



COLORADO

Department of
Regulatory Agencies

Division of Professions and Occupations

STATE BOARD OF SOCIAL WORK EXAMINERS

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ADMINISTRATIVE

10-1 DELEGATION OF AUTHORITY

The Colorado State Board of Social Work Examiners (Board) delegates the following statutory powers, duties, and functions to the Health Services Section Director and the Mental Health Program Director of the Colorado State Board of Social Work Examiners:

- Allow delegated professional board member(s) to approve monitoring reports, monitors, and continuing education relating to discipline.
- Approve continuing education coursework.
- Approve termination of stipulations that have completed terms and conditions. The Board shall review requests for early termination of stipulations.
- Sign and issue confidential letters of concern to licensees for practicing with an expired license for one year or less. Such matters that are dismissed with a confidential letter of concern shall be dismissed due to no reasonable cause to warrant further action at this time and shall be retained in the Board's files for a period of five years.
- Sign Stipulations and Final Agency Orders, and other orders authorized by the Board.
- Sign Suspension Orders as required by the Child Support Enforcement Program.
- Perform the initial review of complaints relating to the practice of persons under the Board's jurisdiction and to issue 30-day letters relating to the complaints.
- Initiate complaints and issue 30-day letters to licensees currently under Stipulation or other Final Board Order if, in the opinion of the Program Director, Program Manager, or Section Director, the licensee has failed to comply with any of the terms of the Stipulation or other Final Board Order.
- Initiate complaints and issue 30-day letters where otherwise authorized by the Board.
- Utilize services of the Office of Investigations as warranted to carry out duties of the Board.
- Perform review of requests for reconsideration, including making a determination of whether information is substantively new information relevant for board consideration in the opinion of the delegated Board member in collaboration with the Program Director or Section Director, and taking appropriate subsequent actions dependent upon the assessment of the request and additional information.
- Provide information and notice to Board Members in a timely manner on matters concerning the status of legislative bills that may affect the Board's operation, ability to carry out its duties, and the intent of its statutes.
- Suspend and reinstate the licenses of practitioners who are in violation and subsequently in compliance of the Child Support Enforcement Act as notified by the Colorado Department of Human Services.
- Sign Letters of Admonition, Cease and Desist Orders, Stipulations and Final Agency Orders and other formal actions of the Board, once approved by the Board.
- Sign subpoenas for investigation of Board matters. The Assistant Attorney General is authorized to enforce the subpoena.

- With the approval of the Board Chair, determination of non-substantive procedural matters relating to the rendering of the Initial Decision.
- Preliminary review and approval of applications.
- Process "yes" applications for further review based upon Board rules, statutes, and regulations.

Adopted July 8, 2011; Amended September 27, 2013

10-2 BOARD OPERATIONS (C.R.S. § 12-43-203)

- (a) Purpose. This Policy sets out the organization, administration, and general procedures and policies governing the operation of the Board.
- (b) Office. The office of the Board is located within the Department of Regulatory Agencies in Denver, Colorado.
- (c) Meetings.
- (1) The Board shall hold regular meetings and additional meetings as necessary during each year ending on June 30th.
 - (2) The chair may call meetings after consultation with the Board and shall call meetings if requested to do so by a majority of Board members. The chair will immediately notify the Director of any such call of a meeting, the purposes of the called meeting, and any related information as requested by the Program Director. The Director may call any meeting of the Board.
 - (3) The Board may conduct meetings by telephone or electronic means as necessary.
 - (4) The Board will announce and conduct its meetings in accordance with the Colorado Open Meetings Law, CRS 24-6-401 et seq.
- (d) Quorum. The Board consists of seven appointed members. A quorum of the Board necessary to conduct business is four members. The quorum does not change, even if there are open Board positions.
- (e) Rules of order. The Board shall conduct its meetings in an orderly fashion, with due regard for the rights of each Board member. The Board may refer to Robert's Rules of Order Revised when necessary.
- (f) Transaction of official business.
- (1) The Board may transact official business only when in a legally-constituted meeting with a quorum present.
 - (2) The Board is not bound in any way by any action on the part of any Board member and/or the Director except when the action is pursuant to a specific instruction or direction of the Board.
 - (3) Informal opinions given or statements made by a Board member and/or the Director are not official opinions or statements of the Board and do not bind
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the Board. Only those opinions, decisions, or policies documented in the written minutes of Board meetings, Board rules, or official publications of the Board are binding as action of the Board.

(g) Minutes. The minutes of any Board meeting are official only when approved by the Board and signed by the chair or vice-chair.

