student progress by the supervisor;

(F) Had a written agreement with the program and student specifying learning objectives; and

(G) Had a mechanism for program evaluation.

(e) Deficiencies in the credit hour requirements of sections (a), (b) or (c) may be remedied by completing graduate level coursework in the deficient area(s) at a regionally accredited institution.

(f) For reciprocity applicants only, three years or more of active licensure to practice professional counseling in another U.S. state may substitute the requirements of Sections (a) through (d) above.

(g) Deficiencies in the supervised experience requirement of section (d) may be remedied by completion of:

(A) At least 700 clock hours of supervised clinical experience, including 280 direct client contact hours; or

(B) At least five years of full-time post-degree clinical experience.

833-030-0021 Experience Requirements for Licensure as a Professional Counselor

(1) To qualify for licensure as a professional counselor under ORS 675.715(1)(c) and 675.720, an applicant must have completed at least three years, defined as 36 months, of supervised clinical counseling experience.

(2) To qualify for licensure through the associate registration method, supervised clinical experience must meet the requirements of OAR chapter 833, divisions 50 and 130.

(3) To qualify for licensure through direct or reciprocity method, supervised clinical experience must have consisted of no less than 1,900 supervised direct client contact hours of counseling. The supervised clinical counseling experience must have included any combination of the following:

(a) Post-graduate degree supervised experience completed in Oregon prior to June 30, 2002;

(b) Post-graduate degree supervised experience completed in another jurisdiction pursuant to the jurisdiction's laws and rules;

(c) Experience completed while a registered associate (or formerly "registered intern") with the Board; or

(d) Up to one year of full-time supervised clinical experience and 400 hours of supervised direct client contact completed during the clinical portion of the qualifying graduate degree program.

(4) For reciprocity method applicants only:

(a) Up to two years of post-license clinical experience may substitute for a maximum of 200 hours of required supervised direct client contact, credited at a rate of 100 hours per full year (12 months) of experience.

(b) Applicants who have held an active license as described in OAR 833-020-0051(2) for three or more years in any U.S. state are presumed to have met the experience requirements and no further documentation is required.

(5) For direct and reciprocity methods, the experience must be a formal arrangement under the supervision of a person who holds a graduate-level state-issued license or registration, as a professional counselor or equivalent as determined by the Board such as a clinical psychologist, clinical social worker, or marriage and family therapist.

833-030-0041 Examination Requirement for Licensure as a Professional Counselor

(1) All applicants for licensure as a professional counselor must pass a competency examination and an Oregon law and rules examination pursuant to OAR 833-020-0081 before the Board may issue a license.

(2) In accordance with ORS 675.715(1)(d), the Board prescribes only the following as approved competency examinations:

(a) National Counselor Examination;

(b) National Clinical Mental Health Counselor Examination; or

(c) Certified Rehabilitation Counselor Examination.

(3) To qualify to sit for the competency examination, a LPC applicant must submit a fully completed application pursuant to OAR 833-020-0011 that has been approved by the Board.

(4) Candidates will pay exam and exam administration fees to the prescribed examination providers.

(5) Passing competency exam scores will be established by the approved examining agency or association.

(6) The Board will notify examinees in writing of the results of their examination.

833-030-0051 Documentation of Requirements for Licensure as a Professional Counselor

Applicants for licensure as a professional counselor must document meeting the requirements for licensure as follows:

(1) Educational requirements by official transcript, and by a completed graduate degree standards form with required attachments if supporting documentation is necessary;

(2) Experience requirements by submission of attestations from employers or supervisors regarding the setting, hours of experience and supervision received, and background and training of supervisor; and

(3) Examination requirement by submission of verification an approved examination was taken and passed by the approved testing, licensing, or certification organization, or passage of the state examination.

DIVISION 40 - REQUIREMENTS FOR LICENSED MARRIAGE AND FAMILY THERAPISTS

833-040-0011 Educational Requirements for Licensure as a Marriage and Family Therapist

To qualify for licensure as a marriage and family therapist under ORS 675.715(1)(b), an applicant must hold a graduate degree from one of the following:

(1) A marriage and family therapy program approved by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) or a marital and family therapy program fully accredited by the Counsel for Accreditation of Counseling and Related Educational Programs (CACREP);

(2) A program at an institution of higher learning that was accredited by a regional accrediting agency as of the date the degree was conferred; or

(3) A foreign program that has been evaluated by a credentialing body recognized by the Board. Submission of foreign degree evaluation and cost of the foreign degree qualification determination are the responsibility of the applicant.

(4) A graduate degree under section (1) must have included at least two semester credit hours or three credit quarter hours of coursework in the diagnosis of mental disorders.

(5) A graduate degree under sections (2) or (3) must have included all of the following requirements:

(a) For graduate degrees granted before October 1, 2014:

(A) At least two years in duration, including at least 48 semester credit hours or 72 quarter credit hours;

(B) At minimum, the following coursework:

(i) Human Development- four semester hours or six quarter hours;

(ii) Marital and Family Theoretical Foundation Studies- two semester hours or three quarter hours;

(iii) Marital and Family Therapy Diagnosis and Assessment, Treatment, Principles and Techniques Studies- eight semester hours or 12 quarter hours;

(iv) Professional Studies- two semester hours or three quarter hours;

(v) Research Methods or Statistics- two semester hours or three quarter hours;

(vi) Supporting Coursework Focusing on the Systems Paradigm for Specialty Areas- 16 semester hours or 24 quarter hours; and

(C) A supervised clinical practicum or internship experience of at least 600 clock hours, including 240 direct client contact hours.

(b) For graduate degrees granted on or after October 1, 2014:

(A) At least two years in duration, including at least 60 semester hours or 90 quarter hours of graduate-level credit;

(B) At minimum, the following graduate-level coursework:

(i) Individual and Family Development- four semester hours or six quarter hours;

(ii) Couple and Family Theoretical Foundation Studies- six semester hours or nine quarter hours;

(iii) Couple and Family Therapy, Treatment, and Techniques Studies- six semester hours or nine quarter hours;

(iv) Diagnosis of mental disorders- two semester hours or three quarter hours;

(v) Diversity studies that include issues related to diversity, power and privilege- two semester hours or three quarter hours;

(vi) Ethical and Professional Studies- two semester hours or three quarter hours;

(vii) Research Methods or Statistics- two semester hours or three quarter hours;

(viii) Supporting coursework focusing on counseling and/or systems approaches- 36 semester hours or 54 quarter hours; and

(C) A supervised clinical practicum or internship experience of at least 700 clock hours with 280 hours of direct client contact.

(c) The program's clinical practicum or internship experience must have:

(A) Had supervisory staff with a minimum of a master's degree in the program emphasis and with pertinent professional experience;

(B) Made provision for faculty monitoring of operations;

(C) Kept records of student-client contact hours including summary of student progress by the supervisor;

(D) Had a written agreement with the program and student specifying learning objectives; and

(E) Had a mechanism for program evaluation.

(d) Deficiencies in the credit hour requirements of sections (a) or (b) may be remedied by completing graduate level coursework in the deficient area(s) at a regionally accredited institution.

(e) Deficiencies in the supervised experience requirement of section (c) may be remedied by completion of:

(A) At least 700 clock hours of supervised clinical experience, including 280 direct client contact hours; or

(B) At least five years of full-time post-degree clinical experience, the majority of which must consist of work in relationship issues.

(f) For reciprocity applicants only, three years or more of active licensure to practice marriage and family therapy in another U.S. state may substitute for the requirements of Sections (a) through (c) above.

833-040-0021 Experience Requirements for Licensure as a Marriage and Family Therapist

(1) To qualify for licensure as a marriage and family therapist under ORS 675.715(1)(c) and 675.720, an applicant must have completed at least three years, defined as 36 months, of supervised clinical experience.

(2) To qualify for licensure through the associate registration method, supervised clinical experience must meet the requirements of OAR chapter 833, divisions 50 and 130.

(3) To qualify for licensure through direct or reciprocity method, supervised clinical experience must have consisted of no less than 1,900 supervised direct client contact hours of therapy with at least 750 of those hours working with couples and families. The supervised clinical therapy must have included any combination of the following:

(a) Post-graduate degree supervised experience completed in Oregon prior to June 30, 2002;

(b) Post-graduate degree supervised experience completed in another jurisdiction pursuant to the jurisdiction's laws and rules;

(c) Experience completed while a registered associate (or formerly "registered intern") with the Board; or

(d) Up to one year of full-time supervised clinical experience and 400 hours of supervised direct client contact completed during the clinical portion of the qualifying graduate degree program.

(4) For reciprocity method applicants only:

(a) Up to two years of post-license clinical experience may substitute for a maximum of 200 hours of required supervised direct client contact, credited at a rate of 100 hours per full year (12 months) of experience.

(b) Applicants who have held an active license as described in OAR 833-020-0051(2) for three or more years in any U.S. state are presumed to have met the experience requirements and no further documentation is required.

(5) For direct and reciprocity methods, the experience must be a formal arrangement under the supervision of a person who is trained specifically in the systemic approach to couples and family therapy and holds a graduate-level state-issued license or registration, as a marriage and family therapist or equivalent as determined by the Board such as a clinical psychologist, clinical social worker, or professional counselor.

833-040-0041 Examination Requirement for Licensure as a Marriage and Family Therapist

(1) All applicants for licensure as a marriage and family therapist must pass a competency examination and an Oregon law and rules examination pursuant to OAR 833-020-0081 before the Board may issue a license.

(2) In accordance with ORS 675.715(1)(d), the Board prescribes only the following as approved competency examinations:

(a) The marital and family therapy examination of the Association of Marital and Family Therapy Regulatory Boards (AMFTRB); and

(b) The State of California Board of Behavioral Sciences' Marriage and Family Therapist Written Clinical Examination.

(3) To qualify to sit for the competency examination, a LMFT applicant must submit a fully completed application pursuant to OAR 833-020-0011 that has been approved by the Board.

(4) Candidates will pay exam and exam administration fees to the prescribed examination providers.

(5) Passing competency exam scores will be established by the approved examining agency or association.

(6) The Board will notify examinees in writing of the results of their examination.

833-040-0051 Documentation of Requirements for Licensure as a Marriage and Family Therapist

Applicants for licensure as a marriage and family therapist must document meeting the requirements for licensure as follows:

- (1) Educational requirements by official transcript, and by a completed graduate degree standards form with required attachments if supporting documentation is necessary;
- (2) Experience requirements by submission of attestations from employers or supervisors regarding the setting, hours of experience and supervision received, and background and training of supervisor; and
- (3) Examination requirement by submission of verification that an examination was taken and passed by the approved testing, licensing, or certification organization, passage of the state examination.

DIVISION 50 - REGISTERED ASSOCIATES

833-050-0011 Associate Registration Method

The associate registration method is required for applicants who seek acceptance of post-degree supervised clinical experience completed in Oregon after June 30, 2002. The associate registration method requires applicant to obtain Board approval of an associate registration plan for completing required supervised direct client contact.

833-050-0021 Application for Associate Registration

1) An applicant for registration must:

- (a) Meet all registration requirements in effect at the time the application is submitted;
- (b) Request registration on Board approved forms;
- (c) Unless exempted, submit a professional disclosure statement for board approval as specified in OAR 833-050-0031;

(d) Submit an application fee as specified in OAR 833-070-0011;

(e) Meet the educational requirements for licensure according to OAR 833-030-0011 (Professional Counselor Associate) and/or 833-040-0011 (Marriage and Family Therapy Associate);

(f) Agree to complete supervised clinical experience hours to meet the total number of hours required for licensure; and

(g) Abide by the Board's laws and rules.

(2) Applicants for professional counselor and marriage and family therapist must pay a fee for each license.

(3) Associate registration status is a transitional step toward licensure and is not intended as a means to avoid licensure. Applicants approved for registration as an associate will have five years to complete the supervised direct client contact hours necessary for licensure or for examination. Failure to meet the experience requirements for licensure within five years will result in expiration of registration and closure of the application file. The registered associate may petition the Board to allow extension of registration for up to one year beyond the maximum five years if the registered associate can show good cause for such extension.

(4) Former applicants who re-apply may transfer direct client contact hours accrued under a board-approved plan to their new plan.

833-050-0031 Registered Associate Professional Disclosure Statement (PDS)

(1) Professional Disclosure Statement (PDS) Content. The PDS must include the following information required by this section and ORS 675.755:

- (a) Name, business address and telephone number;
- (b) Name of the registered associate’s supervisor(s);
- (c) Philosophy and approach to counseling or marriage and family therapy;
- (d) Formal education and training, including title of highest relevant degree and the school that granted the degree;
- (e) Supervision requirements;
- (f) A statement indicating adherence to the Oregon Licensing Board’s Code of Ethics set forth in OAR Chapter 833, Division 100;
- (g) Fee schedule;
- (h) A bill of rights of clients, including a statement that consumers of counseling or therapy services offered by Oregon registered associates have the right:
 - (A) To expect that a registered associate has met the minimum qualifications of training and experience required by state law;
 - (B) To examine public records maintained by the Board and to have the Board confirm credentials of a registered associate;
 - (C) To obtain a copy of the Code of Ethics;
 - (D) To report complaints to the Board;
 - (E) To be informed of the cost of professional services before receiving the services;
 - (F) To be assured of privacy and confidentiality while receiving services as defined by rule or law. Registered associates must include an explanation of each exception to confidentiality; and
 - (G) To be free from being the object of discrimination on any basis listed in the Code of Ethics while receiving services.
- (i) The Board’s name, address, telephone number, and email address; and
- (j) A statement indicating the following: “Additional information about this registered associate is available on the Board’s website: www.oregon.gov/obl/pct.”

(2) PDS Distribution. Unless exempt under subsection (d), below, registered associates must provide each client with a PDS consistent with section (1) of this rule.

(a) When providing a PDS via electronic communication, registered associates must ensure a means of documenting confirmation of receipt and acknowledgement of the PDS.

(b) The PDS must be accessible to people with disabilities.

(c) Registered associates must make a reasonable effort to assist the client to understand the information in the PDS.

(d) The PDS distribution requirements of this section do not apply to:

(A) Registered associates who are not practicing professional counseling or marriage and family therapy in Oregon;

(B) Registered associates whose practice is:

(i) Providing crisis response;

(ii) Serving residential psychiatric patients only;

(iii) Employment by a correctional institution; or

(iv) Employment by a local, state or federal government agency, a public university listed in ORS 352.002, an organization licensed or certified by the Oregon Health Authority, or a group practice if the employer supplies a PDS, informed consent, or equivalent document(s) containing the information required in section (1) of this rule. Upon a request by the Board, registered associates must provide a copy of such document(s) within ten (10) days.

(e) Unless exempted under subsection (d), above, a registered associate who fails to provide a PDS may not charge the client a fee for services

(3) Board Approval of PDS. Whenever a registered associate adds or changes a PDS, the new statement must be provided to the Board for approval, except:

(a) If the registered associate is exempt from the PDS distribution requirements under subsection (2)(d) of this rule; or

(b) If the only changes to the PDS are to the PDS contents described in subsections (1)(a), (1)(b), (1)(e), (1)(g), or (1)(i) of this rule.

833-050-0051 Associate Registration Plan

(1) Applicants for associate registration must submit an associate registration plan in the form and manner required by the Board.

(2) The associate registration plan must include information to show how supervised clinical experience hours will be accrued and that the activities will meet Board requirements for professional counselor and/or marriage and family therapist. The associate registration plan will include:

- (a) Name, addresses, telephone numbers, and email addresses of the parties: registered associate, supervisor(s), and registered associate's employer(s) if applicable;
 - (b) Description of clinical experience: where counseling/therapy will be performed, where supervision will be provided, activities or services performed by registered associate, and content of supervision;
 - (c) How the registered associate will meet licensure requirements;
 - (d) Responsibilities of all parties;
 - (e) Agreement of the supervisor, administrator of agency or employer of the registered associate, and the registered associate;
 - (f) Signatures of all parties; and
 - (g) The fee for supervision, if any. If the supervisor is to be paid for supervision, then payment must be in the form of a per-hour fee.
- (3) An approved associate registration plan may cover up to three separate practices, such as private practice and employment by two different, autonomous programs.
- (4) To maintain registration, the registered associate must meet the conditions in the approved plan.
- (5) The registered associate must carry out the registration plan as approved. Changes to the plan must be approved by the Board.
- (6) The Board has discretion to approve or reject a proposed associate registration plan or to rescind a previously approved plan.

833-050-0061 Effective Dates of Associate Registration

- (1) Initial registration as an associate will be effective when applicant completes the registration process that includes approval of completed request and associate registration plan.
- (2) A registered associate must practice under supervision until all license requirements are met and the license is issued.

833-050-0071 Direct Client Contact

- (1) Registered associates must complete at least three years, defined as 36 months, of supervised clinical experience which must include no less than 1,900 hours of supervised direct client contact to qualify for licensure.
- (2) Registered associates may count direct client contact hours acquired outside an associate registration plan only as follows:
 - (a) Up to one year of full-time supervised clinical experience and 400 direct client contact hours accrued as part of a graduate degree internship;
 - (b) Post-graduate degree supervised direct client contact hours completed in Oregon prior to June 30, 2002; and
 - (c) Post-graduate degree supervised direct client contact hours completed in another jurisdiction pursuant to the jurisdiction's laws and rules that meet the direct application method experience requirements.
- (3) Applicants for LMFT must accrue 1,900 hours of supervised direct client contact with at least 750 of those hours working with couples and families to qualify for licensure.
- (4) Applications for dual licensure as professional counselor and marriage and family therapist must meet the requirements for both licenses.
- (5) Direct client contact must be face to face with a client or clients and/or contact via electronic communication.
- (6) Registered associates must receive and document supervision for and report all direct client contact hours at places of practice listed as part of their Board-approved plan.

