

TELEMENTAL HEALTH LAWS AND ETHICS: WHAT CLINICIANS AND SUPERVISORS NEED TO KNOW AND DO TO PREVENT ETHICAL DILEMMAS

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Objectives

- Telehealth Quiz
- An overview of telemental health laws
- Participants will explain updated and relevant COVID 19 Pandemic HIPAA guidelines (Video- HIPAA Laws)
- To explain the three Levels of E-Communications in telemental health
- Reminder of the telemental health duties and responsibilities of Clinicians and Supervisors
- Participants will demonstrate an understanding of National Association of Social Workers (NASW) and Licensed Professional Counselors Association (LPCA) key Codes of telemental Ethics

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Supervisors will identify ethical and telemental health challenges with supervisees and clients

Participants will identify common ethical dilemmas and solutions

Participants will explain the necessary steps that is needed to conduct ethical investigations in the workplace

They will identify specific ways to prevent ethical dilemmas in the workplace.

Activities: Various Ethical Scenarios will be utilized throughout the training

Wrap-up



3

4

What Do You Know About Telemental Health Quiz?

- Telemental Health is the mode of delivering services via technology-assisted media, such as but not limited to, a telephone, video, internet, a smartphone, tablet, PC desktop system or other electronic means using any encryption technology for electronic health information. True or False
- What year did tele psychiatry come into existence?
- Asynchronous store means the transmission of a client's information from an originating site to a licensee at a distant site without the presence of the client. True or False
- Synchronous interaction means a real-time interaction between a client and a licensee located at a distant site. True or False
- Encryption is the least effective way to achieve data security. True or False
- Bonus Questions- What year did HIPAA come into existence? What do the HIPAA acronym mean?

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The HRSA and HHS Definition of Telehealth

- The Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) defines telehealth as the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, and public health and health administration.
- Technologies include videoconferencing, the internet, store- and-forward imaging, streaming media, and landline and wireless communications.

Source: <https://www.hhs.gov/hipaa/for-professionals/faq/3015/what-is-telehealth/index.html>

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Telemental Health Laws

- Privacy and Confidentiality Federal Laws-42 CER part 2; 34 C.F.R. Part 99; regulations under HIPAA



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Privacy and Confidentiality Federal Laws Under HIPAA

- The Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule") establishes, for the first time, a set of national standards for the protection of certain health information.
- The U.S. Department of Health and Human Services ("HHS") issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").
- The Privacy Rule standards address the use and disclosure of individuals' health information—called "protected health information" by organizations subject to the Privacy Rule — called "covered entities," as well as standards for individuals' privacy rights to understand and control how their health information is used.

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- Within HHS, the Office for Civil Rights ("OCR") has responsibility for implementing and enforcing the Privacy Rule with respect to voluntary compliance activities and civil money penalties.
- Source:
<http://www.hhs.gov/sites/default/files/privacysummary.pdf>

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Hi-Tech Act of 2010

- The Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act of 2009, was signed into law on February 17, 2009, to promote the adoption and meaningful use of health information technology.
- State statutes related to reporting responsibilities for suicidality, homicidality, and child and elder abuse must be followed according to state laws.
- Statutes and guidelines related to clinical work with minors and multiple versus primary clients e.g. federal laws related to substance abuse and etc.



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THE HITECH ACT (2010)

- Because this legislation anticipates a massive expansion in the exchange of electronic protected health information (ePHI), the HITECH Act also widens the scope of privacy and security protections available under HIPAA; it increases the potential legal liability for non-compliance; and it provides for more enforcement.
- New guidelines for addressing breaches of confidential information
- Extensions to guidelines for providers covered under Business Associate Agreements
- Modifications to definitions of electronic media to address advances in technology (cell phones, texting, IM, and other new forms of electronic communication)
- Finally, U.S. Department of Health & Human Services (HHS) is now required to conduct periodic audits of covered entities and business associates.

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HIPAA Compliant Information

- A signed "Business Associate Agreement" which is required by law, as per the HIPAA Omnibus Act (January, 2013).
- Business Associate Agreement (BAA) definition
- A BAA is essentially a promise from the Business Associate that they will safeguard your data in the same ways you as a covered entity are required to do. Another important item is the assurance that the Associate will track "security incidents," and provide audit trails, as necessary, of what's been happening with your data.



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COVID Pandemic Notification of Enforcement Discretion Guidelines

- The Notification of Enforcement Discretion issued by the HHS Office for Civil Rights (OCR) applies to all health care providers that are covered by HIPAA and provide telehealth services during the emergency.
- Health care providers include, for example, physicians, nurses, clinics, hospitals, home health aides, therapists, other mental health professionals, dentists, pharmacists, laboratories, and any other person or entity that provides health care.
- A health insurance company that pays for telehealth services is not covered by the Notification of Enforcement Discretion.

Source: <https://www.hhs.gov/hipaa/for-professionals/faq/3016/what-entities-are-included-and-excluded-under-the-notification-of-enforcement-discretion-regarding-covid-19-and-remote-telehealth-communications/index.html>

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COVID-19 HIPAA Guidelines

- The Office for Civil Rights (OCR) at the Department of Health and Human Services (HHS) is responsible for enforcing certain regulations issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended by the Health Information Technology for Economic and Clinical Health (HITECH) Act, to protect the privacy and security of protected health information, namely the HIPAA Privacy, Security and Breach Notification Rules (the HIPAA Rules).

■ Source: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

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COVID-19 HIPAA Guidelines Cont.

- A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients.
- OCR is exercising its enforcement discretion to not impose penalties for noncompliance with the HIPAA Rules in connection with the good faith provision of telehealth using such non-public facing audio or video communication products during the COVID-19 nationwide public health emergency.
- This exercise of discretion applies to telehealth provided for any reason, regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19.

■ Source: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

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- Under this Notice, covered health care providers may use the following popular video chats:
 - Apple FaceTime,
 - Facebook Messenger video chat,
 - Google Hangouts video,
 - Zoom, or
 - Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency.
- Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.
- Under this Notice, however, Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and therefore should not be used in the provision of telehealth by covered health care providers.
- Covered health care providers that seek additional privacy protections for telehealth while using video communication products should provide such services through technology vendors that are HIPAA compliant and will enter into HIPAA business associate agreements (BAAs) in connection with the provision of their video communication products

■ Source: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

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■ When does the Notification of Enforcement Discretion regarding COVID-19 and remote telehealth communications expire?

■ The Notification of Enforcement Discretion does not have an expiration date. OCR will issue a notice to the public when it is no longer exercising its enforcement discretion based upon the latest facts and circumstances.

Source: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>



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Vendors with HIPAA-compliant video communication products
(Vendors must have a Business Associate Agreement and meet encryption standards)

- Skype for Business / Microsoft Teams
- Updox
- VSee
- Zoom / Zoom for Healthcare
- Doxy.me
- Google G Suite Hangouts Meet
- Cisco Webex Meetings / Webex Teams
- Amazon Chime
- GoToMeeting

Video- "COVID-19 and HIPAA"



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Video- "COVID-19 and HIPAA"
<https://www.youtube.com/watch?v=Mhn78BQAYtw>



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19 State Licensure Limits

- During COVID-19, are mental health professionals allowed to see clients in other states, especially if they are pre-existing clients? Abandoning a client would be very harmful at this time.
- Most states have approved inter-jurisdictional practice – but no blanket rule applies. To be sure, download the check this state-by-state report published for COVID-19 changes on a regular basis to see about practice in your state(s) of licensure.
- The organization publishing this report is the Center for Connected Health Policy.
- For the most current information check [HERE](#).
- Previously, clinicians had to hold a license in the same state where they provided telehealth services. You must get the consent of the state board you wish to practice telehealth services and complete a signed affidavit along with other qualification rules.
- With the recent increased popularity of telehealth patient services, legislation supporting telehealth across state lines produced the Interstate [Medical Licensure Compact \(IMLC\)](#).

Source: 110P - COVID Telehealth Clinical Best Practices Power Point Presentation, Telebehavioral Health Institute, M. Maheu, January 2021

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20 TEMPORARY REGISTRATION OF OUT-OF-STATE HEALTH CARE PROVIDERS TO PROVIDE TELEHEALTH SERVICES TO PATIENTS IN KENTUCKY DURING THE COVID-19 DECLARED STATE OF EMERGENCY By Governor Beshear- COVID-19 Telehealth Executive Order 2020-215 (March 2020)

Kentucky State Board Affidavit to practice in Kentucky during COVID-19 - search for state board websites in your profession

AFFIDAVIT

I, _____ (printed name of Affiant), certify, under penalty of perjury, that I am licensed to practice _____ (type of health care licensed in practice) in _____ (state, District of Columbia, territory, or possession of the United States where Affiant holds license). I intend to remotely provide health care services to a patient or patients in Kentucky through the use of telemedicine at an appropriate site for both the provider and patient and in compliance with HIPAA. I certify that my license in the state identified above is active and unencumbered and that I have never been subject to discipline by a licensing agency in any state or federal jurisdiction. I further certify that if I hold a license or permit for controlled substances that this license has never been suspended or revoked. I further certify that I will register with the relevant state agency and will only offer clinically appropriate, medically necessary services. I understand and agree that this registration expires immediately upon the Governor or the General Assembly's determination that the state of emergency in response to

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What are the legal/clinical issues that might arise if you agree to work over state lines or international borders?