(h) Elections.

(1) At the meeting held in July of each year, or as soon thereafter as possible, the Board shall elect, by a simple majority vote of those members present, a chair and vice-chair.

(2) A vacancy that occurs in the office of the chair or vice-chair may be filled at any regular meeting.

(i) Officers.

(1) The chair presides at all meetings that s/he attends and performs all duties prescribed by law, Board rules, or Board policies. The Board hereby authorizes the chair to make day- to-day minor decisions regarding Board activities in order to facilitate the responsiveness and effectiveness of the Board. At all times the chair exercises her/his authority subject to the general policies, rules, orders, decisions, findings, and determinations of the Board.

(2) The vice-chair performs the duties of the chair in case of the absence or disability of the chair. If the office of the chair becomes vacant, the vice-chair serves as chair until a successor is elected. If the chair recuses from an item for consideration by the board, the vice-chair performs the duties of the chair for that item.

(j) Committees. The Board or the chair with the approval of the Board may establish committees or appoint consultants as deemed necessary to assist the Board in carrying out its responsibilities. As necessary or as requested, committee chairs and consultants shall make reports to the Board. Committees and consultants shall provide all written reports or other materials to the Director for distribution to the Board.

(k) Impartiality. Any Board member who cannot be impartial in the determination of or who has an immediate personal, private, or financial interest in a matter before the Board shall inform the Board and shall not participate in any Board deliberation or vote on the matter. No Board member who previously supervised or directed a social worker who is the subject of a Board investigation or disciplinary proceeding shall participate in Board deliberations or votes with respect to that social worker.

Adopted December 6, 2011

10-3 PROCEDURES FOR INVESTIGATIONS AND DISPOSITION OF INQUIRIES (C.R.S. §12-43-221, 12-43-223, 12-43-224)

- (a) General. This Policy sets out the procedures for making and processing inquiries against licensee, registrant or certificant where the inquiries are within the jurisdiction of the Board.
- (b) Initial Inquiries.
- (1) Generally, inquiries against the licensee, registrant or certificant must be submitted in writing and should state in as much detail as possible the facts upon which the inquiry is based. If the complainant or recipient of psychotherapy services would like to have her/his name withheld from the public, this request should be included in the inquiry.
 - (2) At the discretion of the Board, an oral inquiry may be informally handled. The Board may request that oral inquiries be reduced to writing.
 - (3) At the discretion of the Board, anonymous inquiries may be reviewed.
- (c) Voluntary surrender of license. If a licensee is the subject of a Board investigation or disciplinary proceeding, voluntarily surrenders her/his license, absent unusual circumstances, the Board will not discontinue the investigation or disciplinary proceeding unless the licensee consents to entry of a permanent injunction limiting or prohibiting her/his practice of psychology and psychotherapy in Colorado.
- (d) Notice to licensee, registrant or certificant. If the allegations in an inquiry against a licensee, registrant or certificant, if proved, would constitute grounds for action pursuant to CRS §§ 12-43-222, 12-43-223, 12-43-224, 12-43-226, or 12-43-227 the Director shall:
- (1) Inform the licensee, registrant or certificant in writing that an inquiry has been made against her/him, enclose a copy of the inquiry, indicate the provisions of the Act that may have been violated, and request the licensee, registrant or certificant's cooperation in ascertaining the facts and circumstances that led to the inquiry.
 - (2) Request the licensee, registrant or certificant to provide a written statement setting out her/his response to the inquiry and whatever facts s/he may consider relevant for the Board to understand the circumstances. The licensee, registrant or certificant shall have 30 days, or such time as the Board may determine in its discretion, to respond to the inquiry.
 - (3) At the discretion of the Director, the complainant may be given an opportunity to review and to comment upon the licensee, registrant or certificant's response.
- (e) Requests for extension of time. The Director may grant a reasonable request for extension of time within which a licensee, registrant or certificant may respond to the inquiry and/or within which a complainant may comment

upon a licensee, registrant or certificant's response.

(f) Initial Board Consideration of Inquiries. When the licensee, registrant or certificant has responded and the complainant has commented (if the complainant is asked to comment) or at the expiration of the response time (if the licensee, registrant or certificant or complainant submits no response), the Director shall forward the inquiry, any response, and other available information to the Board for its review. The Board shall not delay its initial consideration of an inquiry because the licensee, registrant or certificant or complainant has not responded. The Board shall not delay its initial consideration of an inquiry because the licensee, registrant or certificant has not responded. Failure to respond to a board complaint is a violation of CRS § 12-43-222(1)(x).