833-050-0081 Supervision

- (1) Supervision of direct client contact must take place within the same calendar month as the completed direct client contact hours.
- (2) Supervision meetings must take place at least twice per month, and in different weeks.
- (3) Supervision meetings must be no less than one hour.
- (4) Supervision each month must total at least:
 - (a) Two (2) hours for months in which 45 or fewer hours of direct client contact are completed; or
 - (b) Three (3) hours for months in which 46 or more hours of direct client contact are completed.
- (5) Monthly supervision must be conducted:

- (a) In-person in a professional setting; or
- (b) Through live, synchronous confidential electronic communications.
- (6) At least 50% of the required number of monthly supervision hours must be one-on-one individual supervision.
- (7) Group supervision must meet the following requirements at each meeting.
 - (a) Include no more than six (6) supervisees;
 - (b) Have leadership that does not shift from one supervisor to another; and
 - (c) Not be a staff or team meeting, intensive training seminar, discussion group, consultation session, or quality assurance or review group.
- (8) If in any month a registered associate does not receive the minimum supervision hours required, no client contact hours shall be credited for that month.
- (9) An approved plan for a single practice, such as private practice or employment by one agency offering services at one or more sites, may have no more than two supervisors at any given time.

833-050-0091 Supervisor’s Responsibilities

- (1) The supervisor must:
 - (a) Review and evaluate appropriateness of client population and caseload, individual charts, case records and management, diagnostic evaluation and treatment planning, and methodologies for keeping client confidentiality.
 - (b) Recommend that the registered associate refer clients to other therapists when client needs are outside the registered associate’s scope of practice.
 - (c) Ensure that letterhead, business cards, advertisements and directory listings, brochures, and any other representation includes the appropriate title as described in OAR 833-050-0111(1)(a) and the supervisor’s name and designation as “supervisor.”
 - (d) Assist the registered associate in developing a plan to prepare for and complete the competency exam in a timely manner.
 - (e) Notify the Board within 14 days and explain any significant interruption to supervision or expected termination of the supervisory relationship.
 - (f) Create and maintain for at least three years a record of hours of supervision and notes for each supervision session contemporaneously as supervision occurs, and provide it to the Board within fourteen days of request.
 - (g) Be someone other than a spouse or relative by blood or marriage or a person with whom the registered associate has or had a personal relationship.

(h) Meet registered associate supervisor qualifications as required in OAR chapter 833, division 130.

(i) Provide a written evaluation of the registered associate's skills and progress every annually and at the conclusion of the plan in a form and manner prescribed by the Board. The report must include progress toward completion of the registered associate's plan. Supervisors may report to the Board at any time deemed necessary.

(2) If a supervisor has professional or ethical concerns about a supervisee, the supervisor must promptly notify the Board and provide the following information:

(a) Specific concerns regarding conduct or performance;

(b) Steps taken to address the concerns;

(c) A remedial action plan with measurable outcomes to address the concerns; and

(d) The registered associate's progress to address the concerns expressed by the supervisor.

(3) The Board may take any or all of the following actions to address concerns about registered associates:

(a) Identify a new supervisor to work with the registered associate;

(b) Require an assessment of the registered associate's mental and/or physical health;

(c) Require the registered associate to seek personal therapy;

(d) Extend the associate registration;

(e) Require additional training for the registered associate;

(f) Place associate registration on hold; or

(g) Deny the registered associate a license.

(4) A supervisor provides supervision only when the supervisor's professional competence is sufficient to meet the needs of the trainee or registered associate. A supervisor does not permit a trainee or registered associate under the supervisor's supervision to perform, nor purport to be competent to perform, professional services beyond the trainee's or registered associate's level of training and accepts responsibility for the effects of the actions of the trainee or registered associate of which they should be aware.

833-050-0111 Registered Associate's Responsibilities

(1) The registered associate must:

(a) Indicate registration and use the title "Registered Associate", "Professional Counselor Associate", or "Marriage and Family Therapist Associate" in connection with a practice that is

covered by an approved plan. All signed materials, letterhead, business cards, advertisements and directory listings, brochures, and any other representation must include the registered associate's appropriate title and the supervisor's name and designation as "supervisor".

- (b) Take steps to ensure consistency in supervision throughout the associate registration.
 - (c) Provide the supervisor with a periodic evaluation of all cases and counseling or therapy activities in which the registered associate is engaged.
 - (d) Request approval from the Board to change supervisors more than three times during the associate registration plan period, and provide steps taken to ensure consistency when changing supervisors.
 - (e) Submit supervision reports annually and at the conclusion of supervision that include the supervisor's evaluation and the hours of direct client contact accrued by month in a form and manner prescribed by the Board.
 - (f) Notify the Board within 14 days and explain any interruptions or proposed termination of supervision or employment.
- (2) The registered associate must submit a written request on a board approved form to the Board in order to change the associate registration plan. Approval of the following changes to the plan are required:
- (a) Supervision;
 - (b) Employment;
 - (c) Practice locations; and
 - (d) Supervisor(s).
- (3) A registered associate who files a request to change the associate registration plan must meet Board requirements in place at the time of the change request.

833-050-0131 Associate Registration Renewal

- (1) A registered associate must renew registration annually each year following initial registration. Annual renewal is due by the first day of the month of initial registration to be considered timely.
- (2) Registration renewal requires the registered associate to provide to the Board a renewal fee as established in OAR 833-070-0011, renewal forms, and an updated Professional Disclosure Statement if there have been changes.
- (3) Late Renewal. A registered associate may renew a registration after the first day of the month but within the renewal month by, in addition to completing the requirement in section (2) above, submitting to the Board the required delinquent fee. If these are not timely submitted, then the

associate registration will be expired. Expired registered associates must reapply pursuant to OAR 833-020-0071 in order to practice as a registered associate or be considered for licensure.

(4) Renewal may be denied if any of the conditions of the plan are not being met.

(5) Registered associates must renew registration annually until being granted a license or the expiration or denial of associate registration.

(6) A former registered associate who allows their registration to lapse, and continues to practice professional counseling or marriage and family therapy unregistered in violation of ORS 675.825(1)(d), is subject to disciplinary action, to include but not limited to the following sanctions:

(a) If the person practices during the period of 1-30 days following registration lapse: \$100 civil penalty and assessment of costs of the disciplinary process (if any);

(b) If the person practices during the period of 31-60 days following registration lapse: \$250 civil penalty and assessment of costs of the disciplinary process (if any);

(c) If the person practices during the period of 61-90 days following registration lapse: \$500 civil penalty, reprimand, and assessment of costs of the disciplinary process (if any);

(d) In addition to section (c), for each additional 30-day period in which the person practices following 91 days of registration lapse, the Board shall assess an additional \$250 civil penalty and assess the costs of the disciplinary process (if any).

833-050-0141 Placing Registration on Hold

(1) Registered associates may request to place associate registration on hold for up to 90 days by submitting a written request to the board with explanation of need for being on hold.

(2) Registered associates must notify the Board within 10 days, in writing, of a plan to return to practice.

(3) If after 90 days, the registered associate does not submit a plan to return to practice, the associate registration will expire.

833-050-0151 Termination of Associate Registration Plan

A registered associate may voluntarily resign registration. A resigned registration will constitute withdrawal of application for licensure.

833-050-0161 Current Information to Board

(1) All registered associates must provide current contact information to the Board, including:

(a) Physical residence address and post office box, if applicable;

- (b) Electronic mail address;
 - (c) Home and work telephone numbers;
 - (d) Any nickname or alternative personal name used by the individual; and
 - (e) An updated, current Professional Disclosure Statement being provided to clients as required above.
- (2) Registered associates must inform the Board office of any changes to information within 30 days of the change in a form and manner prescribed by the Board.
- (3) Registered associates must submit a change of name in a form and manner prescribed by the Board, accompanied by a copy of the legal document showing the name change, within 30 days of the change.

DIVISION 70 - FEES

833-070-0011 Fees

Fees established by the Board of Licensed Professional Counselors and Therapists are as follows:

- (1) Application for licensure — \$175; applicants are also required to pay the actual cost to the Board to conduct a criminal background check.
- (2) Initial license — \$115.
- (3) Biennial renewal of license (the Board will prorate this fee during the transition to biennial renewals):
 - (a) Active status license — \$290; or
 - (b) Inactive status license — \$180.
- (4) Restoration fees:
 - (a) Delinquent fee for late renewals — \$50;
 - (b) Reactivation of inactive status license — \$125.
- (5) Examination — Candidates will pay exam and exam administration fees to the prescribed examination providers.
- (6) Duplicate certificate of licensure — \$5.
- (7) Verification of licensure or examination scores for applicant or licensee to other licensing or certifying agencies — \$10.
- (8) Annual renewal of associate registration in accordance with OAR 833-050-0131 — \$105.
- (9) Temporary Practice Authorization — \$405.
- (10) Limited Permit — \$100.

833-070-0021 Fee Refunds

Fees are nonrefundable, except that overpayment of fees or fees submitted as part of application before required will be refunded.

833-070-0031 Availability of Public Records

- (1) Members of the public may review all Board documents that are public records other than those records that need not be disclosed under law. These documents are on file in the Board's

office during regular working hours. Copies of public records are available to the public upon request. Charges for records will be payable in advance or when the materials are received.

(2) Copies of documents: \$.25 per page.

(3) Documents and other materials will be provided at a fee reasonably calculated to reimburse the Board for actual costs incurred in making records available to the public.

DIVISION 75 - GENERAL LICENSURE PROVISIONS

833-075-0010 Effective and Expiration Dates of Licenses

- (1) Initial licenses will be effective for no more than thirteen months, expiring on the last day of licensee's birth month.
- (2) Date of issue will be the date staff reviews and determines that all qualifications for licensure are met.
- (3) Licenses will not be issued without payment of the required initial license or renewal fees.

833-075-0020 License Renewal/Late Renewal

- (1) Before the Board will renew a license, a licensee must, no more than 45 days before or during the renewal month:
 - (a) Submit a completed renewal form provided by the Board which will include responses to all character and fitness questions and a sworn statement that there is no reason for denial of renewal;
 - (b) Pay the appropriate renewal fee;
 - (c) Submit continuing education information detailing compliance with the requirements, if applicable;
 - (d) Submit an updated professional disclosure statement, if there have been changes or if renewal information indicates that the one on file with the Board contains false, incomplete, outdated or misleading information; and
 - (e) Complete the required healthcare workforce data survey and pay the fee established by the Oregon Health Authority pursuant to ORS 676.410.
- (2) Late Renewal. A licensee may renew a license in the month following the renewal month by, in addition to completing the requirements of section (1) above, submitting to the Board the required delinquent fee. If these are not timely submitted, then the license shall lapse.
- (3) The licensee holds the burden of proof of submission of the items required for renewal. Failure to receive a courtesy reminder from the Board shall not relieve a licensee of the renewal requirements and consequences.
- (4) The Board shall have discretion to waive the delinquent fee in cases of documented hardship.
- (5) A former licensee who allows their license to lapse, and continues to practice professional counseling or marriage and family therapy unlicensed in violation of ORS 675.825(1)(d), is subject to disciplinary action, to include but not limited to the following sanctions:
 - (a) If the person practices during the period of 1-30 days following license lapse: \$250 civil penalty and assessment of costs of the disciplinary process (if any);

- (b) If the person practices during the period of 31-60 days following license lapse: \$500 civil penalty and assessment of costs of the disciplinary process (if any);
- (c) If the person practices during the period of 61-90 days following license lapse: \$1,000 civil penalty, reprimand, and assessment of costs of the disciplinary process (if any);
- (d) In addition to section (c), for each additional 30-day period in which the person practices following 91 days of license lapse, the Board shall assess an additional \$500 civil penalty and assess the costs of the disciplinary process (if any).

833-075-0030 Inactive Status

- (1) Inactive status may be granted to licensees who have made a request in writing to the Board. Inactive licensees may not practice professional counseling or marriage and family therapy in the State of Oregon, and are required to reactivate to active status in order to practice.
- (2) To reactivate a license from inactive status to active status, the licensee shall submit a written request and fee to the Board.
 - (a) The licensee must document completion of continuing education activities which at a minimum meet the requirements described in OAR Chapter 833, Division 80 within the 24 month period immediately preceding the requested date of reactivation.
 - (b) If the license reactivation is to occur more than five years after inactive status was granted, the Board will not reactivate the license until the licensee retakes the Oregon law and rules exam and obtains a passing score.
 - (c) The residual continuing education requirements from the date of reactivation to the end of the reporting period shall be calculated on a prorated basis.

833-075-0040 Duplicate Licenses

- (1) Duplicate licenses or certificates may be obtained by:
 - (a) Certifying, by signed statement, that the current license or certificate has been lost or destroyed; or
 - (b) Requesting a duplicate for additional place(s) of business;
 - (c) In either case, payment of the required fee.
- (2) Reproduction of a license or certificate by anyone other than Board staff for use as a license document or for display is prohibited.

833-075-0050 Professional Disclosure Statement (PDS)

- (1) Professional Disclosure Statement (PDS) Content. The PDS must include the following information required by this section and ORS 675.755:

- (a) Name, business address and telephone number;
 - (b) Philosophy and approach to counseling or marriage and family therapy;
 - (c) A statement indicating adherence to the Oregon Licensing Board's Code of Ethics set forth in OAR chapter 833, division 100;
 - (d) A bill of rights of clients, including a statement that consumers of counseling or therapy services offered by Oregon licensees have the right:
 - (A) To expect that a licensee or temporary practitioner has met the minimum qualifications of training and experience required by state law;
 - (B) To examine public records maintained by the Board and to have the Board confirm credentials of a licensee or temporary practitioner;
 - (C) To obtain a copy of the Code of Ethics;
 - (D) To report complaints to the Board;
 - (E) To be informed of the cost of professional services before receiving the services;
 - (F) To be assured of privacy and confidentiality while receiving services as defined by rule or law. Licensees and temporary practitioners must include an explanation of each exception to confidentiality; and
 - (G) To be free from being the object of discrimination on any basis listed in the Code of Ethics while receiving services.
 - (e) Formal education and training, including title of highest relevant degree earned and school granting degree;
 - (f) Oregon licensure requirements for continuing education and supervision;
 - (g) Fee schedule;
 - (h) A statement indicating the following: “Additional information about this counselor or therapist is available on the Board’s website: www.oregon.gov/obl/pct”; and
 - (i) The Board’s name, address, telephone number, and email address.
- (2) PDS Distribution. Unless exempted under subsection (d), below, licensees and temporary practitioners must provide each client with a PDS consistent with section (1) of this rule.
- (a) When providing a PDS via electronic communication, licensees and temporary practitioners must ensure a means of documenting confirmation of receipt and acknowledgement of the PDS.
 - (b) Licensees and temporary practitioners must make a reasonable effort to assist the client to understand the information presented in the PDS.

- (c) The PDS must be accessible to people with disabilities.
- (d) The PDS distribution requirements of this section do not apply to:
 - (A) Licensees on inactive status or not practicing professional counseling or marriage and family therapy in Oregon;
 - (B) Licensees and temporary practitioners whose practice is:
 - (i) Providing crisis response;
 - (ii) Serving residential psychiatric patients only;
 - (iii) Employment by a correctional institution; or
 - (iv) Employment by a local, state or federal government agency, a public university listed in ORS 352.002, an organization licensed or certified by the Oregon Health Authority, or a group practice if the employer supplies a PDS, informed consent, or equivalent document(s) containing the information required in section (1) of this rule. Upon a request by the Board, licensees and temporary practitioners must provide a copy of such document(s) within ten (10) days.
- (e) Unless exempted under subsection (d), above, a licensee or temporary practitioner who fails to provide a PDS may not charge the client a fee for services.

(3) Board Approval of PDS.

- (a) An applicant for licensure or temporary practice must submit a PDS for Board approval upon application for a license, except those who are exempt from the PDS distribution requirements under subsection (2)(d) of this rule or those who have not yet identified any practice site in Oregon at the time of application, who may submit their PDS for approval at a later date, prior to beginning practice.
- (b) Whenever a licensee or temporary practitioner adds or changes a PDS, the new statement must be presented to the Board for approval, except:
 - (A) If the licensee or temporary practitioner is exempt from the PDS distribution requirements under subsection (2)(d) of this rule; or
 - (B) If the only changes to the PDS are to the PDS contents described in subsections (1)(a), (1)(f), (1)(g), or (1)(i) of this rule.

833-075-0060 Current Information to Board

- (1) All licensees must provide current contact information to the Board, including:
 - (a) Physical residence address and post office box, if applicable;
 - (b) Electronic mail address;

- (c) Home and work telephone numbers;
 - (d) Any nickname or alternative personal name used by the individual; and
 - (e) An updated, current Professional Disclosure Statement being provided to clients.
- (2) Licensees must inform the Board of any changes to information within 30 days of the change in a form and manner prescribed by the Board.
- (3) Licensees must submit a change of name in a form and manner prescribed by the Board, accompanied by a copy of the legal document showing the name change, within 30 days of the change.