- Mandated reporting**
 - Abuse
 - Suicide
 - Homicide / Tarasoff
 - Hearing of abuse from another Therapist
- Other?**
 - Lack of response
 - Family contacts
 - How to document?
 - Insurance fraud?

Source: 110P - COVID Telehealth Clinical Best Practices Power Point Presentation, Telebehavioral Health Institute, M. Maheu, January 2021

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HIPAA Rules

Among other things, the HIPAA rules require:

- Access control
- Audit controls
- Person or entity authentication
- Transmission security
- Business Associate access controls
- Risk analysis
- Workstation security
- Device and media controls

Source: <https://www.hipaajournal.com/hipaa-compliance-checklist/>



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HIPAA-COMPLIANT EMAIL SERVICES PROVIDERS YOU SHOULD KNOW 23

1. Virtru
2. Barracuda
3. Hushmail
4. LuxSci
5. ProtonMail
6. Paubox
7. MaxMD
8. MailHippo

<https://builtin.com/healthcare-technology/hipaa-compliant-email>



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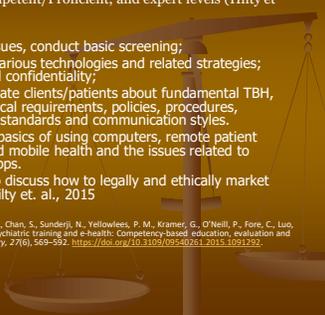
An Inter-professional Framework for Telebehavioral Health Competencies (3 Levels of E-Communications)

Hilty and colleagues came up with the following TBH competencies; novice/advanced beginner, competent/Proficient, and expert levels (Hilty et al. 2015)

First, the Novice in TBH:

- can identify and describe issues, conduct basic screening;
- list pros and cons of using various technologies and related strategies; protect security, privacy and confidentiality;
- and when appropriate, educate clients/patients about fundamental TBH, laws, rules, regulations, ethical requirements, policies, procedures, assessments, interventions, standards and communication styles.
- They can demonstrate the basics of using computers, remote patient monitoring, social media and mobile health and the issues related to recommending the use of apps.
- They also have the ability to discuss how to legally and ethically market their own services online (Hilty et. al., 2015)

Source: Hilty, D. M., Crawford, A., Teshima, J., Chan, S., Sunderji, N., Yellowlees, P. M., Kramer, G., O'Neill, P., Fore, C., Luo, J. S., & Li, S. T. (2015). A framework for telepsychiatric training and e-health: Competency-based education, evaluation and implications. *International Review of Psychiatry*, 27(6), 569-592. <https://doi.org/10.3109/09540129.2015.1051322>



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Second, the Proficient level:

- Includes graduating residents or fellows, licensed and advanced residents, experienced practitioners, independent practitioners, faculty, attending or interprofessional team members.
- These professionals are not only able to *identify and describe* the areas listed for those at the Novice level, but also *implement* the use of appropriate documentation, procedures, policies and telepractices needed for the responsible delivery of TBH.
- They are able to find and engage with the digital tools to facilitate telepractice while increasing client/patient comfort in compliance with expectations of professionals who are culturally competent.
- Their telepractices are compliant with all relevant laws, rules, regulations, ethical codes, administrative policies and procedures for not only computers, but all digitized tools they use, including mobile health, remote patient monitoring, apps, wearables, artificial intelligence, robotics and other technological innovations prior to utilizing them with the public.
- This mid-level group also includes supervisors who help novices or other professionals to learn telebehavioral best practices. When using digitized systems to market their services, they know how to follow the relevant laws and ethical codes related to digital marketing. (Hilty et. al., 2015)

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Third, the Authority level:

- May function as an advanced faculty/attending, interprofessional team leader, scholar, researcher, policy maker, advanced practitioner, supervisor, trainer or consultant.
- They may actively review policies, develop new policies and strategies based on changing criteria in the telebehavioral or related fields.
- Members of this advanced, Authority group may assist with evaluating work flow and needs assessments.
- They may consult so as to help others comply with best practices, optimize settings or technologies, and maximize therapeutic alliance when using technology.
- TBH Authorities may also conduct telebehavioral research, integrate paradigms, develop consensus statements across professions, disciplines and countries.
- They may also develop new methods for documentation, conduct evidence-based research, identify new best practices to address inconsistencies or resolve implementation problems with non-routine telepractice. (Hilty et. al., 2015)

Discussion: Which of these three levels are you?

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**Reminder of the Duties and Responsibilities of Clinicians
Rule 135-11.01 Telemental Health (Georgia)**

- Informed Consent** - Prior to the delivery of TeleMental Health services by a licensee via technology-assisted media, the licensee at the distant site shall inform the client that TeleMental Health services via technology-assisted media will be used, and the licensee shall obtain verbal and written consent from the client for this use.
 - The verbal and written consent shall be documented in the client's record. Consent must include disclosure of the use of any third party vendor such as a record keeping, billing service, or legal counsel.
- Client Assessment** - Careful assessment using assessment instruments referenced in Rule 135-7-05 as appropriate is required in order to determine whether an individual may be properly assessed and/or treated via TeleMental Health services through technology-assisted media.
 - Clients who cannot be treated properly via TeleMental Health services should be treated in person, or else they should not be accepted as clients or, if already accepted, properly terminated with appropriate referrals.

Source: The Georgia Composite

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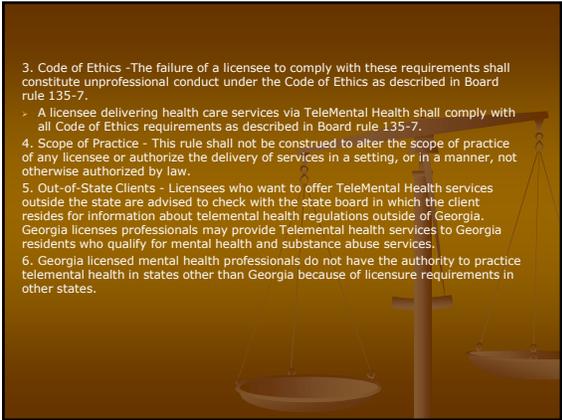
3. Code of Ethics -The failure of a licensee to comply with these requirements shall constitute unprofessional conduct under the Code of Ethics as described in Board rule 135-7.

- A licensee delivering health care services via TeleMental Health shall comply with all Code of Ethics requirements as described in Board rule 135-7.

4. Scope of Practice - This rule shall not be construed to alter the scope of practice of any licensee or authorize the delivery of services in a setting, or in a manner, not otherwise authorized by law.

5. Out-of-State Clients - Licensees who want to offer TeleMental Health services outside the state are advised to check with the state board in which the client resides for information about telemental health regulations outside of Georgia. Georgia licenses professionals may provide Telemental health services to Georgia residents who qualify for mental health and substance abuse services.

6. Georgia licensed mental health professionals do not have the authority to practice telemental health in states other than Georgia because of licensure requirements in other states.

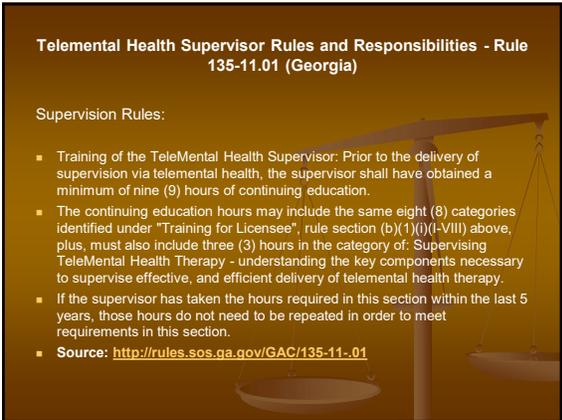


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Telemental Health Supervisor Rules and Responsibilities - Rule 135-11.01 (Georgia)

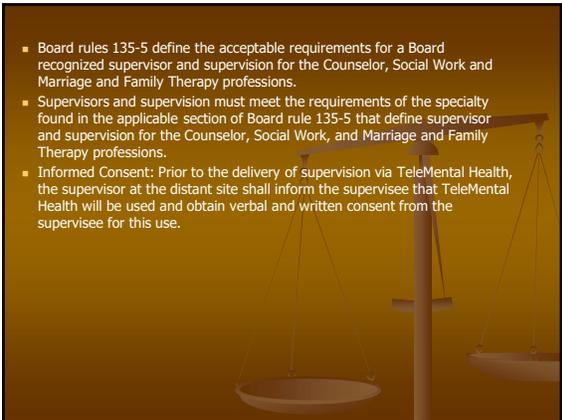
Supervision Rules:

- Training of the TeleMental Health Supervisor: Prior to the delivery of supervision via telemental health, the supervisor shall have obtained a minimum of nine (9) hours of continuing education.
- The continuing education hours may include the same eight (8) categories identified under "Training for Licensee", rule section (b)(1)(i)-(viii) above, plus, must also include three (3) hours in the category of: Supervising TeleMental Health Therapy - understanding the key components necessary to supervise effective, and efficient delivery of telemental health therapy.
- If the supervisor has taken the hours required in this section within the last 5 years, those hours do not need to be repeated in order to meet requirements in this section.
- Source: <http://rules.sos.ga.gov/GAC/135-11-.01>



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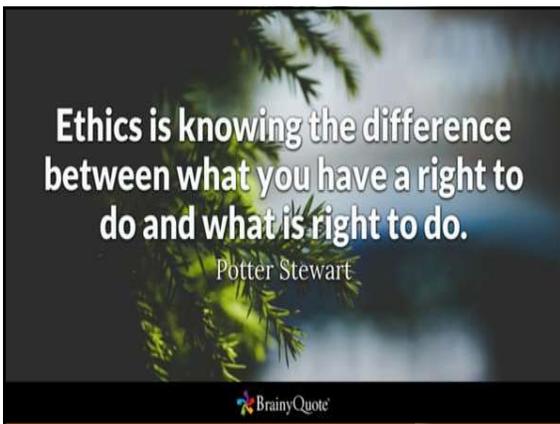
- Board rules 135-5 define the acceptable requirements for a Board recognized supervisor and supervision for the Counselor, Social Work and Marriage and Family Therapy professions.
- Supervisors and supervision must meet the requirements of the specialty found in the applicable section of Board rule 135-5 that define supervisor and supervision for the Counselor, Social Work, and Marriage and Family Therapy professions.
- Informed Consent: Prior to the delivery of supervision via TeleMental Health, the supervisor at the distant site shall inform the supervisee that TeleMental Health will be used and obtain verbal and written consent from the supervisee for this use.



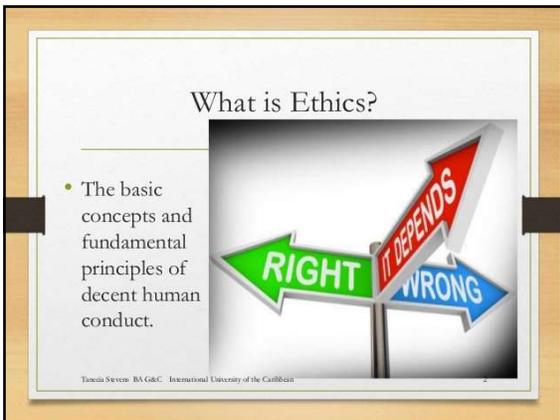
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Moral Principles

- Moral values help us distinguish between what's right and wrong, good or bad for you and me as well as society.
- Fidelity - faithfulness, loyalty, faithful in fulfilling/keeping commitments, to be on time; keep appointments, and etc.
- Veracity-Truthfulness/honesty. Be honest about your capacity; be honest with your clients.
- Autonomy- respecting the person's right to making their own decisions -Informed Consent.
- Discussion: What are your personal and work values?

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The American Counselors Association (ACA) Code of Ethics (LPCA)

- The 2014 ACA Code of Ethics replaced the 2005 edition. The new edition is the first code that speaks to the ethics of using social media with clients.
- It also presents new or expanded guidelines for preventing the imposition of counselor personal values, distance counseling, confidentiality, dual relationships, multiculturalism and diversity, the use of technology, recordkeeping, diagnosis, end-of life care and the selection of interventions.

Source: © 2014 by the American Counseling Association

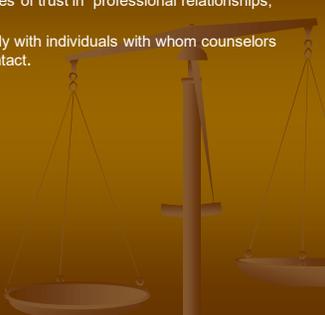
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Professional Values LPCA and NASW Ethical Principles

- LPCA and NASW have similar values and principles.
- 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 the following;
 - 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;

Source: © 2014 by the American Counseling Association
Source: <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>

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- 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.

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LPCA Code of Ethics Updates
American Mental Health Counselors Association
(AMHCA) Code of Ethics



- 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.

Source: © 2014 by the American Counseling Association

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The ACA Code of Ethics Nine Main Sections



- A. The Counseling Relationship Section
- B. Confidentiality and Privacy
- C. Professional Responsibility
- D. Relationships With Other Professionals
- E. Evaluation, Assessment, and Interpretation
- F. Supervision, Training, and Teaching
- G. Research and Publication
- H. Distance Counseling, Technology, and social media

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NASW Code of Ethics Updates

- The Delegate Assembly of the National Association of Social Workers approved a number of significant amendments to the NASW Code of Ethics on August 4, 2017 with an effective date of January 1, 2018. (Barsky, 2017)
- The NASW Code of Ethics had not been changed since 1996.

Source: <https://www.socialworker.com/feature-articles/ethics-articles/the-2017-nasw-code-of-ethics-whats-new/>

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Core Values of Social Work

The foundation of social work's unique purpose and perspective:

- service
- social justice
- dignity and worth of the person
- importance of human relationships
- integrity
- Competence

Source: <https://socialwork.utexas.edu/dl/files/academic-programs/other/nasw-code-of-ethics.pdf>

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Social Workers' Ethical Responsibilities to Clients

<ul style="list-style-type: none"> ■ 1.01 Commitment to Clients ■ 1.02 Self-Determination ■ 1.03 Informed Consent ■ 1.04 Competence ■ 1.05 Cultural Competence ■ 1.06 Conflicts of Interest ■ 1.07 Privacy and Confidentiality ■ 1.08 Access to Records 	<ul style="list-style-type: none"> ■ 1.09 Sexual Relationships ■ 1.10 Physical Contact ■ 1.11 Sexual Harassment ■ 1.12 Derogatory Language ■ 1.13 Payment for Services ■ 1.14 Clients Who Lack Decision-Making Capacity ■ 1.15 Interruption of Services ■ 1.16 Referral for Services ■ 1.17 Termination of Service
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Source: <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>

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Additional Social Workers Ethical Responsibilities

- Social Workers also have ethical responsibilities to Colleagues,
- Ethical Responsibilities in Practice Settings,
- Social Workers' Ethical Responsibilities as Professionals,
- Social Workers' Ethical Responsibilities to the Social Work Profession, and
- Social Workers' Ethical Responsibilities to the Broader Society

Video – "Telemental Health Tips: Don'ts and Do's"

Source: <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>

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Telemental Health Tips: Don'ts and Do's
<https://www.youtube.com/watch?v=K4unpA1Se5I>



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Group activity

- Each group will discuss Dr. David Goldbloom's Telemental Health counseling session in terms of areas of concern/weaknesses from a telemental health/ ethical perspective per the video.
- Identify ethical violations.
- What is the solution (s) to Dr. Goldbloom ethical violations? Rationale?
- Summarize Dr. Alison Crawford interview with her client. What telemental health rules did she follow?
- What did you learn about this scenario that will help you in your telehealth practice?

Group spoke persons will present their team's recommendations

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Codes of Ethics/Telemental Health Ethics

Codes of Ethics Association	Codes of Ethics that Gets Violated
National Association of Social Workers (NASW)	Competency, and security Informed Consent Confidentiality Laws
Licensed Professional Counselors Association (LPCA)	Competency, and security Informed Consent Confidentiality Laws

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Social Work - Competence

- 1.04 Competence
- a) Social workers should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience.
- (b) Social workers should provide services in substantive areas or use intervention techniques or approaches that are new to them only after engaging in appropriate study, training, consultation, and supervision from people who are competent in those interventions or techniques.
- (c) When generally recognized standards do not exist with respect to an emerging area of practice, social workers should exercise careful judgment and take responsible steps (including appropriate education, research, training, consultation, and supervision) to ensure the competence of their work and to protect clients from harm.

Source: NASW Code of Ethics

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Social Work Competence Cont.

- d. Social workers who use technology in the provision of social work services should ensure that they have the necessary knowledge and skills to provide such services in a competent manner. This includes an understanding of the special communication challenges when using technology and the ability to implement strategies to address these challenges.
- (e) Social workers who use technology in providing social work services should comply with the laws governing technology and social work practice in the jurisdiction in which they are regulated and located and, as applicable, in the jurisdiction in which the client is located.

Source: NASW Code of Ethics

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Social Work- Informed Consent

- (a) Social workers should provide services to clients only in the context of a professional relationship based, when appropriate, on valid informed consent.
- Social workers should use clear and understandable language to inform clients of the purpose of the services, risks related to the services, limits to services because of the requirements of a third-party payer, relevant costs, reasonable alternatives, clients' right to refuse or withdraw consent, and the time frame covered by the consent.
- Social workers should provide clients with an opportunity to ask questions.