Adopted December 6, 2011

10-4 PROCESS FOR MANAGING COMPLAINTS OF UNLICENSED PRACTICE

In conformity with its statutory purpose to protect the people of the state of Colorado, The State Board of Psychologist Examiners ("Board") will take expedient action in unlicensed practice matters to protect the public from the unqualified, unauthorized or unlicensed practice of psychology, as defined in section 12-43-301 et seq., C.R.S.

Complaints of unlicensed practice will be processed on a priority basis in accordance with Division Policy. The Board will review each complaint on a case-by-case basis determining if sufficient evidence exists to support a finding of unlicensed practice.

Upon a finding of unlicensed practice, the Board may issue a Cease and Desist Order pursuant to section 12-43-223, C.R.S., and/or refer the matter to the Office of the Attorney General for the initiation of injunctive proceedings pursuant to sections 12-43-223(1)(a)(VI) and (7), C.R.S, and section 12-43-227, C.R.S. When determining the appropriate action, the Board will consider, at a minimum, the following factors:

- Nature of the unlicensed practice
- Recency of the unlicensed practice
- Risk to the public
- Previous history of unlicensed practice
- Aggravators and Mitigators
- If unlicensed practice constitutes a crime pursuant to the practice act

In instances of imminent risk or harm to the public, the Board delegates to the Program Director or designee, in consultation with the Board President, Vice-President, or Chair, the authority to issue a Cease and Desist Order pursuant to 12-43-223, C.R.S., when one or

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more of the following objective and reasonable grounds exist:

- Allegations of unlicensed practice as supported by credible information provided by the unlicensed person's employer or potential employer in receipt of fraudulent credentials, law enforcement, a state agency or self-report by the licensee

- Criminal charges or a conviction against the unlicensed person for:
 - o Unlicensed practice
 - o Criminal Impersonation of a licensee in order to secure employment as a licensed professional
 - o Fraud involving an attempt by the unlicensed person to secure employment as a licensee or the unlicensed person gaining employment as a licensed professional using false credentials
 - o Any other criminal charge with a factual basis involving unlicensed practice, an attempt by the unlicensed person to secure employment as a licensee or the unlicensed person gaining employment as a licensed professional

For the purpose of this policy, "imminent risk or harm" is defined as an impending or immediate chance of injury, loss or damage.

The Board will enforce the Cease and Desist or Injunctive Order through quarterly audits to determine compliance with the Order conducted by the Division's Office of Investigations.

Upon information that an individual or entity has violated a Cease and Desist Order issued by the Board against that individual or entity pursuant to section 12-43-223, C.R.S., the Board specifically authorizes the Program Director to refer such matter directly to the Office of the Attorney General for initiation of injunctive proceedings and to local law enforcement for investigation of the unlicensed practice.

Upon information that an individual or entity has violated an Order of Injunction issued by a court of competent jurisdiction against that individual or entity pursuant to section 12-43-227, C.R.S., the Board specifically authorizes the Program Director to refer such matter directly to the Office of the Attorney General for initiation of contempt proceedings and to local law enforcement for investigation of the unlicensed practice.

Adopted July 20, 2018

LICENSING

20-1 CONTINUING PROFESSIONAL DEVELOPMENT EXEMPTIONS FOR DUALY LICENSED AND/OR CERTIFIED INDIVIDUALS

Certain mental health professions that are certified or licensed in the State of Colorado are
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required to demonstrate their continuing professional competence through participation in the Continuing Professional Development (CPD) program in order to renew, reinstate, or reactivate their license or certificate.

The CPD program requires licensees to participate in a reflective assessment, the drafting and maintaining of a learning plan, and the accrual of 40 professional development hours each two-year renewal cycle.

Board Rule 18(h)(2) allows the Board to grant an exemption from participation in the CPD program for a single license/certificate if the licensee has already complied with the program for a different license/certificate subject to the same program.

The Boards chose to allow dually licensed/certified individuals an exemption from 40 professional development hours per two-year renewal cycle. Dually licensed/certified individuals must participate in a reflective assessment tool and maintain a learning plan for each license and/or certificate. However, they may double count their professional development activities by logging the same activities and hours on each learning plan.

This exemption applies only to dually licensed individuals seeking renewal of two or more licenses or certificates subject to the CPD program requirements.