833-075-0070 Client Records

- (1) A licensed professional counselor, licensed marriage family therapist, registered associate, or person granted a limited permit or temporary practice authorization must:
- (a) Maintain client records for each client for a minimum of seven years from the date of last service;
 - (b) Ensure that client records are legible;
 - (c) Keep records in a secure, safe, and retrievable condition; and
 - (d) Notify the Board if client records have been destroyed or lost.
- (2) At a minimum, client records should be recorded concurrently with the services provided and must include:
- (a) A formal or informal assessment of the client;
 - (b) Counseling goals or objectives; and
 - (c) Progress notes of therapy or counseling sessions.
- (3) Licensees, registered associates, and temporary practitioners must disclose to the Board and its agents any client records that the Board and its agents consider germane to a disciplinary proceeding.
- (4) Licensees, registered associates, and temporary practitioners do not withhold records under their control that are requested by the client solely because payment has not been received for services.
- (5) The seven-year retention period described in section (1)(a) is calculated from the last date of service rendered by the treatment provider, regardless of whether the record holder is the provider or the custodian of record who is maintaining the record pursuant to OAR 833-75-0080.

833-075-0080 Custodian of Record

(1) A licensee, registered associate, or person granted a temporary practice authorization must:

(a) Arrange for the maintenance of and access to client records that ensure the client’s right to confidentiality and access to records in the event of the death or incapacity of the practitioner;

(b) Register with the Board the name and contact information of a custodian of record that will have case files and can make necessary referrals in the event the practitioner becomes incapacitated or dies; and

(c) Notify the Board of changes of the custodian of record.

(2) If the practitioner is an employee of an organization, the organization may be named as the custodian of record.

(3) The Board will not release the name of the custodian of record except in the following cases:

(a) The death or incapacity of the practitioner; or

(b) When a client is unable to locate the practitioner.

(4) A custodian of record under this rule must be a licensed mental health professional licensed under Oregon law, a licensed medical professional, a health care or mental health organization, an attorney, a school, or a medical records company.

833-075-0090 Representation of Credentials

A person may not use the title of “licensed professional counselor” or “licensed marriage and family therapist,” including the abbreviations “LPC” and “LMFT,” unless the person holds a current license issued by the Board.

DIVISION 80 - CONTINUING EDUCATION

833-080-0011 Continuing Education

Licensees must complete approved continuing education and report the hours to the Board biennially as a condition of license renewal. The Board will prorate continuing education requirements of licensees during the transition to biennial renewals conducted pursuant to ORS 675.725.

- (1) “Reporting period” means the 24-month period between license renewals.
- (2) A "clock hour" for continuing education means one hour spent in a program meeting the requirements for continuing education. Clock hours exclude refreshment breaks, receptions and other social gatherings, and meals that do not include an approved program.
- (3) Licensees must complete at least 40 continuing education clock hours within each reporting period.
- (4) New licensees. There is no continuing education reporting required for individuals licensed less than 12 months or less on their first renewal date.
- (5) There is no continuing education reporting required for licensees on or changing to inactive status.
- (6) Licensees must complete the following minimum continuing education requirements in each reporting period:
 - (a) Six clock hours of training in professional ethics and/or Oregon State laws and regulations pertaining to the practice of professional counseling or marriage and family therapy;
 - (b) For licensees who supervise registered associates, including all licensees on the Supervisor Registry: three clock hours of supervision-related training;
 - (c) Four clock hours of training in cultural competency; and
 - (d) Two clock hours of training dedicated to the topic of suicide risk assessment, treatment, and management.

833-080-0021 Continuing Education Waiver

- (1) Licensees may request a waiver for meeting the continuing education requirements by submitting a written request on forms provided by the Board.
- (2) The Board may grant exemptions in whole or in part, including extension of deadlines, to licensees who cannot timely attend the required hours of training because of a documented medical condition. The licensee must include the following information as part of the request.
 - (a) The rationale for a waiver;

- (b) The nature of the illness or disability;
 - (c) The time period the waiver would cover;
 - (d) A statement as to how the condition prevents participation in continuing education;
 - (e) Signature by the licensee or legal representative; and
 - (f) Signed statement from a healthcare practitioner who is licensed or certified by the state to provide services.
- (3) The Board will notify the licensee in writing whether the request is approved.

833-080-0031 Continuing Education Content

Policy. Continuing education must be a learning activity that contributes directly to the professional competence of the licensee.

- (1) Continuing education content must focus on increasing knowledge and/or skills in the following substantive areas relevant to the field:
- (a) Counseling or marriage and family therapy theory & techniques;
 - (b) Human development and family studies;
 - (c) Social and cultural foundations in counseling or marriage and family therapy;
 - (d) The helping relationship;
 - (e) Group dynamics;
 - (f) Life style and career development;
 - (g) DSM diagnosis and assessment;
 - (h) Research and evaluation;
 - (i) Professional orientation and ethics;
 - (j) Professional supervision training;
 - (k) Disability and life transitions;
 - (l) Substance abuse;
 - (m) Psychopharmacology;
 - (n) Diagnosis and treatment of mental health disorders.

(2) The program must be conducted by a qualified instructor or discussion leader, which means a person whose background, training, education, or experience makes it appropriate for the person to make a presentation or lead a discussion on the subject matter.

(3) A record of attendance, such as a certificate of completion, must be obtained.

833-080-0041 Methods of Obtaining Hours

(1) Approvable continuing education credits may be obtained in the following ways:

(a) Continuing education activities with no limits on clock hours:

(A) Attending college or university courses -- 15 clock hours per semester credit and 10 clock hours per quarter credit.

(B) Live seminars, workshops, conferences and/or trainings.

(C) Home study (distance learning), including internet and tele-courses.

(D) Service as an Oregon Board of Licensed Professional Counselors and Therapists member or committee volunteer.

(b) Continuing education activities for which licensees can obtain a maximum of 20 clock hours within a two year reporting period:

(A) Publication activities include:

(i) Five credits per article or review in a refereed journal that is directly related to counseling;

(ii) Five credits per chapter in edited books, 20 credits for authorship of an entire book;

(iii) Five credits per 30 minutes of initial video production directly related to counseling;

(iv) Five credits for reviewing a book proposal; and

(v) Five credits for each year of service on an editorial board of a professional counseling journal.

(B) Professional presentations. Credit is given for the initial research and development of a professional presentation. No credit shall be allowed for repeat presentations unless it is demonstrated that the program content was substantially changed and such change required significant additional study or research. The number of credits given is twice the number of hours spent making the presentation;

(c) Continuing education activities for which licensees can obtain a maximum of 10 clock hours within a two year reporting period:

(A) Serving as an officer of a state or national counseling organization;

(B) Serving as a member of a national certification board;

(C) Chairing a national counseling conference or convention; or

(D) Receiving supervision for a fee from a supervisor who meets the Board’s standards on supervision. Credit shall only be given to the licensee receiving supervision, not to a licensee providing supervision. No credit shall be given to licensees receiving supervision to fulfill licensure or discipline requirements.

(2) An approvable continuing education program is one designed and offered by an agency or institution that is recognized as an approved provider of continuing education units, e.g., NBCC-approved programs, to include:

(a) Academic courses offered in accredited degree counseling or marriage and family therapy programs;

(b) Presentations sponsored by counseling related departments of accredited educational institutions; national, regional, state, or local professional organizations or associations; public or private human services agencies or organizations; or individuals that meet all of the following approved provider guidelines:

(A) Program is presented by competent individuals as documented by appropriate academic training, professional licensure or certification, or professionally recognized experience. Presenters should have an identifiable involvement with human services;

(B) Program meets the professional needs of the licensee’s intended clientele;

(C) Program has a minimum duration of one clock hour;

(D) Except for non-classroom distance learning, program is offered in a place which is accessible to persons with disabilities;

(E) Distance learning program includes mechanism for evaluation, measurement, or confirmation of exchange of information; and

(F) Programs approved by organizations such as: National Association of Social Workers, National Board for Certified Counselors, Oregon Psychological Association, Commission on Rehabilitation Counselor Certification, Art Therapy Credentials Board, American Art Therapy Association, American Association for Marriage and Family Therapy, and American Counseling Association.

(c) Content of programs are consistent with OAR 833-080-0031.

833-080-0051 Documentation and Submission of Continuing Education

(1) Licensees must certify to the Board, at the time of renewal, that the continuing education requirements were met in a form and manner prescribed by the Board.

(2) Licensees must maintain documentation as proof that the licensee has satisfied the continuing professional education requirements for a minimum of two years after the reporting period. If

requested by the Board, licensees will make continuing education records available for inspection.

(3) Responsibility for documenting the acceptability of the program and the validity of credit rests with the licensee. Documentation must include proof of actual attendance, participation, certification, or completion as well as content, duration, and if relevant, provider as follows:

(a) For college or university courses: A copy of a transcript showing satisfactory completion of the course;

(b) For seminars, workshops, conferences, trainings, or home study: Dated certificates (originals or copies) of completion of training;

(c) Program/activity descriptions, including (but not limited to) written verification of professional services, copies of published works or other proof of publication, letter from president/director of organization in which professional activity was conducted; and

(d) Signed statement of professional supervision by the individual providing the supervision.

833-080-0061 Continuing Education Audit and Penalties

(1) The Board will conduct an audit of the records of randomly selected licensees to verify actual participation, completion, and compliance with standards for content and providers of approved continuing professional education. Failure to maintain or document actual completion of continuing professional education activities claimed, failure to make such records available to the Board for inspection, or falsification of reports may result in disciplinary action by the Board. Audited licensees hold the burden of proof of mailing.

(2) A licensee selected for the continuing education audit whose hours are deficient, including a licensee's failure to submit complete documentation, is subject to disciplinary action, to include but not limited to the following sanctions:

(a) Persons successfully documenting 31-39 hours -- \$250;

(b) Persons successfully documenting 21-30 hours -- \$500;

(c) Persons successfully documenting 11-20 hours -- \$750;

(d) Persons successfully documenting 10 or fewer hours -- \$1,000.

(3) The civil penalty may not be paid in lieu of training.

(4) Failure to document required hours, or certifying programs or supervision not meeting approval requirements will result in non-renewal or, in the case of discovery after renewal, possible suspension of license.

DIVISION 100 - CODE OF ETHICS

833-100-0011 General Purpose and Scope

(1) The Board adopts the 2014 American Counseling Association (ACA) Code of Ethics as the code of professional conduct.

(2) The ACA code constitutes the standards against which the required professional conduct of professional counselors and marriage and family therapists is measured. It has as its goal the welfare and protection of the individuals and groups with whom counselors and therapists work. This Code applies to the conduct of all licensees, registered associates, persons granted a limited permit or temporary practice authorization, and applicants, including the applicant's conduct during the period of education, training, and employment which is required for licensure. Violation of the provisions of this Code of Ethics will be considered unprofessional or unethical conduct and is sufficient reason for disciplinary action, including, but not limited to, denial of licensure or authorization.

833-100-0012 Preamble

Licensees, registered associates, persons granted a limited permit or temporary practice authorization, and applicants must:

(1) Accept the obligation to conform to higher standards of conduct in the capacity of a counseling professional. The private conduct of a practitioner is a personal matter to the degree that it does not compromise the fulfillment of professional responsibilities.

(2) Respect the traditions of the profession, and refrain from any conduct that would bring discredit to the profession.

(3) Correct, wherever possible, false, misleading, or inaccurate information and representations made by others concerning the person's qualifications, services, or products. Advertisements must not be false, fraudulent, or misleading to the public. Testimonials from current clients are not solicited for advertising or other purposes due to the client's vulnerability to undue influence.

(4) Not engage in any conduct likely to deceive or defraud the public or the Board, or participate in, condone, or become associated with dishonesty, fraud, deceit, or misrepresentation.

833-100-0021 Responsibility

Licensees, registered associates, persons granted a limited permit or temporary practice authorization, and applicants must:

(1) Abide by the Code of Ethics and all applicable statutes and administrative rules regulating the practice of counseling or therapy or any other applicable laws, including, but not limited to, the reporting of abuse of children or vulnerable adults.

(2) Report to the Board within 30 days any civil lawsuit brought against the person that relates in any way to the licensee, registered associate, temporary practitioner, or applicant's professional

conduct and notifies the Board of any disciplinary action or loss of a mental health professional or state license, certification, or registration.

(3) File a complaint with the Board within 10 days when the person has reason to believe that another licensee, registered associate, permitted or temporary practitioner, or applicant is or has been engaged in conduct that violates law or rules adopted by the Board. This requirement to file a complaint does not apply when the belief is based on information obtained in the course of a professional relationship with a client who is the other counselor or therapist. In that case, the client-therapist confidentiality supersedes the person's requirement to report the other therapist. However, this does not relieve a person from the duty to file any reports required by law concerning abuse of children or vulnerable adults.

(4) Not initiate, participate in, or encourage the filing of ethics complaints that are unwarranted or intended to harm a counselor/therapist rather than to protect clients or the public.

DIVISION 110 - COMPLIANCE

833-110-0011 Response to Complaints

(1) The Board will review and accept for consideration a complaint filed by any person, group of persons, or the Board on its own action that is specific as to the conduct upon which the complaint is based. A complaint will be rejected if it does not allege a violation for which the Board has the grounds to impose sanctions pursuant to ORS 675.745 or 675.825.

(2) A complaint that a licensee, registered associate, temporary practitioner, or applicant is incompetent or has committed an act or acts in violation of the law or rules adopted by the Board including the Code of Ethics will be considered a complaint of professional misconduct. A complaint that an unlicensed person has practiced or used a title in violation of ORS 675.825 will be considered a complaint of unlicensed practice.

(3) The Board will make forms available to the public and encourage complainants to use the Board's investigation request form. If a complaint is first made in verbal form, or does not contain information substantially equivalent to the Board's form, then the Board's representative may require the complainant to use the Board's form to initiate an investigation. If the complainant is a client or former client of the respondent, then the complainant should sign a release form allowing the Board and its legal counsel access to records and other materials that are the ethical and legal responsibility of the respondent. Refusal by a complainant to comply with this requirement may result in dismissal of the complaint.

(4) Upon receipt of a valid complaint, a complaint file will be opened. A preliminary investigation or review will be conducted to determine if additional investigation and the assignment of additional investigators is necessary, or whether to file a report with the Board recommending the complaint be dismissed without further action. If additional investigation is deemed necessary, then the subject of the complaint will be notified that he/she is under investigation and provided with general information regarding the allegations being investigated. Notification may request a written response.

(5) Failure to cooperate with Board representatives during an investigation constitutes unprofessional conduct which may subject a licensee, registered associate, temporary practitioner, or applicant to disciplinary action.

(a) Cooperation includes:

(A) Submitting client records to the Board's representative, with or without a signed release by the client, for a full investigation of the allegations;

(B) Sending a complete case file to the Board's representative;

(C) Being available for a personal interview with the Board's representative; and

(D) Responding truthfully and accurately to all questions presented by the Board's representative.

- (b) Licensees, registered associates, temporary practitioners, and applicants must not:
- (A) Use threats or harassment to delay or obstruct any person in providing evidence in any investigation, contested case, or other legal action instituted by the Board.
 - (B) Use threats or harassment to obstruct or delay the Board in carrying out its regulatory functions.
 - (C) Deceive or attempt to deceive the Board with respect to any matter under investigation including altering or destroying any records.
 - (D) Attempt to influence the testimony or participation in an investigation of any person believed to be a complainant or witness in a Board investigation, or to permit or encourage another person to do so.
 - (E) Engage in retaliation against another person for their participation in a Board investigation or provision of information to the Board.
- (6) The Board may delay approving a licensure application or issuing an associate registration, temporary practice authorization, or license until a complaint has been resolved.
- (7) The investigator shall collect evidence and interview witnesses. At the conclusion of the investigation, a report will be filed with the Board in accordance with the timelines and procedures outlined in ORS 676.160–676.180. The report will clearly set forth the issues on which the Board should consider possible action.
- (8) The Board will maintain written procedures for handling complaints, which will be available through the Board office.
- (9) Complaint and information gathered by investigation into licensee or applicant competency or conduct will be kept confidential in accordance with ORS 676.160–676.180.
- (10) Licensees, registered associates, temporary practitioners, and applicants must comply with the terms of all Board Orders and Agreements. Failure to comply constitutes a violation of ORS 675.745(1)(f) and is grounds for disciplinary action.

833-110-0021 Complaint Disposition

- (1) Following review of the investigation report, the Board may:
- (a) Dismiss the complaint;
 - (b) Continue the investigation;
 - (c) Issue a notice of proposed action;
 - (d) Propose non-disciplinary action; or

(e) Negotiate a stipulated agreement in lieu of hearing, default, or disciplinary action.

(2) Board discussions will be held in executive session, closed to the public. Decisions as to action will be voted upon during a public meeting, but case numbers will be used. Decisions to propose enforcement action will be made known to the public if adopted by a majority vote of the Board. A notice of intent to propose enforcement action with opportunity for hearing will be issued by the Board Administrator and served upon the applicant or licensee, and may be provided to the complainant.

833-110-0031 Statements to the Board

(1) Licensees, registered associates, temporary practitioners, and applicants must not make omissions or false, misleading or deceptive statements on any correspondence or form submitted to the Board.