Source: NASW Code of Ethics



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Social Work informed Consent Cont.

- (e) Social workers should discuss with clients the social workers' policies concerning the use of technology in the provision of professional services.
- (f) Social workers who use technology to provide social work services should obtain informed consent from the individuals using these services during the initial screening or interview and prior to initiating services. Social workers should assess clients' capacity to provide informed consent and, when using technology to communicate, verify the identity and location of clients.
- (g) Social workers who use technology to provide social work services should assess the clients' suitability and capacity for electronic and remote services.

Source: NASW Code of Ethics



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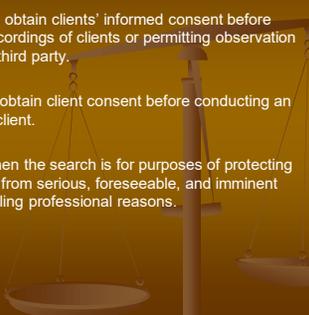
- Social workers should consider the clients' intellectual, emotional, and physical ability to use technology to receive services and the clients' ability to understand the potential benefits, risks, and limitations of such services.
- If clients do not wish to use services provided through technology, social workers should help them identify alternate methods of service.



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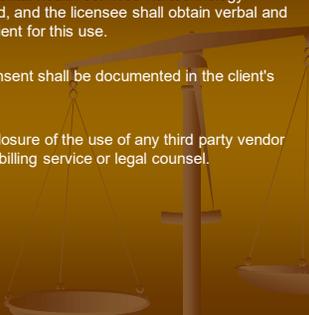
Social work -Informed Consent

- (h) Social workers should obtain clients' informed consent before making audio or video recordings of clients or permitting observation of service provision by a third party.
- (i) Social workers should obtain client consent before conducting an electronic search on the client.
- Exceptions may arise when the search is for purposes of protecting the client or other people from serious, foreseeable, and imminent harm, or for other compelling professional reasons.



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- Prior to the delivery of teleMental health services by a licensee via technology-assisted media, the licensee at the distant site shall inform the client that teleMental health services via technology-assisted media will be used, and the licensee shall obtain verbal and written consent from the client for this use.
- The verbal and written consent shall be documented in the client's record.
- Consent must include disclosure of the use of any third party vendor such as a record keeping, billing service or legal counsel.

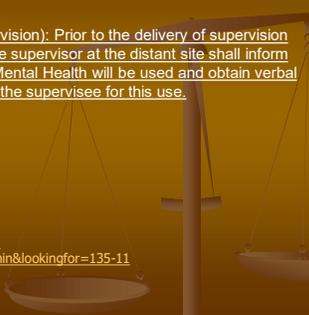


53

Social Work-Supervision Informed Consent

- Supervision Rules:
- Informed Consent (Supervision): Prior to the delivery of supervision via TeleMental Health, the supervisor at the distant site shall inform the supervisee that TeleMental Health will be used and obtain verbal and written consent from the supervisee for this use.

Source: NASW Code of Ethics
<http://rules.sos.ga.gov/gac/135-11?uriRedirected=yes&data=admin&lookingfor=135-11>



54

Social Work –Privacy and Confidentiality

- 1.07 Privacy and Confidentiality
- (a) Social workers should respect clients' right to privacy. Social workers should not solicit private information from or about clients except for compelling professional reasons. Once private information is shared, standards of confidentiality apply.
- (b) Social workers may disclose confidential information when appropriate with valid consent from a client or a person legally authorized to consent on behalf of a client.
- (c) Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons.

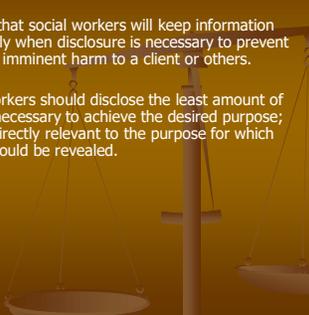


55

Social Work-Confidentiality Cont.

- The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or others.
- In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed.

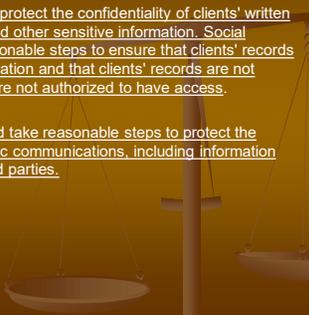
NASW Code of Ethics



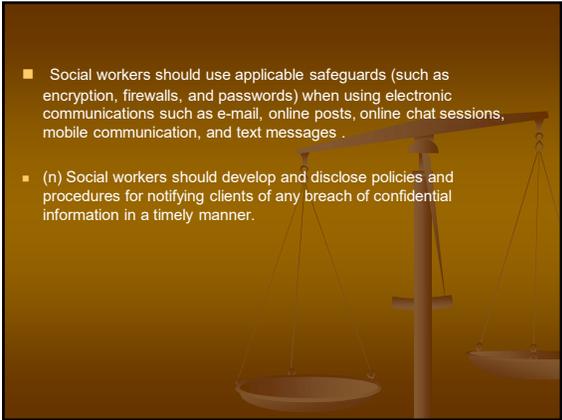
56

Social Work and Confidentiality cont.

- (l) Social workers should protect the confidentiality of clients' written and electronic records and other sensitive information. Social workers should take reasonable steps to ensure that clients' records are stored in a secure location and that clients' records are not available to others who are not authorized to have access.
- (m) Social workers should take reasonable steps to protect the confidentiality of electronic communications, including information provided to clients or third parties.



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- Social workers should use applicable safeguards (such as encryption, firewalls, and passwords) when using electronic communications such as e-mail, online posts, online chat sessions, mobile communication, and text messages .
- (n) Social workers should develop and disclose policies and procedures for notifying clients of any breach of confidential information in a timely manner.

58

Social Work and Confidentiality cont.

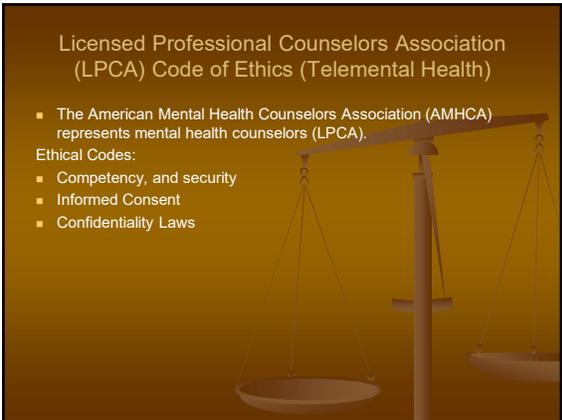


- (o) In the event of unauthorized access to client records or information, including any unauthorized access to the social worker's electronic communication or storage systems, social workers should inform clients of such disclosures, consistent with applicable laws and professional standards.
- (p) Social workers should develop and inform clients about their policies, consistent with prevailing social work ethical standards, on the use of electronic technology, including Internet-based search engines, to gather information about clients.

■ Source: <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>.

59

Licensed Professional Counselors Association (LPCA) Code of Ethics (Telemental Health)



- The American Mental Health Counselors Association (AMHCA) represents mental health counselors (LPCA).

Ethical Codes:

- Competency, and security
- Informed Consent
- Confidentiality Laws

60

Competency, and security/Telemental Health Ethics

- C. 1. b) Counselors only provide distance counseling when they have had training, experience, and supervision to do so.
- c) To maintain knowledge of relevant scientific and professional information related to the services rendered, and recognizes the need for on-going education.
- d) Represent accurately their competence, education, training, and experience including licenses and certifications.
- The counselor will evaluate the client to determine that the client is appropriate for distance counseling services.

61

- f) Counselors will conduct themselves in a professional manner during distance, online counseling sessions as if the client were in the counselor's office.
- g) Counselors will disclose to clients all procedures for documenting and storing of records of distance, online counseling sessions.
- i) Counselors will safeguard and protect all records of distance counseling sessions as they would for in person sessions in accordance with all state and federal laws and regulations. (AMHCA Code of Ethics- Revised, 2015)

62

Informed Consent

- Clients have the right to know and understand what is expected, how the information divulged will be used, and the freedom to choose whether, and with whom, they will enter into a counseling relationship.
- a) Mental health counselors provide information that allows clients to make an informed choice when selecting a provider.
- Such information includes but is not limited to: counselor credentials, issues of confidentiality, the use of tests and inventories, diagnosis, reports, billing, and therapeutic process.
- Restrictions that limit clients' autonomy are fully explained.
- b) Informed Consent includes the mental health counselor's professional disclosure statement and client bill of rights.

63

Telemental Health – Informed Consent Ethics

- 6. c) Written policies concerning the use of telehealth in a counseling relationship should include informed consent that is clearly set forth, understandable, and addresses the use of phone, online face to face counseling, electronic billing, text, and email contact with a client.
- This informed consent should clearly discuss the benefits and risks of entering into distance counseling.
- i) Email: Mental health counselors should advise clients about the risks of exchanging emails.
- It is recommended to include a disclaimer when sending emails. Refer to the most update to date HIPAA regulations.