Mental Health Professionals that are triply licensed in three mental health professions that are subject to the CPD requirement are exempted from 80 hours of professional development each two-year renewal cycle provided they have complied with at least 40 hours of professional development, the reflective assessment for all licenses/certificates, and maintained a learning plan for each license/certificate.

The Boards hereby delegate authority to the Program Director or their designee to administer this policy including those aspects as they relate to the technology system through which licenses comply with the CPD program.

**For the purposes of this policy, a reflective assessment tool constitutes the Professional Practice Survey or the Professional Practice Rubric, whichever is appropriate for the license or certificate in question.*

Disclaimer

This policy applies only to the following license types in the State of Colorado: CACII, CACIII, LAC, LMFT, LPC, LSW, and LCSW.

Date Adopted by Program:

12/13/11 State Board of Addiction Counselor Examiners

03/18/11 State Board of Licensed Professional Counselor Examiners

02/25/11 State Board of Marriage & Family Therapist Examiners

03/11/11 State Board of Social Work Examiners

20-2 DATABASE REQUIREMENTS FOR POST-DEGREE SUPERVISED PRACTICE

The required post-degree supervised practice undertaken by persons seeking licensure as a Licensed Clinical Social Worker (“LCSW”) in the State of Colorado must be primarily devoted to the practice of clinical social work as defined in Board Rule 14 (4) (c) (1). If the person is not a Licensed Social Worker (“LSW”), or otherwise registered in a candidate status under this title 12, Article 43 then he or she must register with the State Grievance Board before beginning the supervised post graduate hours.

This requirement means that post graduate supervised hours required for any person seeking licensure as a LCSW will only count toward licensure if the LCSW candidate is licensed as a LSW or otherwise registered under this title 12, Article 43.

Adopted on March 13, 2009 (Formerly Policy 30-3); Amended Policy Adopted May 13, 2011

20-3 STREAMLINING SOCIAL WORK EXAMINER CREDENTIALS FOR VETERANS

Veterans with military credentials equivalent to Social Work Examiner requirements, as outlined in the State Board of Social Work Examiners (Board) Rules and Regulations, may request the Board evaluate submitted documents for equivalency. To qualify for a Social Work Examiner license, applicants must meet requirements outlined in the Board Rules and Regulations. Items 1-6 outline process requirements for this policy.

1. The Board delegates evaluation of veteran applications to the Program Director for the Board or the Program Director’s delegate. The Board maintains final ratifying authority on all licensees.
2. Evaluate the extent to which veteran applicants meet Social Work Examiner requirements to qualify for examination as listed in the Board Rules and Regulations.
3. Veteran applicants found to meet Social Work Examiner requirements must apply to the Board for licensure by examination.
4. Veteran applicants found not to meet Social Work Examiner requirements may be directed toward missing content found as listed below.
 - Programs to obtain education, training and/or build experience as detailed in Board Rules and Regulations.
 - Other areas as prescribed by the Board.
5. For reciprocity consideration, veteran applicants licensed as Social Work Examiner in other states or territories of the United States are required to follow licensure by endorsement as stated in the Board Rules and Regulations.
6. A Social Work Examiner national examination is currently available to all qualified applicants.

Adopted January 26, 2017

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20-4 CRITERIA TO IDENTIFY APPLICATIONS REQUIRING BOARD REVIEW

It is the policy of the State Board of Social Work Examiners (“Board”) that the following criteria will be used by staff in determining whether an application must be reviewed by the Board:

1. Any misdemeanor charges involving drugs, alcohol, or domestic violence occurring in the last five years;
2. Any felony charges, indictments, convictions, deferred prosecutions, deferred judgments, irrespective of how long ago it occurred;
3. Any conviction or charge of Driving Under the Influence (“DUI”) or Driving While Ability Impaired (“DWAI”), alcohol or drug related, occurring within the last five years;
4. Any disciplinary action taken against the applicant's license by another mental health board or regulatory/government agency irrespective of when that action occurred;
5. Any applicant who has received three or more non-disciplinary actions from another mental health board, such as a letter of concern, letter of caution, or letter of guidance;
6. Any applicant who reports that he or she is under investigation by another state board;
7. Any applicant who reports that he or she has been denied by another mental health board on the basis of conduct which would constitute unprofessional conduct under Colorado law. NOTE: Any applicant who was denied licensure in another state for failure to meet the statutory licensure requirements related to education and training does not require review by the Board;
8. Any "yes" answer to the application questions related to mental, physical or cognitive health conditions which might affect an applicant's ability to practice safely. Except that reports of situational depression due to divorce, death in the family, etc., for which the Board has received confirmation from the applicant's treating provider that the applicant was treated and the situation resolved satisfactorily, do not require Board review;
9. Any applicant for reinstatement or reactivation of a license, whose license has been expired for more than two years and who has not been engaged in the practice of social work for the two-year period immediately preceding the filing of the application.