(2) Licensure, limited permit, or temporary practice authorization applicants and renewing licensees and registered associates must respond completely and truthfully to all of the Board's character and fitness questions. Failure to disclose an arrest or conviction is a violation of ORS 675.825(1)(a) and may result in disciplinary action by the Board.

833-110-0041 Compliance with the Governor's Executive Orders during a Governor declared emergency.

(1) During a Governor declared emergency, gross negligence includes failing to comply with any applicable provision of a Governor's Executive Order or any provision of this rule.

(2) Failing to comply as described in subsection (1) includes, but is not limited to:

(a) Engaging in the practice of a profession required by an Executive Order to be closed;

(b) Operating a business required by an Executive Order to be closed;

(c) Failing to comply with the requirements of Oregon Health Authority (OHA) guidance implementing an Executive Order, including but not limited to:

(A) Failing to screen clients in accordance with OHA guidance prior to providing services;

(B) Failing to limit the number of individuals inside the premises or implement other protocols necessary to maintain physical distancing of six (6) feet;

(C) Failing to implement OHA guidance on mask and face coverings; and

(D) Failing to clean and disinfect in accordance with OHA guidance.

(d) Failing to comply with any requirements of a Board of Licensed Professional Counselors and Therapists guidance implementing an Executive Order.

(3) No disciplinary action or penalty action shall be taken under this rule if the Executive Order alleged to have been violated is not in effect at the time of the alleged violation.

(4) The Board may impose sanctions for violations of this rule in accordance with ORS 675.745.

Note: Copies of the Governor’s Executive Orders are available at: <https://www.oregon.gov/gov/admin/Pages/executive-orders.aspx>

Copies of Oregon Health Authority Guidance are available at: <https://govstatus.egov.com/OR-OHA-COVID-19>

833-110-0042 Compliance with the Oregon Health Authority’s COVID-19 Requirements

(1) The Oregon Health Authority (OHA) has adopted certain rules to control the communicable disease COVID-19. Gross negligence includes failing to comply with any applicable provision of an OHA COVID-19-related rule or any provision of this rule.

(2) Failing to comply as described in subsection (1) includes, but is not limited to:

(a) Failing to comply with OHA’s rules requiring masks, face coverings or face shields, including OAR 333-019-1011, OAR 333-019-1015, and OAR 333-019-1025, if applicable; and

(b) Failing to comply with OHA’s rules requiring vaccinations, including OAR 333-019-1010 and OAR 333-019-1030.

(3) No disciplinary action or penalty action shall be taken under this rule if the rule alleged to have been violated is not in effect at the time of the alleged violation.

(4) The Board may impose sanctions for violations of this rule in accordance with ORS 675.745.

833-110-0051 Registered Health Care Interpreters

Licensees, registered associates, and individuals granted a temporary practice authorization must comply with the provisions of ORS 413.559 and OAR 950-050-0010 related to working with health care interpreters.

DIVISION 120 - CRIMINAL HISTORY CHECKS

833-120-0011 Purpose and Scope

(1) The purpose of these rules is to provide for the screening under ORS 181A.195 of licensees, registered associates, and applicants for licensure with the Oregon Board of Licensed Professional Counselors and Therapists to determine if they have a history of criminal behavior such that they would be unable to, or should not be allowed to, perform the services of a Licensed Professional Counselor or Licensed Marriage and Family Therapist.

(2) The following persons (“subject individuals”) must take the steps necessary to complete a nationwide criminal history check under ORS 181A.195:

- (a) All applicants for licensure to the Board in accordance with OAR 833 Division 20; and
- (b) A licensee or registered associate who is the subject of inquiry or investigation by the Board.

833-120-0021 Procedural Requirements

(1) To complete a criminal history check, the Board will require each subject individual to:

- (a) Provide fingerprints pursuant to ORS 181A.170 (additional fingerprints may be required if the initial fingerprints are rejected);
- (b) Provide personal information necessary to obtain the criminal history check pursuant to OAR 125-007-0220; and
- (c) Pay to the Board the actual costs charged by the Oregon State Police (OSP) and the Federal Bureau of Investigation (FBI).

(2) The Board may also request, and the applicant, licensee, or registered associate must provide, the following information:

- (a) Responses to a criminal history questionnaire; and
- (b) Written response to questions by the Board regarding the person’s criminal history.

(3) The Board will make a final fitness determination based on criminal offender information and other factors, pursuant to ORS 181A.195(10)(c) and OAR 125-007-0260 to 125-007-0270.

(4) A subject individual may contest an adverse final fitness determination pursuant to OAR 125-007-0300.

(5) If a subject individual refuses to consent to the criminal records check or refuses to be fingerprinted, the Board will deny the licensure application or revoke the license.

833-120-0041 Record Keeping and Confidentiality

(1) Criminal offender information is confidential under ORS 181A.195(11) and 676.175 and OAR 125-007-0310, and will not be disseminated by the Board except to persons with a demonstrated and legitimate need to know the information, including:

(a) The subject of a fingerprint-based criminal history check may be provided a copy of the results, if requested in writing prior to the completion of the criminal history check process; and

(b) Criminal history information may be used as exhibits during a contested case hearing process.

(2) Information obtained directly from the Law Enforcement Data System will be managed by the Board in accordance with applicable OSP requirements.

(3) Fingerprint cards, if returned to the Board by OSP or the FBI, will be destroyed. No copies, facsimiles, or other materials from which the fingerprints could be reproduced will be maintained by the Board.

(4) Challenges to the accuracy or completeness of criminal background information must be made to the reporting agency and not to the Board.

(5) A person against whom disciplinary action is taken by the Board on the basis of information obtained as the result of a criminal records check conducted pursuant to this rule is entitled to notice and hearing in accordance with the provisions for contested cases in ORS Chapter 183.

DIVISION 130 - REGISTERED ASSOCIATE SUPERVISOR REQUIREMENTS

833-130-0010 Registry Established

- (1) Effective September 1, 2010, the Board will establish a Supervisor Registry that consists of licensed professional counselors and licensed marriage and family therapists.
- (2) The Board may approve placement of a licensee on the Supervisor Registry if the licensee is a Supervisor Candidate or an Approved Supervisor.
- (3) Registered associates pursuing licensure will be encouraged to find qualified supervisors from the registry.

833-130-0020 Placement on Supervisor Registry

- (1) To be placed on the Supervisor Registry, an active licensee must submit a request on forms provided by the Board.
- (2) Licensees on inactive status will be denied or removed from placement.
- (3) Licensees may request in writing to be removed from the registry.

833-130-0040 Supervisor Candidates

- (1) Supervisor Candidates must work toward meeting the requirements of an Approved Supervisor.
- (2) To qualify as a Supervisor Candidate, a licensee must meet the following requirements:
 - (a) Hold an active Oregon license as a professional counselor or as a marriage and family therapist;
 - (b) Complete 30 clock hours of post-master's degree supervision training;
 - (c) Successfully pass the Board's law and rules exam; and
 - (d) For supervisors of marriage and family therapist associates only: supervision training that includes systems components.

833-130-0050 Approved Supervisors

- (1) To qualify to supervise registered associates, a licensee who is not on the Supervisor Registry must meet the following requirements:
 - (a) Meet or have previously met all of the requirements to qualify as a Supervisor Candidate per OAR 833-130-0040; and

(b) Hold an active Oregon license as a professional counselor or marriage and family therapist, and:

(A) Have been actively licensed by the Board for at least 2 years; or

(B) Be an Approved Supervisor through the AAMFT or the NBCC Center for Credentialing and Education.

(2) To qualify as an Approved Supervisor for purposes of placement on the Supervisor Registry, in addition to the requirements of section (1) above, the licensee must:

(a) Document at least 6 hours of post-licensure supervision of licensee's clinical supervision by a Board Approved Supervisor. The licensee may have up to two Approved Supervisors, and both Approved Supervisors must complete an evaluation. Approved supervision may include one on one or group supervision of not more than 6 supervisees; and

(b) Document a minimum of 100 hours of post-licensure experience supervising registered associates or student interns from Board-Approved Oregon graduate programs.

833-130-0070 Supervisors Not on the Registry

Other mental health professionals may serve as supervisors of registered associates if they meet the following requirements:

(1) Hold a current, active license in Oregon as a mental health professional;

(2) Have been licensed in Oregon as a mental health professional for at least 3 years;

(3) Complete 30 clock hours of post-master's degree supervision training;

(4) Successfully pass the Board's law and rules exam; and

(5) For supervisors of marriage and family therapist associates only: supervision training that includes systems components.

833-130-0080 Discipline Review Process

(1) A proposed supervisor must disclose any history of disciplinary action, which must be reviewed by the Board.

(2) A licensee that receives Board disciplinary action subsequent to placement on the Supervisor Registry must discontinue supervision of registered associates pending discipline review by the Board.

(3) During discipline review, the Board will consider:

(a) Type of violation and imposed discipline;

(b) The passage of time since the violation and discipline;

- (c) Whether discipline was corrective, punitive or both;
 - (d) Compliance with imposed discipline;
 - (e) Results of national health care database search;
 - (f) Whether behavior resulted in harm to clients;
 - (g) Previous complaints resulting in discipline;
 - (h) Results of criminal background check; and
 - (i) Any other information the Board finds relevant.
- (4) At the conclusion of the review, the Board will determine whether to approve or deny:
- (a) The licensee or other mental health professional to provide supervision; and/or
 - (b) The licensee for initial or continued placement on the Supervisor Registry.



2014 ACA Code of Ethics

As approved by the ACA Governing Council



AMERICAN COUNSELING
ASSOCIATION
counseling.org

Mission

The mission of the American Counseling Association is to enhance the quality of life in society by promoting the development of professional counselors, advancing the counseling profession, and using the profession and practice of counseling to promote respect for human dignity and diversity.

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ACA Code of Ethics Preamble

The American Counseling Association (ACA) is an educational, scientific, and professional organization whose members work in a variety of settings and serve in multiple capacities. Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals.

Professional values are an important way of living out an ethical commitment. The following are core professional values of the counseling profession:

1. enhancing human development throughout the life span;
2. honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts;
3. promoting social justice;
4. safeguarding the integrity of the counselor–client relationship; and
5. practicing in a competent and ethical manner.

These professional values provide a conceptual basis for the ethical principles enumerated below. These principles are the foundation for ethical behavior and decision making. The fundamental principles of professional ethical behavior are

- *autonomy*, or fostering the right to control the direction of one’s life;
- *nonmaleficence*, or avoiding actions that cause harm;
- *beneficence*, or working for the good of the individual and society by promoting mental health and well-being;
- *justice*, or treating individuals equitably and fostering fairness and equality;
- *fidelity*, or honoring commitments and keeping promises, including fulfilling one’s responsibilities of trust in professional relationships; and
- *veracity*, or dealing truthfully with individuals with whom counselors come into professional contact.

ACA Code of Ethics Purpose

The *ACA Code of Ethics* serves six main purposes:

1. The *Code* sets forth the ethical obligations of ACA members and provides guidance intended to inform the ethical practice of professional counselors.
2. The *Code* identifies ethical considerations relevant to professional counselors and counselors-in-training.
3. The *Code* enables the association to clarify for current and prospective members, and for those served by members, the nature of the ethical responsibilities held in common by its members.
4. The *Code* serves as an ethical guide designed to assist members in constructing a course of action that best serves those utilizing counseling services and establishes expectations of conduct with a primary emphasis on the role of the professional counselor.
5. The *Code* helps to support the mission of ACA.
6. The standards contained in this *Code* serve as the basis for processing inquiries and ethics complaints concerning ACA members.

The *ACA Code of Ethics* contains nine main sections that address the following areas:

- Section A: The Counseling Relationship
- Section B: Confidentiality and Privacy
- Section C: Professional Responsibility
- Section D: Relationships With Other Professionals
- Section E: Evaluation, Assessment, and Interpretation
- Section F: Supervision, Training, and Teaching
- Section G: Research and Publication
- Section H: Distance Counseling, Technology, and Social Media
- Section I: Resolving Ethical Issues

Each section of the *ACA Code of Ethics* begins with an introduction. The introduction to each section describes the ethical behavior and responsibility to which counselors aspire. The introductions help set the tone for each particular section and provide a starting point that invites reflection on the ethical standards contained in each part of the *ACA Code of Ethics*. The standards outline professional responsibilities and provide direction for fulfilling those ethical responsibilities.

When counselors are faced with ethical dilemmas that are difficult to resolve, they are expected to engage in a carefully considered ethical decision-making process, consulting available resources as needed. Counselors acknowledge that resolving ethical issues is a process; ethical reasoning includes consideration of professional values, professional ethical principles, and ethical standards.

Counselors’ actions should be consistent with the spirit as well as the letter of these ethical standards. No specific ethical decision-making model is always most effective, so counselors are expected to use a credible model of decision making that can bear public scrutiny of its application. Through a chosen ethical decision-making process and evaluation of the context of the situation, counselors work collaboratively with clients to make decisions that promote clients’ growth and development. A breach of the standards and principles provided herein does not necessarily constitute legal liability or violation of the law; such action is established in legal and judicial proceedings.

The glossary at the end of the *Code* provides a concise description of some of the terms used in the *ACA Code of Ethics*.

Section A

The Counseling Relationship

• • •

Introduction

Counselors facilitate client growth and development in ways that foster the interest and welfare of clients and promote formation of healthy relationships. Trust is the cornerstone of the counseling relationship, and counselors have the responsibility to respect and safeguard the client's right to privacy and confidentiality. Counselors actively attempt to understand the diverse cultural backgrounds of the clients they serve. Counselors also explore their own cultural identities and how these affect their values and beliefs about the counseling process. Additionally, counselors are encouraged to contribute to society by devoting a portion of their professional activities for little or no financial return (*pro bono publico*).

A.1. Client Welfare

A.1.a. Primary Responsibility

The primary responsibility of counselors is to respect the dignity and promote the welfare of clients.

A.1.b. Records and Documentation

Counselors create, safeguard, and maintain documentation necessary for rendering professional services. Regardless of the medium, counselors include sufficient and timely documentation to facilitate the delivery and continuity of services. Counselors take reasonable steps to ensure that documentation accurately reflects client progress and services provided. If amendments are made to records and documentation, counselors take steps to properly note the amendments according to agency or institutional policies.

A.1.c. Counseling Plans

Counselors and their clients work jointly in devising counseling plans that offer reasonable promise of success and are consistent with the abilities, temperament, developmental level, and circumstances of clients. Counselors and clients regularly review and revise counseling plans to assess their continued viability and effectiveness, respecting clients' freedom of choice.

A.1.d. Support Network Involvement

Counselors recognize that support networks hold various meanings in the lives of clients and consider enlisting the support, understanding, and involvement of others (e.g., religious/spiritual/community leaders, family members, friends) as positive resources, when appropriate, with client consent.

A.2. Informed Consent in the Counseling Relationship

A.2.a. Informed Consent

Clients have the freedom to choose whether to enter into or remain in a counseling relationship and need adequate information about the counseling process and the counselor. Counselors have an obligation to review in writing and verbally with clients the rights and responsibilities of both counselors and clients. Informed consent is an ongoing part of the counseling process, and counselors appropriately document discussions of informed consent throughout the counseling relationship.

A.2.b. Types of Information Needed

Counselors explicitly explain to clients the nature of all services provided. They inform clients about issues such as, but not limited to, the following: the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services; the counselor's qualifications, credentials, relevant experience, and approach to counseling; continuation of services upon the incapacitation or death of the counselor; the role of technology; and other pertinent information. Counselors take steps to ensure that clients understand the implications of diagnosis and the intended use of tests and reports. Additionally, counselors inform clients about fees and billing arrangements, including procedures for nonpayment of fees. Clients have the right to confidentiality and to be provided with an explanation of its limits (including how supervisors and/or treatment or interdisciplinary team professionals are involved), to obtain clear information about their records, to participate in the ongoing counseling plans, and to refuse any services or modality changes and to be advised of the consequences of such refusal.

A.2.c. Developmental and Cultural Sensitivity

Counselors communicate information in ways that are both developmentally and culturally appropriate. Counselors use clear and understandable language when discussing issues related to informed consent. When clients have difficulty understanding the language that counselors use, counselors provide necessary services (e.g., arranging for a qualified interpreter or translator) to ensure comprehension by clients. In collaboration with clients, counselors consider cultural implications of informed consent procedures and, where possible, counselors adjust their practices accordingly.

A.2.d. Inability to Give Consent

When counseling minors, incapacitated adults, or other persons unable to give voluntary consent, counselors seek the assent of clients to services and include them in decision making as appropriate. Counselors recognize the need to balance the ethical rights of clients to make choices, their capacity to give consent or assent to receive services, and parental or familial legal rights and responsibilities to protect these clients and make decisions on their behalf.

A.2.e. Mandated Clients

Counselors discuss the required limitations to confidentiality when working with clients who have been mandated for counseling services. Counselors also explain what type of information is shared prior to the beginning of counseling. The client may choose to refuse services. In this case, counselors will, to the best of their ability, discuss with the client the potential consequences of refusing counseling services.

A.3. Clients Served by Others

When counselors learn that their clients are in a professional relationship with other mental health professionals, they request release from clients to inform the other professionals and strive to establish positive and collaborative professional relationships.