64

- Email transmissions are part of the client record; copies should be maintained in the client file.
- ii) Text messages: Text messages are not a secure form of communication therefore texting of personal information should be discouraged. Text messages are considered a part of the client record, and should be kept in the client file.

65

Activity 66

- Providers should verify the meaning of communications from clients using emoticons; they often carry multiple, ambiguous meanings.
- See examples of emoticons and acronyms- Exhibit 2.2-3: Common Emoticons and Acronyms in Text-Based Communications Common Emoticons Common Acronyms – page 127
- Activity- Do you understand common acronyms and Emoticons?

Identify the following acronyms;

AAMOF	FWIW
BBFN	HTH
BYKT	IMO/IMHO
FITB	NRN

Common Emoticons:

T_T	X-(
D:	:o

Source: SAMHSA, TIP-60

66

Confidentiality

- Confidentiality Mental health counselors have a primary obligation to safeguard information about individuals obtained in the course of practice, teaching, or research.
- Personal information is communicated to others only with the person's consent, preferably written, or in those circumstances, as dictated by state laws.
- Disclosure of counseling information is restricted to what is necessary, relevant and verifiable. a) Confidentiality is a right granted to all clients of mental health counseling services.
- From the onset of the counseling relationship, mental health counselors inform clients of these rights including legal limitations and exceptions.

67

Supervisee Confidentiality Disclosure to Clients

- Ensure that supervisees inform clients of clients' rights to confidentiality and privileged communication when applicable, as well as the limits of confidentiality and privileged communication.
- The general limits of confidentiality are when harm to self or others is threatened, when the abuse(or imminent harm)of children, adolescent, elders or persons with disabilities is suspected, and in cases when the court compels the mental health professional to testify and break confidentiality.
- These are the current generally accepted limitations to confidentiality and privileged communication, but they may be modified by state law or federal statute.
- Counselors should have a written policy that prohibits both the therapist and the client from recording a treatment session without the written consent of the other.
- If a recording of the treatment session has been authorized, the counselor, should either erase or destroy the recording as soon as it has fulfilled its intended purpose (e.g., supervision or conclusion of counseling) in order to maintain confidentiality of the contents.

68

Confidentiality and Social Media Ethics

- Counselors do not engage in virtual relationships with clients as to do so could potentially be a violation of confidentiality.
- Counselors should not establish connections or engage with clients through social media.
- In addition, counselors need to have appropriate privacy settings so that clients cannot contact them on these professional social media sites, or access a site in any way. (Facebook, Linked-in, Twitter, and etc.)

69

CPCS Utilizing Tele-Supervision

- Prior to providing supervisory services through electronic means (including but not limited to phone and Internet), CPCSs ensure they are compliant with all relevant laws for the delivery of such services, including completion of the 9 CE's required by the GA Composite Board.
- Additionally, a CPCS must:
 - (a) determine that technologically-assisted supervision is appropriate for supervisees, considering professional, intellectual, emotional, and physical needs;
 - (b) inform supervisees of the potential risks and benefits associated with technologically-assisted services;
 - (c) ensure the security of their communication medium;
 - and (d) only commence electronic supervision after appropriate education, training, or supervised experience using the relevant technology.

70

Telemental Health Confidentiality Ethics

- Online scheduling: Any online scheduling software should be encrypted and secure. If not, counselors should disclose to clients the fact that the software is not encrypted and therefore is not confidential.
- iv. Chat Rooms: Counselors should not include chat rooms, because these may imply that a counselor is able to intervene in the event that a crisis is mentioned.
- d) Counselors follow carefully designed security and safety guidelines when conducting online face-to-face distance counseling.
- i) Counselors endeavor to protect clients from unwanted interruptions during online face-to-face sessions.

Source: <http://connections.amiha.com/HigherLogic/System/DownloadDocumentFile.aspx?DocumentFileKey=d4e10fcb-2f3c-c701-aa1d-5d0f53b8bc14>

71

Code of Ethics Compliance

- The failure of a licensee to comply with the Code of Ethics according to Georgia Composite Board rule 135-7, shall constitute unprofessional conduct.
- A licensee delivering health care services via Telemental Health shall comply with all Code of Ethics requirements as described in Board rule 135-7.

Source: <https://sos.ga.gov/index.php/licensing/plb/43>

72

Ethical and Telemental health challenges with Supervisees and Clients

- Technology related issues
- Maintaining confidentiality of clients and staff information from a technology perspective
- Boundary issues
- Clinical documentation/Record keeping issues
- Lack of community resources in rural communities
- Financial issues
- Cultural issues

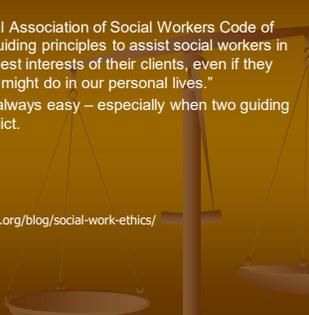


73

What is an Ethical Dilemma?

- "According to the National Association of Social Workers Code of Ethics, there is a set of guiding principles to assist social workers in making decisions in the best interests of their clients, even if they might contradict what we might do in our personal lives."
- These decisions are not always easy – especially when two guiding principles come into conflict.

■ Source: <http://www.mswguide.org/blog/social-work-ethics/>



74

Ethical Dilemmas Cont.

- These conflicts are called ethical dilemmas.
- They occur when a specific situation calls for the worker to prioritize one ethical principle over another or if one's personal values come into conflict with the best practices outlined by our profession.

■ Source: <http://www.mswguide.org/blog/social-work-ethics>



75

Ethical Dilemmas (LPCA)

- 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.

https://www.counseling.org/docs/default-source/default-document-library/2014-code-of-ethics-finaladdressc97d33f16116603abcacf0000bee5e7.pdf?sfvrsn=5d6b532c_0

76

LPCA Ethical Dilemmas Cont.

- 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.

77

Is It Necessary to Have a Conscience?

Search ID: bvs0061

78

Common Ethical Dilemmas

1. Receiving Gifts

- Whether it's the holidays, a special occasion, birthdays, or some other milestone, your client may try to thank you for your hard work by giving you a gift.
- These situations are much more complicated than they seem because there are cultural, societal, and relationship factors to consider on top of the bond you and your client share.



■ Source: <http://www.mswguide.org/blog/social-work-ethics/>

79

Receiving Gifts Cont.

- Ethical values and principles involved
- Importance of Human Relationships – Rejecting the gift may taint the rapport you've built, perhaps over several years, or leave the client feeling like you are personally rejecting him/her.
- Integrity – Part of our job is to serve as role-models by maintaining healthy and appropriate boundaries in professional relationships.

80

2. Involuntary Commitment

- At some point you will come across a client who intends to harm himself/herself or someone else.
- These are some of our most challenging moments as helpers.
- Ethical values and principles involved
- Dignity and Worth of the Person – We want to protect the client's right to decide how to live his/her life.



81

Involuntary Commitment Cont.

- That said, it should be noted that the Code specifically states, "Social workers may limit clients' right to self-determination when, in the social workers' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others." (NASW Code of Ethics 1.02 Self-determination)
- Importance of Human Relationships – There is a chance the decision to breach confidentiality will ruin the rapport you have established with that client.



82

3. Breaches of Confidentiality with Minor Clients

- There comes a point in every adolescent therapist's career when you hear these words:
- "You're not gonna tell my mom, are you?"
- However soul crushing this may be, you are required by law to report not only to the parent(s), but to the Department of Social Services or Law Enforcement. Substance abuse laws have confidentiality laws.



83

Breaches of Confidentiality with Minor Clients Cont.

- **Ethical values and principles involved**
- Dignity and Worth of the Person – We want to support the right to self-determination, even our youngest clients.
- Importance of Human Relationship – Breaching a child's confidentiality may impact their trust moving forward.
- Integrity – We must behave in a trustworthy manner, not only with our clients, but with their families and the communities we serve.

■ Source: NASW Code of Ethics



84

The General Rule: Overview of Federal Confidentiality Substance Use Disorder Laws

- The Federal confidentiality laws and regulations protect any information about an adolescent who has applied for or received any substance use/abuse-related assessment, treatment, or referral services from a program that is covered under the law.
- Services applied for or received can include assessment, diagnosis, individual counseling, group counseling, treatment, or referral for treatment.
- The restrictions on disclosure (the act of making information known to another) apply to any information that would identify the adolescent as having a substance use disorder either directly or by implication.

■ Source: Federal confidentiality regulations (42 C.F.R. _2.12(e)).

85

Confidentiality Rules for Adolescents Cont.- See Handout

- The general rule applies from the time the adolescent makes an appointment.
- It also applies to former clients.
- The rule applies whether or not the person making an inquiry already has the information, has other ways of getting it, has some form of official status, is authorized by State law, or comes armed with a subpoena or search warrant.