Staff retains the authority and discretion to present any application to the Board should staff believe that review of the application is warranted. It is the expectation of the Board that, when in doubt, staff will present an application for review by the Board.

Adopted September 28, 2018

PRACTICE

30-1 TELETHERAPY POLICY - GUIDANCE REGARDING PSYCHOTHERAPY THROUGH ELECTRONIC MEANS WITHIN THE STATE OF COLORADO

I Introduction

The advancements and continued development of behavioral health and communications technology offer opportunities for improving the delivery and accessibility of care, particularly in the area of teletherapy, which includes the practice of addiction counseling using electronic communication, information technology, or other means of interaction between a provider in one location and a client in another location with or without an intervening provider. The Board of Addiction Counselor Examiners (“Board”) recognizes that using teletherapy technologies in the delivery of services offers potential

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benefits in the provision of care. However, in fulfilling its duty to protect the public, the Board must also consider client safety concerns in adapting rules and policies historically intended for the in-person provision of care to new delivery models involving teletherapy technologies.

The Board is committed to ensuring client access to the convenience and benefits afforded by teletherapy technologies, while promoting the responsible practice of addiction counseling by providers. The Board has developed guidelines to educate addiction counselors as to the appropriate use of teletherapy technologies in the delivery of services directly to clients. These guidelines do not set a standard of care, do not alter generally accepted standards of practice, the scope of practice of any healthcare provider, or authorize the delivery of services in a setting, or in a manner, not otherwise authorized by law. It is the expectation of the Board that providers of care, electronically or otherwise, maintain the highest degree of professionalism and should:

- Place the welfare of clients first;
- Maintain the generally accepted standards of practice;
- Adhere to recognized ethical codes governing the profession;
- Properly supervise registrants as defined in Title 12 Article 43 and other clinicians requiring supervision; and,
- Protect client confidentiality.

This policy does not apply to the use of teletherapy technologies when solely providing consulting services to another provider who maintains the primary provider- client relationship with the client, the subject of the consultation.

II. Definitions

For the purpose of this policy, the following terms are defined as:

“TELETHERAPY” means a mode of delivery of mental health services through telecommunications systems, including information, electronic, and communication technologies, to facilitate the assessment, diagnosis, treatment, education, care management, or self-management of a person’s mental health care while the person is located at an originating site and the provider is located at a distant site. The term includes synchronous interactions and store-and-forward transfers.

This policy defines “telehealth” for purposes of compliance with the Mental Health Practice Act. Teletherapy may be defined differently in different statutory contexts, including but not limited to, insurance requirements or reimbursement.

"TELETERAPY TECHNOLOGIES" means technologies and devices enabling secure electronic communications and information exchange between a licensed, certified, or registered mental health professional in one location and a patient in another location with or without an intervening mental health care provider.

"DISTANT SITE" means a site at which a provider is located while providing mental health care services by means of teletherapy.

"ORIGINATING SITE" means a site at which a patient is located at the time mental health care services are provided to him or her by means of teletherapy.

"STORE-AND-FORWARD TRANSFER" means the electronic transfer of a patient's mental health information or an interaction between providers that occurs between an originating site and distant site when the patient is not present.

"SYNCHRONOUS INTERACTION" means a real-time interaction between a patient located at the originating site and a provider located at a distant site.

"PROVIDER" means a licensee, certificate holder, or registrant as defined in the Mental Health Practice Act, Title 12, Article 43, and regulated by the Board.

III. Guidelines

1. Licensure, Certification, and/or Registration:

Providers who evaluate or treat through teletherapy technologies are practicing psychotherapy. The practice of psychotherapy occurs where the patient is located at the time teletherapy technologies are used. Therefore, a provider must be licensed, certified, or registered to practice psychotherapy in the state of Colorado in order to evaluate or treat patients located in Colorado utilizing teletherapy technologies or otherwise.

2. Establishment of a Provider-Patient Relationship:

Where an existing provider-patient relationship is not present, a provider must take appropriate steps to establish a provider-patient relationship. Provider-patient relationships may be established using teletherapy technologies so long as the relationship is established in conformance with generally accepted standards of practice.