A.4. Avoiding Harm and Imposing Values

A.4.a. Avoiding Harm

Counselors act to avoid harming their clients, trainees, and research participants and to minimize or to remedy unavoidable or unanticipated harm.

A.4.b. Personal Values

Counselors are aware of—and avoid imposing—their own values, attitudes, beliefs, and behaviors. Counselors respect the diversity of clients, trainees, and research participants and seek training in areas in which they are at risk of imposing their values onto clients, especially when the counselor's values are inconsistent with the client's goals or are discriminatory in nature.

A.5. Prohibited Noncounseling Roles and Relationships

A.5.a. Sexual and/or Romantic Relationships Prohibited

Sexual and/or romantic counselor-client interactions or relationships with current clients, their romantic partners, or their family members are prohibited. This prohibition applies to both in-person and electronic interactions or relationships.

A.5.b. Previous Sexual and/or Romantic Relationships

Counselors are prohibited from engaging in counseling relationships with persons with whom they have had a previous sexual and/or romantic relationship.

A.5.c. Sexual and/or Romantic Relationships With Former Clients

Sexual and/or romantic counselor-client interactions or relationships with former clients, their romantic partners, or their family members are prohibited for a period of 5 years following the last professional contact. This prohibition applies to both in-person and electronic interactions or relationships. Counselors, before engaging in sexual and/or romantic interactions or relationships with former clients, their romantic partners, or their family members, demonstrate forethought and document (in written form) whether the interaction or relationship can be viewed as exploitive in any way and/or whether there is still potential to harm the former client; in cases of potential exploitation and/or harm, the counselor avoids entering into such an interaction or relationship.

A.5.d. Friends or Family Members

Counselors are prohibited from engaging in counseling relationships with friends or family members with whom they have an inability to remain objective.

A.5.e. Personal Virtual Relationships With Current Clients

Counselors are prohibited from engaging in a personal virtual relationship with individuals with whom they have a current counseling relationship (e.g., through social and other media).

A.6. Managing and Maintaining Boundaries and Professional Relationships

A.6.a. Previous Relationships

Counselors consider the risks and benefits of accepting as clients those with whom they have had a previous relationship. These potential clients may include individuals with whom the counselor has had a casual, distant, or past relationship. Examples include mutual or past membership in a professional association, organization, or community. When counselors accept these clients, they take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs.

A.6.b. Extending Counseling Boundaries

Counselors consider the risks and benefits of extending current counseling relationships beyond conventional parameters. Examples include attending a client's formal ceremony (e.g., a wedding/commitment ceremony or graduation), purchasing a service or product provided by a client (excepting unrestricted bartering), and visiting a client's ill family member in the hospital. In extending these boundaries, counselors take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no harm occurs.

A.6.c. Documenting Boundary Extensions

If counselors extend boundaries as described in A.6.a. and A.6.b., they must officially document, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the client or former client and other individuals significantly involved with the client or former client. When unintentional harm occurs to the client or former client, or to an individual

significantly involved with the client or former client, the counselor must show evidence of an attempt to remedy such harm.

A.6.d. Role Changes in the Professional Relationship

When counselors change a role from the original or most recent contracted relationship, they obtain informed consent from the client and explain the client's right to refuse services related to the change. Examples of role changes include, but are not limited to

1. changing from individual to relationship or family counseling, or vice versa;
2. changing from an evaluative role to a therapeutic role, or vice versa; and
3. changing from a counselor to a mediator role, or vice versa.

Clients must be fully informed of any anticipated consequences (e.g., financial, legal, personal, therapeutic) of counselor role changes.

A.6.e. Nonprofessional Interactions or Relationships (Other Than Sexual or Romantic Interactions or Relationships)

Counselors avoid entering into non-professional relationships with former clients, their romantic partners, or their family members when the interaction is potentially harmful to the client. This applies to both in-person and electronic interactions or relationships.

A.7. Roles and Relationships at Individual, Group, Institutional, and Societal Levels

A.7.a. Advocacy

When appropriate, counselors advocate at individual, group, institutional, and societal levels to address potential barriers and obstacles that inhibit access and/or the growth and development of clients.

A.7.b. Confidentiality and Advocacy

Counselors obtain client consent prior to engaging in advocacy efforts on behalf of an identifiable client to improve the provision of services and to work toward removal of systemic barriers or obstacles that inhibit client access, growth, and development.

A.8. Multiple Clients

When a counselor agrees to provide counseling services to two or more persons who have a relationship, the counselor clarifies at the outset which person or persons are clients and the nature of the relationships the counselor will have with each involved person. If it becomes apparent that the counselor may be called upon to perform potentially conflicting roles, the counselor will clarify, adjust, or withdraw from roles appropriately.

A.9. Group Work

A.9.a. Screening

Counselors screen prospective group counseling/therapy participants. To the extent possible, counselors select members whose needs and goals are compatible with the goals of the group, who will not impede the group process, and whose well-being will not be jeopardized by the group experience.

A.9.b. Protecting Clients

In a group setting, counselors take reasonable precautions to protect clients from physical, emotional, or psychological trauma.

A.10. Fees and Business Practices

A.10.a. Self-Referral

Counselors working in an organization (e.g., school, agency, institution) that provides counseling services do not refer clients to their private practice unless the policies of a particular organization make explicit provisions for self-referrals. In such instances, the clients must be informed of other options open to them should they seek private counseling services.

A.10.b. Unacceptable Business Practices

Counselors do not participate in fee splitting, nor do they give or receive commissions, rebates, or any other form of remuneration when referring clients for professional services.

A.10.c. Establishing Fees

In establishing fees for professional counseling services, counselors consider the financial status of clients and locality. If a counselor's usual fees create undue hardship for the client, the counselor may adjust fees, when legally permissible, or assist the client in locating comparable, affordable services.

A.10.d. Nonpayment of Fees

If counselors intend to use collection agencies or take legal measures to col-

lect fees from clients who do not pay for services as agreed upon, they include such information in their informed consent documents and also inform clients in a timely fashion of intended actions and offer clients the opportunity to make payment.

A.10.e. Bartering

Counselors may barter only if the bartering does not result in exploitation or harm, if the client requests it, and if such arrangements are an accepted practice among professionals in the community. Counselors consider the cultural implications of bartering and discuss relevant concerns with clients and document such agreements in a clear written contract.

A.10.f. Receiving Gifts

Counselors understand the challenges of accepting gifts from clients and recognize that in some cultures, small gifts are a token of respect and gratitude. When determining whether to accept a gift from clients, counselors take into account the therapeutic relationship, the monetary value of the gift, the client's motivation for giving the gift, and the counselor's motivation for wanting to accept or decline the gift.

A.11. Termination and Referral

A.11.a. Competence Within Termination and Referral

If counselors lack the competence to be of professional assistance to clients, they avoid entering or continuing counseling relationships. Counselors are knowledgeable about culturally and clinically appropriate referral resources and suggest these alternatives. If clients decline the suggested referrals, counselors discontinue the relationship.

A.11.b. Values Within Termination and Referral

Counselors refrain from referring prospective and current clients based solely on the counselor's personally held values, attitudes, beliefs, and behaviors. Counselors respect the diversity of clients and seek training in areas in which they are at risk of imposing their values onto clients, especially when the counselor's values are inconsistent with the client's goals or are discriminatory in nature.

A.11.c. Appropriate Termination

Counselors terminate a counseling relationship when it becomes reasonably apparent that the client no longer needs assistance, is not likely to benefit, or is

being harmed by continued counseling. Counselors may terminate counseling when in jeopardy of harm by the client or by another person with whom the client has a relationship, or when clients do not pay fees as agreed upon. Counselors provide pretermination counseling and recommend other service providers when necessary.

A.11.d. Appropriate Transfer of Services

When counselors transfer or refer clients to other practitioners, they ensure that appropriate clinical and administrative processes are completed and open communication is maintained with both clients and practitioners.

A.12. Abandonment and Client Neglect

Counselors do not abandon or neglect clients in counseling. Counselors assist in making appropriate arrangements for the continuation of treatment, when necessary, during interruptions such as vacations, illness, and following termination.

Section B

Confidentiality and Privacy



Introduction

Counselors recognize that trust is a cornerstone of the counseling relationship. Counselors aspire to earn the trust of clients by creating an ongoing partnership, establishing and upholding appropriate boundaries, and maintaining confidentiality. Counselors communicate the parameters of confidentiality in a culturally competent manner.

B.1. Respecting Client Rights

B.1.a. Multicultural/Diversity Considerations

Counselors maintain awareness and sensitivity regarding cultural meanings of confidentiality and privacy. Counselors respect differing views toward disclosure of information. Counselors hold ongoing discussions with clients as to how, when, and with whom information is to be shared.

B.1.b. Respect for Privacy

Counselors respect the privacy of prospective and current clients. Counselors request private information from clients only when it is beneficial to the counseling process.

B.1.c. Respect for Confidentiality

Counselors protect the confidential information of prospective and current clients. Counselors disclose information only with appropriate consent or with sound legal or ethical justification.

B.1.d. Explanation of Limitations

At initiation and throughout the counseling process, counselors inform clients of the limitations of confidentiality and seek to identify situations in which confidentiality must be breached.

B.2. Exceptions

B.2.a. Serious and Foreseeable Harm and Legal Requirements

The general requirement that counselors keep information confidential does not apply when disclosure is required to protect clients or identified others from serious and foreseeable harm or when legal requirements demand that confidential information must be revealed. Counselors consult with other professionals when in doubt as to the validity of an exception. Additional considerations apply when addressing end-of-life issues.

B.2.b. Confidentiality Regarding End-of-Life Decisions

Counselors who provide services to terminally ill individuals who are considering hastening their own deaths have the option to maintain confidentiality, depending on applicable laws and the specific circumstances of the situation and after seeking consultation or supervision from appropriate professional and legal parties.

B.2.c. Contagious, Life-Threatening Diseases

When clients disclose that they have a disease commonly known to be both communicable and life threatening, counselors may be justified in disclosing information to identifiable third parties, if the parties are known to be at serious and foreseeable risk of contracting the disease. Prior to making a disclosure, counselors assess the intent of clients to inform the third parties about their disease or to engage in any behaviors that may be harmful to an identifiable third party. Counselors adhere to relevant state laws concerning disclosure about disease status.

B.2.d. Court-Ordered Disclosure

When ordered by a court to release confidential or privileged information

without a client's permission, counselors seek to obtain written, informed consent from the client or take steps to prohibit the disclosure or have it limited as narrowly as possible because of potential harm to the client or counseling relationship.

B.2.e. Minimal Disclosure

To the extent possible, clients are informed before confidential information is disclosed and are involved in the disclosure decision-making process. When circumstances require the disclosure of confidential information, only essential information is revealed.

B.3. Information Shared With Others

B.3.a. Subordinates

Counselors make every effort to ensure that privacy and confidentiality of clients are maintained by subordinates, including employees, supervisees, students, clerical assistants, and volunteers.

B.3.b. Interdisciplinary Teams

When services provided to the client involve participation by an interdisciplinary or treatment team, the client will be informed of the team's existence and composition, information being shared, and the purposes of sharing such information.

B.3.c. Confidential Settings

Counselors discuss confidential information only in settings in which they can reasonably ensure client privacy.

B.3.d. Third-Party Payers

Counselors disclose information to third-party payers only when clients have authorized such disclosure.

B.3.e. Transmitting Confidential Information

Counselors take precautions to ensure the confidentiality of all information transmitted through the use of any medium.

B.3.f. Deceased Clients

Counselors protect the confidentiality of deceased clients, consistent with legal requirements and the documented preferences of the client.

B.4. Groups and Families

B.4.a. Group Work

In group work, counselors clearly explain the importance and parameters of confidentiality for the specific group.

B.4.b. Couples and Family Counseling

In couples and family counseling, counselors clearly define who is considered "the client" and discuss expectations and limitations of confidentiality. Counselors seek agreement and document in writing such agreement among all involved parties regarding the confidentiality of information. In the absence of an agreement to the contrary, the couple or family is considered to be the client.

B.5. Clients Lacking Capacity to Give Informed Consent

B.5.a. Responsibility to Clients

When counseling minor clients or adult clients who lack the capacity to give voluntary, informed consent, counselors protect the confidentiality of information received—in any medium—in the counseling relationship as specified by federal and state laws, written policies, and applicable ethical standards.

B.5.b. Responsibility to Parents and Legal Guardians

Counselors inform parents and legal guardians about the role of counselors and the confidential nature of the counseling relationship, consistent with current legal and custodial arrangements. Counselors are sensitive to the cultural diversity of families and respect the inherent rights and responsibilities of parents/guardians regarding the welfare of their children/charges according to law. Counselors work to establish, as appropriate, collaborative relationships with parents/guardians to best serve clients.

B.5.c. Release of Confidential Information

When counseling minor clients or adult clients who lack the capacity to give voluntary consent to release confidential information, counselors seek permission from an appropriate third party to disclose information. In such instances, counselors inform clients consistent with their level of understanding and take appropriate measures to safeguard client confidentiality.

B.6. Records and Documentation

B.6.a. Creating and Maintaining Records and Documentation

Counselors create and maintain records and documentation necessary for rendering professional services.

B.6.b. Confidentiality of Records and Documentation

Counselors ensure that records and documentation kept in any medium are secure and that only authorized persons have access to them.

B.6.c. Permission to Record

Counselors obtain permission from clients prior to recording sessions through electronic or other means.

B.6.d. Permission to Observe

Counselors obtain permission from clients prior to allowing any person to observe counseling sessions, review session transcripts, or view recordings of sessions with supervisors, faculty, peers, or others within the training environment.

B.6.e. Client Access

Counselors provide reasonable access to records and copies of records when requested by competent clients. Counselors limit the access of clients to their records, or portions of their records, only when there is compelling evidence that such access would cause harm to the client. Counselors document the request of clients and the rationale for withholding some or all of the records in the files of clients. In situations involving multiple clients, counselors provide individual clients with only those parts of records that relate directly to them and do not include confidential information related to any other client.

B.6.f. Assistance With Records

When clients request access to their records, counselors provide assistance and consultation in interpreting counseling records.

B.6.g. Disclosure or Transfer

Unless exceptions to confidentiality exist, counselors obtain written permission from clients to disclose or transfer records to legitimate third parties. Steps are taken to ensure that receivers of counseling records are sensitive to their confidential nature.

B.6.h. Storage and Disposal After Termination

Counselors store records following termination of services to ensure reasonable future access, maintain records in accordance with federal and state laws and statutes such as licensure laws and policies governing records, and dispose of client records and other sensitive materials in a manner that protects client confidentiality. Counselors apply careful discretion and deliberation before destroying records that may be needed by a court of law, such as notes on child abuse, suicide, sexual harassment, or violence.

B.6.i. Reasonable Precautions

Counselors take reasonable precautions to protect client confidentiality in the event of the counselor's termination of practice, incapacity, or death and appoint a records custodian when identified as appropriate.

B.7. Case Consultation

B.7.a. Respect for Privacy

Information shared in a consulting relationship is discussed for professional purposes only. Written and oral reports present only data germane to the purposes of the consultation, and every effort is made to protect client identity and to avoid undue invasion of privacy.

B.7.b. Disclosure of Confidential Information

When consulting with colleagues, counselors do not disclose confidential information that reasonably could lead to the identification of a client or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided. They disclose information only to the extent necessary to achieve the purposes of the consultation.

Section C

Professional Responsibility



Introduction

Counselors aspire to open, honest, and accurate communication in dealing with the public and other professionals. Counselors facilitate access to counseling services, and they practice in a nondiscriminatory manner within the boundaries of professional and personal competence; they also have a responsibility to abide by the *ACA Code of Ethics*. Counselors actively participate in local, state, and national associations that foster the development and improvement of counseling. Counselors are expected to advocate to promote changes at the individual, group, institutional, and societal levels that improve the quality of life for individuals and groups and remove potential barriers to the provision or access of appropriate services being offered. Counselors have a responsibility to the public to engage in counseling practices that are based on rigorous re-

search methodologies. Counselors are encouraged to contribute to society by devoting a portion of their professional activity to services for which there is little or no financial return (*pro bono publico*). In addition, counselors engage in self-care activities to maintain and promote their own emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities.

C.1. Knowledge of and Compliance With Standards

Counselors have a responsibility to read, understand, and follow the *ACA Code of Ethics* and adhere to applicable laws and regulations.

C.2. Professional Competence

C.2.a. Boundaries of Competence

Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Whereas multicultural counseling competency is required across all counseling specialties, counselors gain knowledge, personal awareness, sensitivity, dispositions, and skills pertinent to being a culturally competent counselor in working with a diverse client population.

C.2.b. New Specialty Areas of Practice

Counselors practice in specialty areas new to them only after appropriate education, training, and supervised experience. While developing skills in new specialty areas, counselors take steps to ensure the competence of their work and protect others from possible harm.

C.2.c. Qualified for Employment

Counselors accept employment only for positions for which they are qualified given their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors hire for professional counseling positions only individuals who are qualified and competent for those positions.

C.2.d. Monitor Effectiveness

Counselors continually monitor their effectiveness as professionals and take steps to improve when necessary. Counselors take reasonable steps to seek peer supervision to evaluate their efficacy as counselors.

C.2.e. Consultations on Ethical Obligations

Counselors take reasonable steps to consult with other counselors, the ACA Ethics and Professional Standards Department, or related professionals when they have questions regarding their ethical obligations or professional practice.