Source: <https://www.ncbi.nlm.nih.gov/books/NBK64357>

86

Legal Advice

- Substance use disorder treatment programs should try to find a lawyer who is familiar with local laws affecting their problems.
- As has already been mentioned, State law governs many concerns relating to treatment of adolescents.
- A practicing lawyer with an expertise in adolescent substance use concerns is the best source for advice on such issues. Moreover, when it comes to certain issues, the law is still developing.
- For example, programs' duty to warn of clients' threats to harm others is constantly changing as courts in different States consider cases brought against a variety of different kinds of care providers.
- Programs trying to decide how to handle such a situation need up-to-the minute advice on their legal responsibilities.

87

4. Commission of Illegal Acts

- Sometimes good clients do bad things.
- In cases of child abuse or neglect, reporting a client's behavior is a no-brainer.
- Other times, however, the rules are a little gray. This is especially common for social workers who are working with clients who are incarcerated or abusing drugs.



88

Commission of Illegal Acts Cont.

- **Ethical values and principles involved**
- Dignity and Worth of the Person – As the NASW Code of Ethics states, social workers seek to resolve conflicts between clients' interests and the broader society's interests in a socially responsible manner consistent with the values, ethical principles, and ethical standards of the profession.
- Importance of Human Relationships – Trust is paramount to a client-worker relationship. Reporting on your client's illegal activities is in direct conflict with that.

Source: NASW Code of Ethics

89

Commission of Illegal Acts Cont.

- Integrity – We must practice in a way that is honest and responsible. We are also beholden to the laws and policies of the agencies and communities we serve.
- Social Justice – Sometimes the law may seem unfair or your client's situation may feel precarious, especially if he/she has experienced discrimination or injustice in the past.

Source: NASW Code of Ethics

90

5. Interacting on Social Media

- Ten years ago it was considered unethical to email our clients.
- Now our Code of Ethics specifically addresses the best practices for conducting therapeutic services over the internet.
- Issue that remains sticky is social media. What should a social worker do if a client tries to "Friend Request" her/him on Facebook? Social Workers should not be friends with their clients through social media or in the therapeutic relationship.



91

Interacting on Social Media Cont.

- **Ethical values and principles involved**
- Dignity and Worth of the Person – You want to respect your client's right to self-determination.
- Importance of Human Relationships – Social media is a ubiquitous part of modern culture, particularly for younger clients. Your client may feel personally rejected or slighted by your decision not to "friend" them. We have to help our clients understand our ethical boundaries not to engage in social media friendships.

■ Source: NASW Code of Ethics



92

Interacting on Social Media Cont.

- Integrity – Social workers must act in a way that is consistent with agency policies, even if that creates a bump in the smooth working relationship you have with a client.
- Some things to consider are how your client's perception of you may be impacted by the things they learn about you through social media and what your comfort is with them being able to see your personal information and activities. We must practice professional boundaries with our clients at all times.

■ Source: <http://www.mswguide.org/blog/social-work-ethics/>



93

Interacting on Social Media Cont.

The responsibility rests first and foremost with us as professionals. Ethics is a personal matter and we cannot pass the buck to others. The individual must consciously focus on ethical concerns.



Source: <http://www.mswguide.org/blog/social-work-ethics>

94

Steps for Handling Ethical Dilemmas

- **1. Consult the Code**
 - You should always have a copy of the NASW Code of Ethics on hand for times like this. Spend some time reading through the code.
 - Identify the principles that come into conflict in the specific situation and why they are important to social work practice.

Source: <http://www.mswguide.org/blog/social-work-ethics>

95

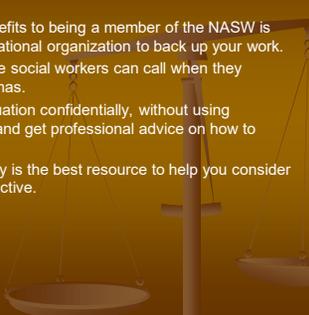
Steps for handling ethical dilemmas Cont.

- **2. Review State and Federal Laws**
 - Be sure your decisions are sound, not only ethically but legally.
 - Remember you can't help anyone if you put yourself in a position to lose your license or your freedom.
- **3. Seek Supervision**
 - No matter how long you've been in the field, if you have doubts, questions, or just need a sounding board, seek supervision. Everyone needs a second opinion once in a while.
 - Supervisors can be particularly helpful in guiding you to make the best decision possible in a difficult situation.

96

Steps for handling ethical dilemmas Cont.

- **4. Consult the NASW**
 - One of the most vital benefits to being a member of the NASW is having the support of a national organization to back up your work.
 - Most states have a hotline social workers can call when they experience ethical dilemmas.
 - You can discuss your situation confidentially, without using identifying client details, and get professional advice on how to handle things.
 - Sometimes a neutral party is the best resource to help you consider things from a new perspective.



97

Steps for handling ethical dilemmas Cont.

- **5. Take Time to Process What You've Learned**
 - After you've done your research and consulted the experts, take some time to process everything before making your decision.
 - Often, when faced with an ethical dilemma, you can't undo a decision once it's been made.
 - At the end of the day, you need to be able to live with your decision and to feel confident you are doing what is in the best interest of your client.
 - It is also helpful to talk with an attorney about legal issues as needed during the process of seeking solutions to ethical dilemmas.
- Source: Jane E. Shersher, MSW & Founder Counselors Autonomous: "How to Manage Conflicts in the Workplace"



98

Organizations Ethical Responsibilities

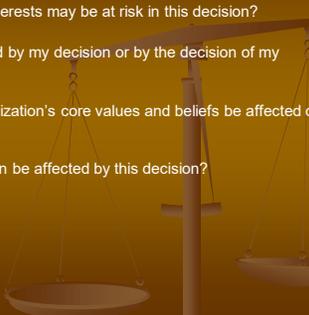
- Organizations should have an ethical vision of their role in society and thus an ethical mission to further that vision.
- One feature of social work agencies that distinguishes them from many other organizations is that social workers are not just employees, but also professionals.
- Professionals are supposed to have self-determination to make professional decisions.
- Agencies should have clarity of goals and professional discretion.



99

ASKING KEY QUESTIONS

- What are the core values and beliefs of my organization?
- Whose values, beliefs and interests may be at risk in this decision?
- Who will be harmed or helped by my decision or by the decision of my organization?
- How will my own or my organization's core values and beliefs be affected or changed by this decision?
- How will I and my organization be affected by this decision?



100

- Conflicts between agencies
- In any community with two or more social work agencies, overlapping services may exist, and the agencies involved may cooperate or compete.
- Cooperation can raise as many ethical issues as competition, and the issues can become very complicated when other ethical issues are involved as well.

All organizations should have Ethics Committees to include;

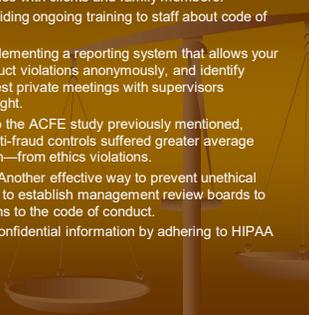
- ✓ Ethics Chairperson
- ✓ Supervisors and Managers
- ✓ Clinicians and paraprofessional staff
- ✓ Administrative staff as needed
- ✓ Compliance Officer
- ✓ Access to Legal Representative (Lawyer) as needed



101

How to Avoid Ethical Dilemmas

- Avoid ethical dilemmas by creating strong HR policies (e.g. code of conducts and ethics guidelines with clients and family members.
- Promote knowledge by providing ongoing training to staff about code of conduct and ethics.
- Provide tools -Consider implementing a reporting system that allows your employees to disclose conduct violations anonymously, and identify procedures for staff to request private meetings with supervisors responsible for ethics oversight.
- 4. Be proactive-According to the ACFE study previously mentioned, organizations that lacked anti-fraud controls suffered greater average losses—often twice as much—from ethics violations.
- 5. Employ data monitoring -Another effective way to prevent unethical behavior in the workplace is to establish management review boards to investigate possible violations to the code of conduct.
- 6. Protect clients and staff confidential information by adhering to HIPAA Laws.



102

The Process of Making Ethical Decisions Requires:

- **Commitment:** The desire to do the right thing regardless of the cost
- **Consciousness:** The awareness to act consistently and apply moral convictions to daily behavior
- **Competency:** The ability to collect and evaluate information, develop alternatives, and foresee potential consequences and risks.

■ Case Scenarios Activities-“Edward G”

■ Source: <https://blink.ucsd.edu/finance/accountability/ethics/process.html>

103

Edward G- Scenario #1

Edward G- Scenario #1

Edward G. is a social worker who specializes in child and family issues, with special expertise in the field of trauma. He is trained in and uses EMDR successfully in his work. He has been working with Emma C., a sixteen-year-old whose father was killed recently in a drunken driver incident with Emma sitting in the back seat of the car. It has taken Edward a number of months to build trust with Emma sufficient to allow the trauma work to proceed forward successfully. Over spring vacation, Emma and her mother travel home to visit relatives in Oklahoma. During the time that they are there, a major storm front travels through their town. The house where Emma was staying with her relatives was completely destroyed, as were most of the houses in their town, and several neighbors were killed. Emma's mother is injured, but alive, although she is unable to travel, necessitating that she and Emma remain in Oklahoma during the recovery period. Because of the damage to the town and obstacles that the family will face after the tornado, Edward knows that it will be a while before services are available to respond to Emma's trauma. He also knows that earlier intervention with a trauma might be able to prevent a re-traumatization of his client. Edward therefore has to weigh whether he could provide telemental health services to Emma in another state in order to respond to the immediacy of the trauma.

What are the ethical and legal considerations here as Edward weighs this decision?
How would you resolve these telemental health ethical dilemmas based on your codes of ethics and the Telemental Health Best Practice Treatment Models Handout?

104

ACA Ethical Decision Making Model

- 1. Identify the problem.
- 2. Apply the ACA Code of Ethics.
- 3. Determine the nature of the dimensions of the dilemma.
- 4. Generate potential courses of action.
- 5. Consider the potential consequences of all options, choose a course of action.
- 6. Evaluate the selected course of action.
- 7. Implement the course of action.

Source: "Ten Best Ethical Decision Making Models Handout"

105

Case Scenario #2

Jack attended a 6-week men's group that Tim, LPCA facilitated five years ago during his employment with the ASC Mental Health Center. Recently, the two met again at the home of a mutual friend, and have since developed an intimate relationship. Tim denies any past attraction to Jack when he attended his group 5 years ago, however, Jack recently confessed to Tim that he was attracted to him when he participated in his group, but was afraid to let him know how he felt about him.

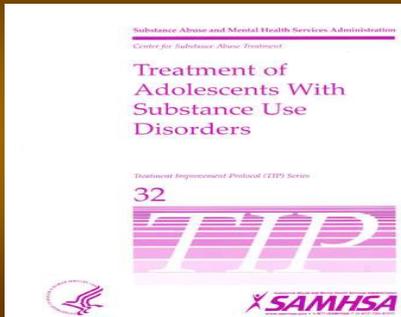
Please answer the following questions and utilize the ACA Ethical Decision Making Model Steps to help you answer these questions.

- A. Does this relationship constitute a violation of the Code of Ethics? Why or why not?
- B. Identify ethics violation (s), if any and your rationale?
- C. Should Tim be reported to the Georgia Composite board for his conduct? Why or Why not?
- D. If the intimacy is not sexual, does that change your decision? Why or Why not?
- E. What other information or circumstances might move your decision in one direction?
- F. Is there any way for Tim and Jack to have a relationship that is not in violation of the code of ethics? Explain your rationale.

Wrap-Up/ Resources/Q &A

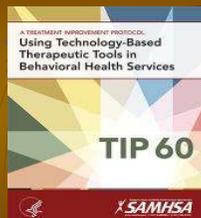
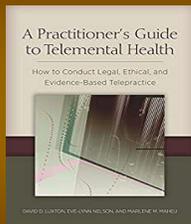
106

Source- SAMHSA- TIP 32



107

Resources



108

108

Questions and Answers



109



Take Steps to Protect and Secure Information When Using a Mobile Device



Whether you use a personally owned mobile device or one provided to you by an entity such as a health care organization, system, or medical or private practice, you should understand how to protect health information.

Follow these tips to help you secure the health information your patients entrust to you:

1. **Install and enable encryption to protect health information stored or sent by mobile devices.**
2. **Use a password or other user authentication.**
3. **Install and activate wiping and/or remote disabling to erase the data on your mobile device if it is lost or stolen.**
4. **Disable and do not install or use file-sharing applications.**
5. **Install and enable a firewall to block unauthorized access.**
6. **Install and enable security software to protect against malicious applications, viruses, spyware, and malware-based attacks.**
7. **Keep your security software up to date.**
8. **Research mobile applications (apps) before downloading.**
9. **Maintain physical control of your mobile device. Know where it is at all times to limit the risk of unauthorized use.**
10. **Use adequate security to send or receive health information over public Wi-Fi networks.**
11. **Delete all stored health information on your mobile device before discarding it.**



Mobile Devices: Know the **RISKS**. Take the **STEPS**.
PROTECT & SECURE Health Information.
Find out more at HealthIT.gov/mobiledevices

Everyone Benefits from HIPAA Compliance

Because of the rules implemented in HIPAA and the further BA requirements found within the HITECH Act, it behooves both covered entities and BAs to regularly check their systems to ensure compliance.

This interactive checklist represents a few essential components necessary to ensure your network setup is HIPAA compliant and that ePHI is protected. This checklist is composed of general checks your organization should have in place to aid you with your HIPAA compliance goals.

Improve Compliance and Mitigate Liability

- Identify gaps in information system activity review and ensure vendor adherence to enterprise policies
- Aid inventorying of remote access systems and vendor representatives
- Identify remote access control gaps

About SecureLink

SecureLink is the leader in managing secure vendor privileged access and remote support for both highly regulated enterprise organizations and technology vendors. More than 30,000 organizations across multiple industries including healthcare, financial services, legal, gaming, and retail rely on SecureLink's secure, purpose-built platform. SecureLink is headquartered in Austin, Texas.

HIPAA and HITECH Compliance Checklist

ACCESS CONTROL/ UNIQUE USER IDENTIFICATION/ AUTOMATIC LOG-OFF

Multi-factor authentication and increased defense-in-depth credential vaulting

Unique username and password combination for all logins

Restrict access as to time, scope, function, and application

User, group, and role-based access controls

Unilateral ability to terminate a session at any time

Configurable time periods for automatic log-off after inactivity

AUDIT CONTROLS

High-definition session recording

Comprehensive system logging and user activity

DATA INTEGRITY

Strict control of remote access to limit support related data corruption

Detailed audit to identify changes and enable corrections

TRANSMISSION SECURITY

Customer configurable encryption

AES 128, 192, and 256-bit modes

FIPS 140-2 encryption module employed by default

Ten Best Ethical Decision Making Models

Elaine Congress ETHIC Model of Decision Making

E – Evaluate relevant personal, societal, agency, client and professional values

T – Think about what ethical standard of the NASW Code of Ethics applies, as well as relevant laws and case decisions

H – Hypothesize about possible consequences of different decisions

I - Identify who will benefit and who will be harmed in view of social work's commitment to the most vulnerable

C – Consult with supervisor and colleagues about the most ethical choice

ACA Ethical Decision Making Model

1. Identify the problem.
2. Apply the ACA Code of Ethics.
3. Determine the nature of the dimensions of the dilemma.
4. Generate potential courses of action.
5. Consider the potential consequences of all options, choose a course of action.
6. Evaluate the selected course of action.
7. Implement the course of action.

Reamer and Conrad's Essential Steps for Ethical Problems Solving

1. DETERMINE whether there is an ethical issue or/and dilemma. Is there a conflict of values, or rights, or professional responsibilities? (For example, there may be an issue of self-determination of an adolescent versus the well-being of the family.)
2. IDENTIFY the key values and principles involved. What meanings and limitations are typically attached to these competing values? (For example, rarely is confidential information held in absolute secrecy; however, typically decisions about access by third parties to sensitive content should be contracted with clients.)
3. RANK the values or ethical principles which - in your professional judgment - are most relevant to the issue or dilemma. What reasons can you provide for prioritizing one competing value/principle over another? (For example, your client's right to choose a beneficial course of action could bring hardship or harm to others who would be affected.)
4. DEVELOP an action plan that is consistent with the ethical priorities that have been determined as central to the dilemma. Have you conferred with clients and colleagues, as appropriate, about the potential risks and consequences of alternative courses of action? Can you support or justify your action plan with the values/principles on which the plan is based? (For example, have you conferred with all the necessary persons regarding the ethical dimensions of planning for a battered wife's quest to secure secret shelter and the implications for her teen-aged children?)
5. IMPLEMENT your plan, utilizing the most appropriate practice skills and competencies. How will you make use of core social work skills such as sensitive communication, skillful negotiation, and cultural competence? (For example, skillful colleague or supervisory communication and negotiation may enable an impaired colleague to see her/his impact on clients and to take appropriate action.)
6. REFLECT on the outcome of this ethical decision making process. How would you evaluate the consequences of this process for those involved: Client(s), professional(s), and agency (ies)? (Increasingly, professionals have begun to seek support, further professional training, and consultation through the development of Ethics Review Committees or Ethics Consultation processes.)