C.2.f. Continuing Education

Counselors recognize the need for continuing education to acquire and maintain a reasonable level of awareness of current scientific and professional information in their fields of activity. Counselors maintain their competence in the skills they use, are open to new procedures, and remain informed regarding best practices for working with diverse populations.

C.2.g. Impairment

Counselors monitor themselves for signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when impaired. They seek assistance for problems that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until it is determined that they may safely resume their work. Counselors assist colleagues or supervisors in recognizing their own professional impairment and provide consultation and assistance when warranted with colleagues or supervisors showing signs of impairment and intervene as appropriate to prevent imminent harm to clients.

C.2.h. Counselor Incapacitation, Death, Retirement, or Termination of Practice

Counselors prepare a plan for the transfer of clients and the dissemination of records to an identified colleague or records custodian in the case of the counselor's incapacitation, death, retirement, or termination of practice.

C.3. Advertising and Soliciting Clients

C.3.a. Accurate Advertising

When advertising or otherwise representing their services to the public, counselors identify their credentials in an accurate manner that is not false, misleading, deceptive, or fraudulent.

C.3.b. Testimonials

Counselors who use testimonials do not solicit them from current clients, former clients, or any other persons who

may be vulnerable to undue influence. Counselors discuss with clients the implications of and obtain permission for the use of any testimonial.

C.3.c. Statements by Others

When feasible, counselors make reasonable efforts to ensure that statements made by others about them or about the counseling profession are accurate.

C.3.d. Recruiting Through Employment

Counselors do not use their places of employment or institutional affiliation to recruit clients, supervisors, or consultees for their private practices.

C.3.e. Products and Training Advertisements

Counselors who develop products related to their profession or conduct workshops or training events ensure that the advertisements concerning these products or events are accurate and disclose adequate information for consumers to make informed choices.

C.3.f. Promoting to Those Served

Counselors do not use counseling, 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. However, counselor educators may adopt textbooks they have authored for instructional purposes.

C.4. Professional Qualifications

C.4.a. Accurate Representation

Counselors claim or imply only professional qualifications actually completed and correct any known misrepresentations of their qualifications by others. Counselors truthfully represent the qualifications of their professional colleagues. Counselors clearly distinguish between paid and volunteer work experience and accurately describe their continuing education and specialized training.

C.4.b. Credentials

Counselors claim only licenses or certifications that are current and in good standing.

C.4.c. Educational Degrees

Counselors clearly differentiate between earned and honorary degrees.

C.4.d. Implying Doctoral-Level Competence

Counselors clearly state their highest earned degree in counseling or a closely related field. Counselors do not imply doctoral-level competence when possessing a master's degree in counseling or a related field by referring to them-

selves as "Dr." in a counseling context when their doctorate is not in counseling or a related field. Counselors do not use "ABD" (all but dissertation) or other such terms to imply competency.

C.4.e. Accreditation Status

Counselors accurately represent the accreditation status of their degree program and college/university.

C.4.f. Professional Membership

Counselors clearly differentiate between current, active memberships and former memberships in associations. Members of ACA must clearly differentiate between professional membership, which implies the possession of at least a master's degree in counseling, and regular membership, which is open to individuals whose interests and activities are consistent with those of ACA but are not qualified for professional membership.

C.5. Nondiscrimination

Counselors do not condone or engage in discrimination against prospective or current clients, students, employees, supervisees, or research participants based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital/partnership status, language preference, socioeconomic status, immigration status, or any basis proscribed by law.

C.6. Public Responsibility

C.6.a. Sexual Harassment

Counselors do not engage in or condone sexual harassment. Sexual harassment can consist of a single intense or severe act, or multiple persistent or pervasive acts.

C.6.b. Reports to Third Parties

Counselors are accurate, honest, and objective in reporting their professional activities and judgments to appropriate third parties, including courts, health insurance companies, those who are the recipients of evaluation reports, and others.

C.6.c. Media Presentations

When counselors provide advice or comment by means of public lectures, demonstrations, radio or television programs, recordings, technology-based applications, printed articles, mailed material, or other media, they take reasonable precautions to ensure that

1. the statements are based on appropriate professional counseling literature and practice,
2. the statements are otherwise consistent with the *ACA Code of Ethics*, and

- the recipients of the information are not encouraged to infer that a professional counseling relationship has been established.

C.6.d. Exploitation of Others

Counselors do not exploit others in their professional relationships.

C.6.e. Contributing to the Public Good (Pro Bono Publico)

Counselors make a reasonable effort to provide services to the public for which there is little or no financial return (e.g., speaking to groups, sharing professional information, offering reduced fees).

C.7. Treatment Modalities

C.7.a. Scientific Basis for Treatment

When providing services, counselors use techniques/procedures/modalities that are grounded in theory and/or have an empirical or scientific foundation.

C.7.b. Development and Innovation

When counselors use developing or innovative techniques/procedures/modalities, they explain the potential risks, benefits, and ethical considerations of using such techniques/procedures/modalities. Counselors work to minimize any potential risks or harm when using these techniques/procedures/modalities.

C.7.c. Harmful Practices

Counselors do not use techniques/procedures/modalities when substantial evidence suggests harm, even if such services are requested.

C.8. Responsibility to Other Professionals

C.8.a. Personal Public Statements

When making personal statements in a public context, counselors clarify that they are speaking from their personal perspectives and that they are not speaking on behalf of all counselors or the profession.

Section D

Relationships With Other Professionals



Introduction

Professional counselors recognize that the quality of their interactions

with colleagues can influence the quality of services provided to clients. They work to become knowledgeable about colleagues within and outside the field of counseling. Counselors develop positive working relationships and systems of communication with colleagues to enhance services to clients.

D.1. Relationships With Colleagues, Employers, and Employees

D.1.a. Different Approaches

Counselors are respectful of approaches that are grounded in theory and/or have an empirical or scientific foundation but may differ from their own. Counselors acknowledge the expertise of other professional groups and are respectful of their practices.

D.1.b. Forming Relationships

Counselors work to develop and strengthen relationships with colleagues from other disciplines to best serve clients.

D.1.c. Interdisciplinary Teamwork

Counselors who are members of interdisciplinary teams delivering multifaceted services to clients remain focused on how to best serve clients. They participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the counseling profession and those of colleagues from other disciplines.

D.1.d. Establishing Professional and Ethical Obligations

Counselors who are members of interdisciplinary teams work together with team members to clarify professional and ethical obligations of the team as a whole and of its individual members. When a team decision raises ethical concerns, counselors first attempt to resolve the concern within the team. If they cannot reach resolution among team members, counselors pursue other avenues to address their concerns consistent with client well-being.

D.1.e. Confidentiality

When counselors are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, they clarify role expectations and the parameters of confidentiality with their colleagues.

D.1.f. Personnel Selection and Assignment

When counselors are in a position requiring personnel selection and/or assigning of responsibilities to others, they select competent staff and assign responsibilities compatible with their skills and experiences.

D.1.g. Employer Policies

The acceptance of employment in an agency or institution implies that counselors are in agreement with its general policies and principles. Counselors strive to reach agreement with employers regarding acceptable standards of client care and professional conduct that allow for changes in institutional policy conducive to the growth and development of clients.

D.1.h. Negative Conditions

Counselors alert their employers of inappropriate policies and practices. They attempt to effect changes in such policies or procedures through constructive action within the organization. When such policies are potentially disruptive or damaging to clients or may limit the effectiveness of services provided and change cannot be affected, counselors take appropriate further action. Such action may include referral to appropriate certification, accreditation, or state licensure organizations, or voluntary termination of employment.

D.1.i. Protection From Punitive Action

Counselors do not harass a colleague or employee or dismiss an employee who has acted in a responsible and ethical manner to expose inappropriate employer policies or practices.

D.2. Provision of Consultation Services

D.2.a. Consultant Competency

Counselors take reasonable steps to ensure that they have the appropriate resources and competencies when providing consultation services. Counselors provide appropriate referral resources when requested or needed.

D.2.b. Informed Consent in Formal Consultation

When providing formal consultation services, counselors have an obligation to review, in writing and verbally, the rights and responsibilities of both counselors and consultees. Counselors use clear and understandable language to inform all parties involved about the purpose of the services to be provided, relevant costs, potential risks and benefits, and the limits of confidentiality.

Section E

Evaluation, Assessment, and Interpretation



Introduction

Counselors use assessment as one component of the counseling process, taking into account the clients' personal and cultural context. Counselors promote the well-being of individual clients or groups of clients by developing and using appropriate educational, mental health, psychological, and career assessments.

E.1. General

E.1.a. Assessment

The primary purpose of educational, mental health, psychological, and career assessment is to gather information regarding the client for a variety of purposes, including, but not limited to, client decision making, treatment planning, and forensic proceedings. Assessment may include both qualitative and quantitative methodologies.

E.1.b. Client Welfare

Counselors do not misuse assessment results and interpretations, and they take reasonable steps to prevent others from misusing the information provided. They respect the client's right to know the results, the interpretations made, and the bases for counselors' conclusions and recommendations.

E.2. Competence to Use and Interpret Assessment Instruments

E.2.a. Limits of Competence

Counselors use only those testing and assessment services for which they have been trained and are competent. Counselors using technology-assisted test interpretations are trained in the construct being measured and the specific instrument being used prior to using its technology-based application. Counselors take reasonable measures to ensure the proper use of assessment techniques by persons under their supervision.

E.2.b. Appropriate Use

Counselors are responsible for the appropriate application, scoring, interpretation, and use of assessment instruments relevant to the needs of the client, whether they score and interpret such assessments themselves or use technology or other services.

E.2.c. Decisions Based on Results

Counselors responsible for decisions involving individuals or policies that are based on assessment results have a thorough understanding of psychometrics.

E.3. Informed Consent in Assessment

E.3.a. Explanation to Clients

Prior to assessment, counselors explain the nature and purposes of assessment and the specific use of results by potential recipients. The explanation will be given in terms and language that the client (or other legally authorized person on behalf of the client) can understand.

E.3.b. Recipients of Results

Counselors consider the client's and/or examinee's welfare, explicit understandings, and prior agreements in determining who receives the assessment results. Counselors include accurate and appropriate interpretations with any release of individual or group assessment results.

E.4. Release of Data to Qualified Personnel

Counselors release assessment data in which the client is identified only with the consent of the client or the client's legal representative. Such data are released only to persons recognized by counselors as qualified to interpret the data.

E.5. Diagnosis of Mental Disorders

E.5.a. Proper Diagnosis

Counselors take special care to provide proper diagnosis of mental disorders. Assessment techniques (including personal interviews) used to determine client care (e.g., locus of treatment, type of treatment, recommended follow-up) are carefully selected and appropriately used.

E.5.b. Cultural Sensitivity

Counselors recognize that culture affects the manner in which clients' problems are defined and experienced. Clients' socioeconomic and cultural experiences are considered when diagnosing mental disorders.

E.5.c. Historical and Social Prejudices in the Diagnosis of Pathology

Counselors recognize historical and social prejudices in the misdiagnosis and

pathologizing of certain individuals and groups and strive to become aware of and address such biases in themselves or others.

E.5.d. Refraining From Diagnosis

Counselors may refrain from making and/or reporting a diagnosis if they believe that it would cause harm to the client or others. Counselors carefully consider both the positive and negative implications of a diagnosis.

E.6. Instrument Selection

E.6.a. Appropriateness of Instruments

Counselors carefully consider the validity, reliability, psychometric limitations, and appropriateness of instruments when selecting assessments and, when possible, use multiple forms of assessment, data, and/or instruments in forming conclusions, diagnoses, or recommendations.

E.6.b. Referral Information

If a client is referred to a third party for assessment, the counselor provides specific referral questions and sufficient objective data about the client to ensure that appropriate assessment instruments are utilized.

E.7. Conditions of Assessment Administration

E.7.a. Administration Conditions

Counselors administer assessments under the same conditions that were established in their standardization. When assessments are not administered under standard conditions, as may be necessary to accommodate clients with disabilities, or when unusual behavior or irregularities occur during the administration, those conditions are noted in interpretation, and the results may be designated as invalid or of questionable validity.

E.7.b. Provision of Favorable Conditions

Counselors provide an appropriate environment for the administration of assessments (e.g., privacy, comfort, freedom from distraction).

E.7.c. Technological Administration

Counselors ensure that technologically administered assessments function properly and provide clients with accurate results.

E.7.d. Unsupervised Assessments

Unless the assessment instrument is designed, intended, and validated for self-administration and/or scoring, counselors do not permit unsupervised use.

E.8. Multicultural Issues/ Diversity in Assessment

Counselors select and use with caution assessment techniques normed on populations other than that of the client. Counselors recognize the effects of age, color, culture, disability, ethnic group, gender, race, language preference, religion, spirituality, sexual orientation, and socioeconomic status on test administration and interpretation, and they place test results in proper perspective with other relevant factors.

E.9. Scoring and Interpretation of Assessments

E.9.a. Reporting

When counselors report assessment results, they consider the client's personal and cultural background, the level of the client's understanding of the results, and the impact of the results on the client. In reporting assessment results, counselors indicate reservations that exist regarding validity or reliability due to circumstances of the assessment or inappropriateness of the norms for the person tested.

E.9.b. Instruments With Insufficient Empirical Data

Counselors exercise caution when interpreting the results of instruments not having sufficient empirical data to support respondent results. The specific purposes for the use of such instruments are stated explicitly to the examinee. Counselors qualify any conclusions, diagnoses, or recommendations made that are based on assessments or instruments with questionable validity or reliability.

E.9.c. Assessment Services

Counselors who provide assessment, scoring, and interpretation services to support the assessment process confirm the validity of such interpretations. They accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use. At all times, counselors maintain their ethical responsibility to those being assessed.

E.10. Assessment Security

Counselors maintain the integrity and security of tests and assessments consistent with legal and contractual obligations. Counselors do not appropriate, reproduce, or modify published assessments or parts thereof without acknowledgment and permission from the publisher.

E.11. Obsolete Assessment and Outdated Results

Counselors do not use data or results from assessments that are obsolete or outdated for the current purpose (e.g., noncurrent versions of assessments/instruments). Counselors make every effort to prevent the misuse of obsolete measures and assessment data by others.

E.12. Assessment Construction

Counselors use established scientific procedures, relevant standards, and current professional knowledge for assessment design in the development, publication, and utilization of assessment techniques.

E.13. Forensic Evaluation: Evaluation for Legal Proceedings

E.13.a. Primary Obligations

When providing forensic evaluations, the primary obligation of counselors is to produce objective findings that can be substantiated based on information and techniques appropriate to the evaluation, which may include examination of the individual and/or review of records. Counselors form professional opinions based on their professional knowledge and expertise that can be supported by the data gathered in evaluations. Counselors define the limits of their reports or testimony, especially when an examination of the individual has not been conducted.

E.13.b. Consent for Evaluation

Individuals being evaluated are informed in writing that the relationship is for the purposes of an evaluation and is not therapeutic in nature, and entities or individuals who will receive the evaluation report are identified. Counselors who perform forensic evaluations obtain written consent from those being evaluated or from their legal representative unless a court orders evaluations to be conducted without the written consent of the individuals being evaluated. When children or

adults who lack the capacity to give voluntary consent are being evaluated, informed written consent is obtained from a parent or guardian.

E.13.c. Client Evaluation Prohibited

Counselors do not evaluate current or former clients, clients' romantic partners, or clients' family members for forensic purposes. Counselors do not counsel individuals they are evaluating.

E.13.d. Avoid Potentially Harmful Relationships

Counselors who provide forensic evaluations avoid potentially harmful professional or personal relationships with family members, romantic partners, and close friends of individuals they are evaluating or have evaluated in the past.

Section F

Supervision, Training, and Teaching



Introduction

Counselor supervisors, trainers, and educators aspire to foster meaningful and respectful professional relationships and to maintain appropriate boundaries with supervisees and students in both face-to-face and electronic formats. They have theoretical and pedagogical foundations for their work; have knowledge of supervision models; and aim to be fair, accurate, and honest in their assessments of counselors, students, and supervisees.

F.1. Counselor Supervision and Client Welfare

F.1.a. Client Welfare

A primary obligation of counseling supervisors is to monitor the services provided by supervisees. Counseling supervisors monitor client welfare and supervisee performance and professional development. To fulfill these obligations, supervisors meet regularly with supervisees to review the supervisees' work and help them become prepared to serve a range of diverse clients. Supervisees have a responsibility to understand and follow the *ACA Code of Ethics*.

F.1.b. Counselor Credentials

Counseling supervisors work to ensure that supervisees communicate their

qualifications to render services to their clients.

F.1.c. Informed Consent and Client Rights

Supervisors make supervisees aware of client rights, including the protection of client privacy and confidentiality in the counseling relationship. Supervisees provide clients with professional disclosure information and inform them of how the supervision process influences the limits of confidentiality. Supervisees make clients aware of who will have access to records of the counseling relationship and how these records will be stored, transmitted, or otherwise reviewed.

F.2. Counselor Supervision Competence

F.2.a. Supervisor Preparation

Prior to offering supervision services, counselors are trained in supervision methods and techniques. Counselors who offer supervision services regularly pursue continuing education activities, including both counseling and supervision topics and skills.

F.2.b. Multicultural Issues/Diversity in Supervision

Counseling supervisors are aware of and address the role of multiculturalism/diversity in the supervisory relationship.