Dolgoff, Loewenberg and Harrington – A General Decision Making Model

- Step 1. Identify the problem and the factors that contribute to its maintenance
- Step 2. Identify all of the persons and institutions involved in this problem, such as clients, victims, support systems, other professionals and others
- Step 3. Determine who should be involved in the decision making
- Step 4. Identify the values relevant to this problem held by the several participants identified in Step 2, including the client's and worker's
- Step 5. Identify the goals and objectives whose attainment you believe may resolve (or reduce) the problem
- Step 6. Identify alternate intervention strategies and targets
- Step 7. Assess the effectiveness and efficiency of each alternative in terms of the identified goals
- Step 8. Select the most appropriate strategy
- Step 9. Implement the strategy selected
- Step 10. Monitor the implementation, paying particular attention to unanticipated consequences
- Step 11. Evaluate the results and identify additional problems

Steinman, Richardson and McEnroe Ethical Decision-Making Process

- Step 1: Identify the Ethical Standard Involved
 - What are the codes or laws that apply? If there are none, then why is it a problem?
- Step 2: Determine the Ethical Trap Possibilities
 - Possible Ethical Traps to avoid include:
 - a. a belief that there is an easy "commonsense, objective" solution
 - b. conflicting values, such as between personal or religious values and professional values
 - c. the circumstances are so unique they must be taken into consideration, and
 - d. confusion about who will benefit from a decision
- Step 3: Frame a Preliminary Response
 - What does the code and the law say you should do; what circumstances, if any, should influence the response; and what is your preliminary response?
- Step 4: Consider the Consequences
 - What will happen if you take that action? What are the short and long term consequences? Could there be any unintended consequences? Are the consequences ethically defensible?
- Step 5: Prepare Ethical Resolution
 - a. What is the situation, including possible relevant circumstances?
 - b. What ethical codes or laws are involved?
 - c. What do these codes or laws suggest I or others do?
 - d. If I have consulted with colleagues, supervisors, or professional ethics boards, at this point, what do they suggest I or others do?
 - e. What are the consequences of taking this action on the client, on me, on my employer, and on others in the community?
 - f. In light of these considerations, here is what I propose.....
- Step 6: Get feedback
 - Discuss with your supervisor, respected peer, and/or attorney if legal issues involved
- Step 7: Take Action
 - Use feedback to amend the resolution as needed and then take action.

The Principles and Interests Involved in Ethical Decision Making

The First Principle: Do No Harm

Evaluate whether the decision will either bring direct harm to the client, or insufficiently protect the client or the public from harm.

In order of importance:

- 1) Does the decision threaten the life or physical safety of the client or others?
- 2) Does the decision threaten the client with profoundly damaging and non-therapeutic emotional consequences?
- 3) Does the decision threaten the client with life altering and irreversible social, material or monetary hardships?
- 4) Does the decision exploit the client in ways that harm his/her well being?

The Second Principle: Protect the Integrity of the Profession

Evaluate whether the decision will harm or preserve the integrity of the counseling profession.

- 1) Does the decision harm the professional or ethical reputation of the mental health professions?
- 2) Does the decision harm the capacity of other mental health professionals to perform their tasks successfully?
- 3) Does the decision hinder the larger public from profiting from the benefits of the mental health profession?

The Third Principle/Component One: Client Autonomy

Evaluate whether the decision serves to promote or hinder autonomy in the client.

- 1) Does the ethical decision include involving the client in important decisions at all times, an important consideration called "informed consent"?
- 2) Does the ethical decision include consideration for the values, goals, needs, wants, ideas, and choices of the client at least equal to consideration for the same items of the counselor?
- 3) Does the ethical decision promote increased responsibility for the client, except where such responsibility may harm the client?

The Third Principle/Component Two: Promotion of Growth

Evaluate whether the decision serves to promote the well being of the client and/or advance the course of treatment.

- 1) Does the decision promote the physical/emotional/spiritual health and well being of the client?
- 2) Does the decision help the client to reach the agreed to treatment goals?
- 3) Does the decision protect the integrity of the therapeutic relationship and the treatment process?

The Fourth Principle: Clinician Autonomy

Evaluate whether the decision serves to promote the well being and autonomy of the clinician.

Steinman, Richardson and McEnroe Ethical Assessment Screen

1. Identify your own relevant personal values in relation to this ethical dilemma
2. Identify any societal values relevant to the ethical decision to be made
3. Identify the relevant professional values and ethics

What can you do to minimize conflicts between personnel, societal, and professional values?

4. Identify alternative ethical options that you may take
5. Which of the alternative ethical actions will protect to the greatest extent your client's and others' rights and welfare?
6. Which alternative action will protect to the greatest extent possible society's rights and interests?

What can you do to minimize conflicts between your client's, others' and society's rights and interests?

7. Which alternative action will result in your doing the "least harm" possible?
8. To what extent will alternative actions be efficient, effective and ethical?
9. Have you considered and weighed both the short and long term ethical consequences?

Steinman, Richardson and McEnroe Ethical Rules Screen

Examine the Code of Ethics to determine if any of the Code rules are applicable. These rules take precedence over the worker's personal value system.

If one or more of the Code rules apply, follow the Code rules.

If the Code does not address the specific problem, or several Code rules provide conflicting guidance, use the Ethical Principles Screen.

Steinman, Richardson and McEnroe Ethical Principles Screen (EPS)

1. Protection of life
2. Equality and inequality
3. Autonomy and freedom
4. Least harm
5. Quality of life
6. Privacy and confidentiality
7. Truthfulness and full disclosure

The Steps or Stages of the Ethical Decision Making Process

The Knowledge Stage

The Identification Stage

The Evaluation Stage

The Selection Stage

The Assessment Stage

The Adaptation Stage

1. IDENTIFY THE KEY FACTS

“Role play” key stakeholders to see what they see as facts.

Watch out for assuming causative relationships among coincidental facts.

2. IDENTIFY & ANALYZE THE MAJOR STAKEHOLDERS

Make sure to identify both direct and indirect stakeholders.

Genuinely “walk in their shoes” to see what they value and want as a desired outcome.

3. IDENTIFY THE UNDERLYING DRIVING FORCES

Think like a M.D. – look for what’s beneath the presenting symptoms.

Use these driving forces to develop your Step 8 preventive component.

4. IDENTIFY/PRIORITIZE OPERATING VALUES & ETHICAL PRINCIPLES

Think of this step as determining the up-front “design parameters” for an effective solution.

Don’t rush this step – building consensus here will pay off later.

5. DECIDE WHO SHOULD BE INVOLVED IN MAKING THE DECISION

All stakeholders have a right to have their best interests considered.

If you can’t actually involve all stakeholders, have someone “role play” their point of view.

6. DETERMINE & EVALUATE ALL VIABLE ALTERNATIVES

Critical: all possible alternatives must pass the 3-part review-gate criteria.

Imagine possible consequences of each alternative cascading down on each stakeholder.

7. TEST PREFERRED ALTERNATIVE WITH A WORST-CASE SCENARIO

This step helps prevent a “rush to judgment” towards a wrong solution.

Emphasize this step when all stakeholder interests are not being adequately considered.

8. ADD A PREVENTIVE COMPONENT

“Problem-solving heroes” want to get on to the next problem and won’t take time for this step.

Only immediate-solution decisions usually come back to bite you.

9. DECIDE AND BUILD A SHORT & LONG-TERM ACTION-PLAN

The devil’s usually in the details – take the time needed to be detailed and comprehensive.

Make sure that the means used in your action-steps correlate with your desired ends.

10. USE DECISION-MAKING CHECKLIST

Become thoroughly familiar with this end-point checklist before you get started in Step 1. Don’t allow group-think here -- make sure everyone involved fills this out individually.

Relevant Information Test. Have I/we obtained as much information as possible to make an informed decision and action plan for this situation?

Involvement Test. Have I/we involved all who have a right to have input and/or to be involved in making this decision and action plan?

Consequential Test. Have I/we anticipated and attempted to accommodate for the consequences in making this decision and action plan?

Fairness Test. If I/we were assigned to take the place of any one of the stakeholders in this situation, would I/we perceive this decision and action plan to be essentially fair, given all of the circumstances?

Enduring Values Test. Does this decision and action plan uphold my/our priority enduring values that are relevant to this situation?

Light-of-Day Test. How would I/we feel and be regarded by others (working associates, family, etc.) if the details of this decision and action plan were disclosed for all to know?

The user is asked to rate each item on a Likert-like scale from 1 to 5, with "1" = not at all and "5" = totally yes. The scores for each of the six tests are added up to arrive at the Total Ethical Analysis Confidence Score. Scores in the lowest range, starting at around 7, mean that there is not a great deal of confidence that the decision is ethical, while towards the upper range of 35, the user is very confident that the decision is ethical.

Pearce & Littlejohn's Transcendent Discourse

1. Uncover the communities' basic assumptions
2. Develop categories to compare incommensurate differences
3. Seek to explore rather than convince
4. Assess the strengths and weaknesses of both worldviews
5. Seek to reframe the conflict into more productive terms

Brown's Diversity Ethics Process Model

1. Make a proposal (What should we do?)
2. Identify observation (Why should we do it?)
3. State values (Why is this the right thing to do?)
4. Align personal, client, professional, societal values
5. Explore the alternative views (with the participation of the client)
6. Uncover the assumptions (for the client's values, the clinician's values, the profession's values and society's values)
7. Find the best option (in concert with the client)
8. Perform a consequence analysis (in concert with the client)