F.2.c. Online Supervision

When using technology in supervision, counselor supervisors are competent in the use of those technologies. Supervisors take the necessary precautions to protect the confidentiality of all information transmitted through any electronic means.

F.3. Supervisory Relationship

F.3.a. Extending Conventional Supervisory Relationships

Counseling supervisors clearly define and maintain ethical professional, personal, and social relationships with their supervisees. Supervisors consider the risks and benefits of extending current supervisory relationships in any form beyond conventional parameters. In extending these boundaries, supervisors take appropriate professional precautions to ensure that judgment is not impaired and that no harm occurs.

F.3.b. Sexual Relationships

Sexual or romantic interactions or relationships with current supervisees are prohibited. This prohibition applies to

both in-person and electronic interactions or relationships.

F.3.c. Sexual Harassment

Counseling supervisors do not condone or subject supervisees to sexual harassment.

F.3.d. Friends or Family Members

Supervisors are prohibited from engaging in supervisory relationships with individuals with whom they have an inability to remain objective.

F.4. Supervisor Responsibilities

F.4.a. Informed Consent for Supervision

Supervisors are responsible for incorporating into their supervision the principles of informed consent and participation. Supervisors inform supervisees of the policies and procedures to which supervisors are to adhere and the mechanisms for due process appeal of individual supervisor actions. The issues unique to the use of distance supervision are to be included in the documentation as necessary.

F.4.b. Emergencies and Absences

Supervisors establish and communicate to supervisees procedures for contacting supervisors or, in their absence, alternative on-call supervisors to assist in handling crises.

F.4.c. Standards for Supervisees

Supervisors make their supervisees aware of professional and ethical standards and legal responsibilities.

F.4.d. Termination of the Supervisory Relationship

Supervisors or supervisees have the right to terminate the supervisory relationship with adequate notice. Reasons for considering termination are discussed, and both parties work to resolve differences. When termination is warranted, supervisors make appropriate referrals to possible alternative supervisors.

F.5. Student and Supervisee Responsibilities

F.5.a. Ethical Responsibilities

Students and supervisees have a responsibility to understand and follow the *ACA Code of Ethics*. Students and supervisees have the same obligation to clients as those required of professional counselors.

F.5.b. Impairment

Students and supervisees monitor themselves for signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when such impairment is likely to harm a client or others. They notify their faculty and/or supervisors and seek assistance for problems that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until it is determined that they may safely resume their work.

F.5.c. Professional Disclosure

Before providing counseling services, students and supervisees disclose their status as supervisees and explain how this status affects the limits of confidentiality. Supervisors ensure that clients are aware of the services rendered and the qualifications of the students and supervisees rendering those services. Students and supervisees obtain client permission before they use any information concerning the counseling relationship in the training process.

F.6. Counseling Supervision Evaluation, Remediation, and Endorsement

F.6.a. Evaluation

Supervisors document and provide supervisees with ongoing feedback regarding their performance and schedule periodic formal evaluative sessions throughout the supervisory relationship.

F.6.b. Gatekeeping and Remediation

Through initial and ongoing evaluation, supervisors are aware of supervisee limitations that might impede performance. Supervisors assist supervisees in securing remedial assistance when needed. They recommend dismissal from training programs, applied counseling settings, and state or voluntary professional credentialing processes when those supervisees are unable to demonstrate that they can provide competent professional services to a range of diverse clients. Supervisors seek consultation and document their decisions to dismiss or refer supervisees for assistance. They ensure that supervisees are aware of options available to them to address such decisions.

F.6.c. Counseling for Supervisees

If supervisees request counseling, the supervisor assists the supervisee in identifying appropriate services. Supervisors do not provide counseling services to supervisees. Supervisors address interpersonal competencies in terms of the impact of these issues on clients, the supervisory relationship, and professional functioning.

F.6.d. Endorsements

Supervisors endorse supervisees for certification, licensure, employment, or completion of an academic or training program only when they believe that supervisees are qualified for the endorsement. Regardless of qualifications, supervisors do not endorse supervisees whom they believe to be impaired in any way that would interfere with the performance of the duties associated with the endorsement.

F.7. Responsibilities of Counselor Educators

F.7.a. Counselor Educators

Counselor educators who are responsible for developing, implementing, and supervising educational programs are skilled as teachers and practitioners. They are knowledgeable regarding the ethical, legal, and regulatory aspects of the profession; are skilled in applying that knowledge; and make students and supervisees aware of their responsibilities. Whether in traditional, hybrid, and/or online formats, counselor educators conduct counselor education and training programs in an ethical manner and serve as role models for professional behavior.

F.7.b. Counselor Educator Competence

Counselors who function as counselor educators or supervisors provide instruction within their areas of knowledge and competence and provide instruction based on current information and knowledge available in the profession. When using technology to deliver instruction, counselor educators develop competence in the use of the technology.

F.7.c. Infusing Multicultural Issues/Diversity

Counselor educators infuse material related to multiculturalism/diversity into all courses and workshops for the development of professional counselors.

F.7.d. Integration of Study and Practice

In traditional, hybrid, and/or online formats, counselor educators establish education and training programs that integrate academic study and supervised practice.

F.7.e. Teaching Ethics

Throughout the program, counselor educators ensure that students are aware of the ethical responsibilities and standards of the profession and the ethical responsibilities of students to the profession. Counselor educators infuse ethical considerations throughout the curriculum.

F.7.f. Use of Case Examples

The use of client, student, or supervisee information for the purposes of case examples in a lecture or classroom setting is permissible only when (a) the client, student, or supervisee has reviewed the material and agreed to its presentation or (b) the information has been sufficiently modified to obscure identity.

F.7.g. Student-to-Student Supervision and Instruction

When students function in the role of counselor educators or supervisors, they understand that they have the same ethical obligations as counselor educators, trainers, and supervisors. Counselor educators make every effort to ensure that the rights of students are not compromised when their peers lead experiential counseling activities in traditional, hybrid, and/or online formats (e.g., counseling groups, skills classes, clinical supervision).

F.7.h. Innovative Theories and Techniques

Counselor educators promote the use of techniques/procedures/modalities that are grounded in theory and/or have an empirical or scientific foundation. When counselor educators discuss developing or innovative techniques/procedures/modalities, they explain the potential risks, benefits, and ethical considerations of using such techniques/procedures/modalities.

F.7.i. Field Placements

Counselor educators develop clear policies and provide direct assistance within their training programs regarding appropriate field placement and other clinical experiences. Counselor educators provide clearly stated roles and responsibilities for the student or supervisee, the site supervisor, and the program supervisor. They confirm that

site supervisors are qualified to provide supervision in the formats in which services are provided and inform site supervisors of their professional and ethical responsibilities in this role.

F.8. Student Welfare

F.8.a. Program Information and Orientation

Counselor educators recognize that program orientation is a developmental process that begins upon students' initial contact with the counselor education program and continues throughout the educational and clinical training of students. Counselor education faculty provide prospective and current students with information about the counselor education program's expectations, including

1. the values and ethical principles of the profession;
2. the type and level of skill and knowledge acquisition required for successful completion of the training;
3. technology requirements;
4. program training goals, objectives, and mission, and subject matter to be covered;
5. bases for evaluation;
6. training components that encourage self-growth or self-disclosure as part of the training process;
7. the type of supervision settings and requirements of the sites for required clinical field experiences;
8. student and supervisor evaluation and dismissal policies and procedures; and
9. up-to-date employment prospects for graduates.

F.8.b. Student Career Advising

Counselor educators provide career advisement for their students and make them aware of opportunities in the field.

F.8.c. Self-Growth Experiences

Self-growth is an expected component of counselor education. Counselor educators are mindful of ethical principles when they require students to engage in self-growth experiences. Counselor educators and supervisors inform students that they have a right to decide what information will be shared or withheld in class.

F.8.d. Addressing Personal Concerns

Counselor educators may require students to address any personal concerns that have the potential to affect professional competency.

F.9. Evaluation and Remediation

F.9.a. Evaluation of Students

Counselor educators clearly state to students, prior to and throughout the training program, the levels of competency expected, appraisal methods, and timing of evaluations for both didactic and clinical competencies. Counselor educators provide students with ongoing feedback regarding their performance throughout the training program.

F.9.b. Limitations

Counselor educators, through ongoing evaluation, are aware of and address the inability of some students to achieve counseling competencies. Counselor educators do the following:

1. assist students in securing remedial assistance when needed,
2. seek professional consultation and document their decision to dismiss or refer students for assistance, and
3. ensure that students have recourse in a timely manner to address decisions requiring them to seek assistance or to dismiss them and provide students with due process according to institutional policies and procedures.

F.9.c. Counseling for Students

If students request counseling, or if counseling services are suggested as part of a remediation process, counselor educators assist students in identifying appropriate services.

F.10. Roles and Relationships Between Counselor Educators and Students

F.10.a. Sexual or Romantic Relationships

Counselor educators are prohibited from sexual or romantic interactions or relationships with students currently enrolled in a counseling or related program and over whom they have power and authority. This prohibition applies to both in-person and electronic interactions or relationships.

F.10.b. Sexual Harassment

Counselor educators do not condone or subject students to sexual harassment.

F.10.c. Relationships With Former Students

Counselor educators are aware of the power differential in the relationship between faculty and students. Faculty

members discuss with former students potential risks when they consider engaging in social, sexual, or other intimate relationships.

F.10.d. Nonacademic Relationships

Counselor educators avoid nonacademic relationships with students in which there is a risk of potential harm to the student or which may compromise the training experience or grades assigned. In addition, counselor educators do not accept any form of professional services, fees, commissions, reimbursement, or remuneration from a site for student or supervisor placement.

F.10.e. Counseling Services

Counselor educators do not serve as counselors to students currently enrolled in a counseling or related program and over whom they have power and authority.

F.10.f. Extending Educator–Student Boundaries

Counselor educators are aware of the power differential in the relationship between faculty and students. If they believe that a nonprofessional relationship with a student may be potentially beneficial to the student, they take precautions similar to those taken by counselors when working with clients. Examples of potentially beneficial interactions or relationships include, but are not limited to, attending a formal ceremony; conducting hospital visits; providing support during a stressful event; or maintaining mutual membership in a professional association, organization, or community. Counselor educators discuss with students the rationale for such interactions, the potential benefits and drawbacks, and the anticipated consequences for the student. Educators clarify the specific nature and limitations of the additional role(s) they will have with the student prior to engaging in a nonprofessional relationship. Nonprofessional relationships with students should be time limited and/or context specific and initiated with student consent.

F.11. Multicultural/Diversity Competence in Counselor Education and Training Programs

F.11.a. Faculty Diversity

Counselor educators are committed to recruiting and retaining a diverse faculty.

F.11.b. Student Diversity

Counselor educators actively attempt to recruit and retain a diverse student body. Counselor educators demonstrate commitment to multicultural/diversity competence by recognizing and valuing the diverse cultures and types of abilities that students bring to the training experience. Counselor educators provide appropriate accommodations that enhance and support diverse student well-being and academic performance.

F.11.c. Multicultural/Diversity Competence

Counselor educators actively infuse multicultural/diversity competency in their training and supervision practices. They actively train students to gain awareness, knowledge, and skills in the competencies of multicultural practice.

Section G

Research and Publication



Introduction

Counselors who conduct research are encouraged to contribute to the knowledge base of the profession and promote a clearer understanding of the conditions that lead to a healthy and more just society. Counselors support the efforts of researchers by participating fully and willingly whenever possible. Counselors minimize bias and respect diversity in designing and implementing research.

G.1. Research Responsibilities

G.1.a. Conducting Research

Counselors plan, design, conduct, and report research in a manner that is consistent with pertinent ethical principles, federal and state laws, host institutional regulations, and scientific standards governing research.

G.1.b. Confidentiality in Research

Counselors are responsible for understanding and adhering to state, federal, agency, or institutional policies or applicable guidelines regarding confidentiality in their research practices.

G.1.c. Independent Researchers

When counselors conduct independent research and do not have access to an institutional review board, they are bound to the same ethical principles and

federal and state laws pertaining to the review of their plan, design, conduct, and reporting of research.

G.1.d. Deviation From Standard Practice

Counselors seek consultation and observe stringent safeguards to protect the rights of research participants when research indicates that a deviation from standard or acceptable practices may be necessary.

G.1.e. Precautions to Avoid Injury

Counselors who conduct research are responsible for their participants' welfare throughout the research process and should take reasonable precautions to avoid causing emotional, physical, or social harm to participants.

G.1.f. Principal Researcher Responsibility

The ultimate responsibility for ethical research practice lies with the principal researcher. All others involved in the research activities share ethical obligations and responsibility for their own actions.

G.2. Rights of Research Participants

G.2.a. Informed Consent in Research

Individuals have the right to decline requests to become research participants. In seeking consent, counselors use language that

1. accurately explains the purpose and procedures to be followed;
2. identifies any procedures that are experimental or relatively untried;
3. describes any attendant discomforts, risks, and potential power differentials between researchers and participants;
4. describes any benefits or changes in individuals or organizations 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 on confidentiality;
8. describes the format and potential target audiences for the dissemination of research findings; and
9. instructs participants that they are free to withdraw their consent and discontinue participation in the project at any time, without penalty.

G.2.b. Student/Supervisee Participation

Researchers who involve students or supervisees in research make clear to them that the decision regarding participation in research activities does not affect their academic standing or supervisory relationship. Students or supervisees who choose not to participate in research are provided with an appropriate alternative to fulfill their academic or clinical requirements.

G.2.c. Client Participation

Counselors conducting research involving clients make clear in the informed consent process that clients are free to choose whether to participate in research activities. Counselors take necessary precautions to protect clients from adverse consequences of declining or withdrawing from participation.

G.2.d. Confidentiality of Information

Information obtained about research participants during the course of research is confidential. Procedures are implemented to protect confidentiality.

G.2.e. Persons Not Capable of Giving Informed Consent

When a research participant is not capable of giving informed consent, counselors provide an appropriate explanation to, obtain agreement for participation from, and obtain the appropriate consent of a legally authorized person.

G.2.f. Commitments to Participants

Counselors take reasonable measures to honor all commitments to research participants.

G.2.g. Explanations After Data Collection

After data are collected, counselors provide participants with full clarification of the nature of the study to remove any misconceptions participants might have regarding the research. Where scientific or human values justify delaying or withholding information, counselors take reasonable measures to avoid causing harm.

G.2.h. Informing Sponsors

Counselors inform sponsors, institutions, and publication channels regarding research procedures and outcomes. Counselors ensure that appropriate bodies and authorities are given pertinent information and acknowledgment.

G.2.i. Research Records Custodian

As appropriate, researchers prepare and disseminate to an identified colleague or records custodian a plan for the transfer of research data in the case of their incapacitation, retirement, or death.

G.3. Managing and Maintaining Boundaries

G.3.a. Extending Researcher-Participant Boundaries

Researchers consider the risks and benefits of extending current research relationships beyond conventional parameters. When a nonresearch interaction between the researcher and the research participant may be potentially beneficial, the researcher must document, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the research participant. Such interactions should be initiated with appropriate consent of the research participant. Where unintentional harm occurs to the research participant, the researcher must show evidence of an attempt to remedy such harm.

G.3.b. Relationships With Research Participants

Sexual or romantic counselor-research participant interactions or relationships with current research participants are prohibited. This prohibition applies to both in-person and electronic interactions or relationships.

G.3.c. Sexual Harassment and Research Participants

Researchers do not condone or subject research participants to sexual harassment.

G.4. Reporting Results

G.4.a. Accurate Results

Counselors plan, conduct, and report research accurately. Counselors do not engage in misleading or fraudulent research, distort data, misrepresent data, or deliberately bias their results. They describe the extent to which results are applicable for diverse populations.

G.4.b. Obligation to Report Unfavorable Results

Counselors report the results of any research of professional value. Results that reflect unfavorably on institutions, programs, services, prevailing opinions, or vested interests are not withheld.

G.4.c. Reporting Errors

If counselors discover significant errors in their published research, they take

reasonable steps to correct such errors in a correction erratum or through other appropriate publication means.

G.4.d. Identity of Participants

Counselors who supply data, aid in the research of another person, report research results, or make original data available take due care to disguise the identity of respective participants in the absence of specific authorization from the participants to do otherwise. In situations where participants self-identify their involvement in research studies, researchers take active steps to ensure that data are adapted/changed to protect the identity and welfare of all parties and that discussion of results does not cause harm to participants.

G.4.e. Replication Studies

Counselors are obligated to make available sufficient original research information to qualified professionals who may wish to replicate or extend the study.

G.5. Publications and Presentations

G.5.a. Use of Case Examples

The use of participants', clients', students', or supervisees' information for the purpose of case examples in a presentation or publication is permissible only when (a) participants, clients, students, or supervisees have reviewed the material and agreed to its presentation or publication or (b) the information has been sufficiently modified to obscure identity.

G.5.b. Plagiarism

Counselors do not plagiarize; that is, they do not present another person's work as their own.

G.5.c. Acknowledging Previous Work

In publications and presentations, counselors acknowledge and give recognition to previous work on the topic by others or self.

G.5.d. Contributors

Counselors 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 is listed first, and minor technical or professional contributions are acknowledged in notes or introductory statements.

G.5.e. Agreement of Contributors

Counselors who conduct joint research with colleagues or students/supervisors establish agreements in advance regarding allocation of tasks, publication credit, and types of acknowledgment that will be received.

G.5.f. Student Research

Manuscripts or professional presentations in any medium that are substantially based on a student's course papers, projects, dissertations, or theses are used only with the student's permission and list the student as lead author.

G.5.g. Duplicate Submissions

Counselors submit manuscripts for consideration to only one journal at a time. Manuscripts that are published in whole or in substantial part in one journal or published work are not submitted for publication to another publisher without acknowledgment and permission from the original publisher.

G.5.h. Professional Review

Counselors who review material submitted for publication, research, or other scholarly purposes respect the confidentiality and proprietary rights of those who submitted it. Counselors make publication decisions based on valid and defensible standards. Counselors review article submissions in a timely manner and based on their scope and competency in research methodologies. Counselors who serve as reviewers at the request of editors or publishers make every effort to only review materials that are within their scope of competency and avoid personal biases.

Section H

Distance Counseling, Technology, and Social Media



Introduction

Counselors understand that the profession of counseling may no longer be limited to in-person, face-to-face interactions. Counselors actively attempt to understand the evolving nature of the profession with regard to distance counseling, technology, and social media and how such resources may be used to better serve their clients. Counselors strive to become knowledgeable about these resources. Counselors understand the

additional concerns related to the use of distance counseling, technology, and social media and make every attempt to protect confidentiality and meet any legal and ethical requirements for the use of such resources.

H.1. Knowledge and Legal Considerations

H.1.a. Knowledge and Competency

Counselors who engage in the use of distance counseling, technology, and/or social media develop knowledge and skills regarding related technical, ethical, and legal considerations (e.g., special certifications, additional course work).

H.1.b. Laws and Statutes

Counselors who engage in the use of distance counseling, technology, and social media within their counseling practice understand that they may be subject to laws and regulations of both the counselor's practicing location and the client's place of residence. Counselors ensure that their clients are aware of pertinent legal rights and limitations governing the practice of counseling across state lines or international boundaries.

H.2. Informed Consent and Security

H.2.a. Informed Consent and Disclosure

Clients have the freedom to choose whether to use distance counseling, social media, and/or technology within the counseling process. In addition to the usual and customary protocol of informed consent between counselor and client for face-to-face counseling, the following issues, unique to the use of distance counseling, technology, and/or social media, are addressed in the informed consent process:

- distance counseling credentials, physical location of practice, and contact information;
- risks and benefits of engaging in the use of distance counseling, technology, and/or social media;
- possibility of technology failure and alternate methods of service delivery;
- anticipated response time;
- emergency procedures to follow when the counselor is not available;
- time zone differences;
- cultural and/or language differences that may affect delivery of services;

- possible denial of insurance benefits; and
- social media policy.

H.2.b. Confidentiality Maintained by the Counselor

Counselors acknowledge the limitations of maintaining the confidentiality of electronic records and transmissions. They inform clients that individuals might have authorized or unauthorized access to such records or transmissions (e.g., colleagues, supervisors, employees, information technologists).

H.2.c. Acknowledgment of Limitations

Counselors inform clients about the inherent limits of confidentiality when using technology. Counselors urge clients to be aware of authorized and/or unauthorized access to information disclosed using this medium in the counseling process.

H.2.d. Security

Counselors use current encryption standards within their websites and/or technology-based communications that meet applicable legal requirements. Counselors take reasonable precautions to ensure the confidentiality of information transmitted through any electronic means.

H.3. Client Verification

Counselors who engage in the use of distance counseling, technology, and/or social media to interact with clients take steps to verify the client's identity at the beginning and throughout the therapeutic process. Verification can include, but is not limited to, using code words, numbers, graphics, or other nondescript identifiers.

H.4. Distance Counseling Relationship

H.4.a. Benefits and Limitations

Counselors inform clients of the benefits and limitations of using technology applications in the provision of counseling services. Such technologies include, but are not limited to, computer hardware and/or software, telephones and applications, social media and Internet-based applications and other audio and/or video communication, or data storage devices or media.

H.4.b. Professional Boundaries in Distance Counseling

Counselors understand the necessity of maintaining a professional relationship with their clients. Counselors discuss

and establish professional boundaries with clients regarding the appropriate use and/or application of technology and the limitations of its use within the counseling relationship (e.g., lack of confidentiality, times when not appropriate to use).

H.4.c. Technology-Assisted Services

When providing technology-assisted services, counselors make reasonable efforts to determine that clients are intellectually, emotionally, physically, linguistically, and functionally capable of using the application and that the application is appropriate for the needs of the client. Counselors verify that clients understand the purpose and operation of technology applications and follow up with clients to correct possible misconceptions, discover appropriate use, and assess subsequent steps.

H.4.d. Effectiveness of Services

When distance counseling services are deemed ineffective by the counselor or client, counselors consider delivering services face-to-face. If the counselor is not able to provide face-to-face services (e.g., lives in another state), the counselor assists the client in identifying appropriate services.

H.4.e. Access

Counselors provide information to clients regarding reasonable access to pertinent applications when providing technology-assisted services.

H.4.f. Communication Differences in Electronic Media

Counselors consider the differences between face-to-face and electronic communication (nonverbal and verbal cues) and how these may affect the counseling process. Counselors educate clients on how to prevent and address potential misunderstandings arising from the lack of visual cues and voice intonations when communicating electronically.

H.5. Records and Web Maintenance

H.5.a. Records

Counselors maintain electronic records in accordance with relevant laws and statutes. Counselors inform clients on how records are maintained electronically. This includes, but is not limited to, the type of encryption and security assigned to the records, and if/for how long archival storage of transaction records is maintained.

H.5.b. Client Rights

Counselors who offer distance counseling services and/or maintain a professional website provide electronic links to relevant licensure and professional certification boards to protect consumer and client rights and address ethical concerns.

H.5.c. Electronic Links

Counselors regularly ensure that electronic links are working and are professionally appropriate.

H.5.d. Multicultural and Disability Considerations

Counselors who maintain websites provide accessibility to persons with disabilities. They provide translation capabilities for clients who have a different primary language, when feasible. Counselors acknowledge the imperfect nature of such translations and accessibilities.

H.6. Social Media

H.6.a. Virtual Professional Presence

In cases where counselors wish to maintain a professional and personal presence for social media use, separate professional and personal web pages and profiles are created to clearly distinguish between the two kinds of virtual presence.

H.6.b. Social Media as Part of Informed Consent

Counselors clearly explain to their clients, as part of the informed consent procedure, the benefits, limitations, and boundaries of the use of social media.

H.6.c. Client Virtual Presence

Counselors respect the privacy of their clients' presence on social media unless given consent to view such information.

H.6.d. Use of Public Social Media

Counselors take precautions to avoid disclosing confidential information through public social media.

Section I

Resolving Ethical Issues



Introduction

Professional counselors behave in an ethical and legal manner. They are aware that client welfare and trust in

the profession depend on a high level of professional conduct. They hold other counselors to the same standards and are willing to take appropriate action to ensure that standards are upheld. Counselors strive to resolve ethical dilemmas with direct and open communication among all parties involved and seek consultation with colleagues and supervisors when necessary. Counselors incorporate ethical practice into their daily professional work and engage in ongoing professional development regarding current topics in ethical and legal issues in counseling. Counselors become familiar with the ACA Policy and Procedures for Processing Complaints of Ethical Violations¹ and use it as a reference for assisting in the enforcement of the *ACA Code of Ethics*.

I.1. Standards and the Law

I.1.a. Knowledge

Counselors know and understand the *ACA Code of Ethics* and other applicable ethics codes from professional organizations or certification and licensure bodies of which they are members. Lack of knowledge or misunderstanding of an ethical responsibility is not a defense against a charge of unethical conduct.

I.1.b. Ethical Decision Making

When counselors are faced with an ethical dilemma, they use and document, as appropriate, an ethical decision-making model that may include, but is not limited to, consultation; consideration of relevant ethical standards, principles, and laws; generation of potential courses of action; deliberation of risks and benefits; and selection of an objective decision based on the circumstances and welfare of all involved.

I.1.c. Conflicts Between Ethics and Laws

If ethical responsibilities conflict with the law, regulations, and/or other gov-

erning legal authority, counselors make known their commitment to the *ACA Code of Ethics* and take steps to resolve the conflict. If the conflict cannot be resolved using this approach, counselors, acting in the best interest of the client, may adhere to the requirements of the law, regulations, and/or other governing legal authority.

I.2. Suspected Violations

I.2.a. Informal Resolution

When counselors have reason to believe that another counselor is violating or has violated an ethical standard and substantial harm has not occurred, they attempt to first resolve the issue informally with the other counselor if feasible, provided such action does not violate confidentiality rights that may be involved.

I.2.b. Reporting Ethical Violations

If an apparent violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution or is not resolved properly, counselors take further action depending on the situation. Such action may include referral to state or national committees on professional ethics, voluntary national certification bodies, state licensing boards, or appropriate institutional authorities. The confidentiality rights of clients should be considered in all actions. This standard does not apply when counselors have been retained to review the work of another counselor whose professional conduct is in question (e.g., consultation, expert testimony).

I.2.c. Consultation

When uncertain about whether a particular situation or course of action may be in violation of the *ACA Code of Ethics*, counselors consult with other counselors who are knowledgeable about ethics and the *ACA Code*

of Ethics, with colleagues, or with appropriate authorities, such as the ACA Ethics and Professional Standards Department.

I.2.d. Organizational Conflicts

If the demands of an organization with which counselors are affiliated pose a conflict with the *ACA Code of Ethics*, counselors specify the nature of such conflicts and express to their supervisors or other responsible officials their commitment to the *ACA Code of Ethics* and, when possible, work through the appropriate channels to address the situation.

I.2.e. Unwarranted Complaints

Counselors do not initiate, participate in, or encourage the filing of ethics complaints that are retaliatory in nature or are made with reckless disregard or willful ignorance of facts that would disprove the allegation.

I.2.f. Unfair Discrimination Against Complainants and Respondents

Counselors do not deny individuals employment, advancement, admission to academic or other programs, tenure, or promotion based solely on their having made or their being the subject of an ethics complaint. This does not preclude taking action based on the outcome of such proceedings or considering other appropriate information.

I.3. Cooperation With Ethics Committees

Counselors assist in the process of enforcing the *ACA Code of Ethics*. Counselors cooperate with investigations, proceedings, and requirements of the ACA Ethics Committee or ethics committees of other duly constituted associations or boards having jurisdiction over those charged with a violation.

¹See the American Counseling Association web site at <http://www.counseling.org/knowledge-center/ethics>

Glossary of Terms

Abandonment – the inappropriate ending or arbitrary termination of a counseling relationship that puts the client at risk.

Advocacy – promotion of the well-being of individuals, groups, and the counseling profession within systems and organizations. Advocacy seeks to remove barriers and obstacles that inhibit access, growth, and development.

Assent – to demonstrate agreement when a person is otherwise not capable or competent to give formal consent (e.g., informed consent) to a counseling service or plan.

Assessment – the process of collecting in-depth information about a person in order to develop a comprehensive plan that will guide the collaborative counseling and service provision process.

Bartering – accepting goods or services from clients in exchange for counseling services.

Client – an individual seeking or referred to the professional services of a counselor.

Confidentiality – the ethical duty of counselors to protect a client’s identity, identifying characteristics, and private communications.

Consultation – a professional relationship that may include, but is not limited to, seeking advice, information, and/or testimony.

Counseling – a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals.

Counselor Educator – a professional counselor engaged primarily in developing, implementing, and supervising the educational preparation of professional counselors.

Counselor Supervisor – a professional counselor who engages in a formal relationship with a practicing counselor or counselor-in-training for the purpose of overseeing that individual’s counseling work or clinical skill development.

Culture – membership in a socially constructed way of living, which incorporates collective values, beliefs, norms, boundaries, and lifestyles that are cocreated with others who share similar worldviews comprising biological, psychosocial, historical, psychological, and other factors.

Discrimination – the prejudicial treatment of an individual or group based on their actual or perceived membership in a particular group, class, or category.

Distance Counseling – The provision of counseling services by means other than face-to-face meetings, usually with the aid of technology.

Diversity – the similarities and differences that occur within and across cultures, and the intersection of cultural and social identities.

Documents – any written, digital, audio, visual, or artistic recording of the work within the counseling relationship between counselor and client.

Encryption – process of encoding information in such a way that limits access to authorized users.

Examinee – a recipient of any professional counseling service that includes educational, psychological, and career appraisal, using qualitative or quantitative techniques.

Exploitation – actions and/or behaviors that take advantage of another for one’s own benefit or gain.

Fee Splitting – the payment or acceptance of fees for client referrals (e.g., percentage of fee paid for rent, referral fees).

Forensic Evaluation – the process of forming professional opinions for court or other legal proceedings, based on professional knowledge and expertise, and supported by appropriate data.

Gatekeeping – the initial and ongoing academic, skill, and dispositional assessment of students’ competency for professional practice, including remediation and termination as appropriate.

Impairment – a significantly diminished capacity to perform professional functions.

Incapacitation – an inability to perform professional functions.

Informed Consent – a process of information sharing associated with possible actions clients may choose to take, aimed at assisting clients in acquiring a full appreciation and understanding of the facts and implications of a given action or actions.

Instrument – a tool, developed using accepted research practices, that measures the presence and strength of a specified construct or constructs.

Interdisciplinary Teams – teams of professionals serving clients that may include individuals who may not share counselors’ responsibilities regarding confidentiality.

Minors – generally, persons under the age of 18 years, unless otherwise designated by statute or regulation. In some jurisdictions, minors may have the right to consent to counseling without consent of the parent or guardian.

Multicultural/Diversity Competence – counselors’ cultural and diversity awareness and knowledge about self and others, and how this awareness and knowledge are applied effectively in practice with clients and client groups.

Multicultural/Diversity Counseling – counseling that recognizes diversity and embraces approaches that support the worth, dignity, potential, and uniqueness of individuals within their historical, cultural, economic, political, and psychosocial contexts.

Personal Virtual Relationship – engaging in a relationship via technology and/or social media that blurs the professional boundary (e.g., friending on social networking sites); using personal accounts as the connection point for the virtual relationship.

Privacy – the right of an individual to keep oneself and one’s personal information free from unauthorized disclosure.

Privilege – a legal term denoting the protection of confidential information in a legal proceeding (e.g., subpoena, deposition, testimony).

Pro bono publico – contributing to society by devoting a portion of professional activities for little or no financial return (e.g., speaking to groups, sharing professional information, offering reduced fees).

Professional Virtual Relationship – using technology and/or social media in a professional manner and maintaining appropriate professional boundaries; using business accounts that cannot be linked back to personal accounts as the connection point for the virtual relationship (e.g., a business page versus a personal profile).

Records – all information or documents, in any medium, that the counselor keeps about the client, excluding personal and psychotherapy notes.

Records of an Artistic Nature – products created by the client as part of the counseling process.

Records Custodian – a professional colleague who agrees to serve as the caretaker of client records for another mental health professional.

Self-Growth – a process of self-examination and challenging of a counselor’s assumptions to enhance professional effectiveness.

Serious and Foreseeable – when a reasonable counselor can anticipate significant and harmful possible consequences.

Sexual Harassment – sexual solicitation, physical advances, or verbal/nonverbal conduct that is sexual in nature; occurs in connection with professional activities or roles; is unwelcome, offensive, or creates a hostile workplace or learning environment; and/or is sufficiently severe or intense to be perceived as harassment by a reasonable person.

Social Justice – the promotion of equity for all people and groups for the purpose of ending oppression and injustice affecting clients, students, counselors, families, communities, schools, workplaces, governments, and other social and institutional systems.

Social Media – technology-based forms of communication of ideas, beliefs, personal histories, etc. (e.g., social networking sites, blogs).

Student – an individual engaged in formal graduate-level counselor education.

Supervisee – a professional counselor or counselor-in-training whose counseling work or clinical skill development

is being overseen in a formal supervisory relationship by a qualified trained professional.

Supervision – a process in which one individual, usually a senior member of a given profession designated as the supervisor, engages in a collaborative relationship with another individual or group, usually a junior member(s) of a given profession designated as the supervisee(s) in order to (a) promote the growth and development of the supervisee(s), (b) protect the welfare of the clients seen by the supervisee(s), and (c) evaluate the performance of the supervisee(s).

Supervisor – counselors who are trained to oversee the professional clinical work of counselors and counselors-in-training.

Teaching – all activities engaged in as part of a formal educational program that is designed to lead to a graduate degree in counseling.

Training – the instruction and practice of skills related to the counseling profession. Training contributes to the ongoing proficiency of students and professional counselors.

Virtual Relationship – a non-face-to-face relationship (e.g., through social media).

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Ethics Related Resources From ACA!

- Free consultation on ethics for ACA Members
- Bestselling publications revised in accordance with the 2014 *Code of Ethics*, including *ACA Ethical Standards Casebook*, *Boundary Issues in Counseling*, *Ethics Desk Reference for Counselors*, and *The Counselor and the Law*
- Podcast and six-part webinar series on the 2014 *Code*
- The latest information on ethics at counseling.org/ethics



AMERICAN COUNSELING
ASSOCIATION

5999 Stevenson Avenue
Alexandria, VA 22304

counseling.org • 800-422-2648 x222

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