3. Evaluation and Treatment of the Patient:

An appropriate mental health evaluation and review of relevant clinical history, commensurate with the presentation of the patient to establish diagnoses and identify underlying conditions, should be performed prior to providing treatment. Treatment and consultation recommendations made in an online setting will be held to the same standards of appropriate practice as those in traditional (encounter in person) settings.

4. Mandatory Disclosure Statement:

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Appropriate mandatory disclosure statement should be obtained for a teletherapy encounter including those elements required by law and generally accepted standards of practice.

5. Continuity of Care:

Licensees, certificate holders, and registrants should adhere to generally accepted standards of mental health practice as it relates to continuity and coordination of care.

6. Referrals for Emergency Services:

An emergency plan should be provided by the provider to the patient when the care provided using teletherapy technologies indicates that a referral to an Emergency Department for treatment is necessary for the safety of the patient.

7. Mental Health Records:

The mental health record should include, if applicable, copies of all patient-related electronic communications, including patient-provider communication, evaluations and consultations, records of past care, and instructions obtained or produced in connection with the utilization of teletherapy technologies. Mandatory disclosure statements obtained in connection with an encounter involving teletherapy technologies should also be filed in the mental health record. The patient record established during the use of teletherapy technologies must be accessible and documented for both the provider and the patient, consistent with all established laws and regulations governing patient healthcare records.

8. Privacy and Security of Patient Records & Exchange of Information:

Providers should meet or exceed applicable federal and state legal requirements of mental health information privacy, including compliance with the Health Insurance Portability and Accountability Act (HIPAA) and state privacy, confidentiality, security, and medical record retention rules.

Written policies and procedures should be maintained at the same standard as traditional in-person encounters for documentation, maintenance, and transmission of the records of the encounter using teletherapy technologies.

9. Disclosures and Functionality for Providing Online Services:

Disclosures and advertising should be made in accordance with state and federal law. Parity of Professional and Ethical Standards.

There should be parity of ethical and professional standards applied to all aspects of a provider's practice.

A provider's professional discretion as to the diagnoses, scope of care, or treatment should

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not be limited or influenced by non-clinical considerations of teletherapy technologies, and provider remuneration or treatment recommendations should not be materially based on the delivery of patient-desired outcomes or the utilization of teletherapy technologies.

IV. Policy

When listed, certified, registered, or licensed and treating clients within the State of Colorado, it is at the discretion of the licensee, certificate holder, or registrant as to the type of modality of treatment format that is appropriate for the client. Regardless of the modality chosen, the licensee, certificate holder, or registrant must comply with all provisions as outlined in the Mental Health Practice Act, Title 12 Article 43.

Once a licensee, certificate holder, or registrant chooses to provide psychotherapy via electronic means, the licensee, certificate holder, or registrant is expected to carefully identify and address issues that involve:

- 1) The agreed upon therapeutic means of communication between the client and the licensee, certificate, or registrant. (i.e. if/when will face-to-face contact be appropriate, what method(s) of electronic communication will be utilized, what is the structure of the contractual relationship);
- 2) Implementing consent form(s) and proper disclosure(s) including, but not limited to the client's knowledge regarding security issues, confidentiality, structure, etc.;
- 3) Ensuring that the therapeutic means of communication includes confidentiality and computer/cyber security;
- 4) Determining the basis and ability for the licensee, certificate holder, or registrant to support the rationale for the decision to choose a particular therapeutic method;
- 5) Ensuring that the licensee, certificate holder, or registrant is practicing within his/her scope of practice;
- 6) Ensuring that the therapeutic means of communication that is chosen does not cause any potential harm to the client.

The licensee, certificate holder, or registrant may encounter specific challenges while providing psychotherapy through electronic means. The licensee, certificate holder, or registrant must realize that these challenges may include, but are not limited to:

- 1) Verifying the identity of the client and determining if they are a minor;
- 2) Providing the client with procedures for alternative modes of communication when there is possible technology failure;

- 3) Assessing how to cope with potential misunderstandings when the visual cues that would normally occur during face-to-face visits do not exist;
- 4) Assessing how to address crisis intervention when necessary;
- 5) Ensuring that clients are knowledgeable with regard to encryption methods, firewall, and backup systems to help secure communication and educate clients on the risk of unsecured communications;
- 6) Establishing a means to retain and preserve data;
- 7) Upon request, have the ability to capture and provide client treatment notes, summaries or other information that is received via the electronic technology;
- 8) Disclosing that health insurance coverage may not exist for psychotherapy service that is provided through technological means.

Disclaimer

This policy applies only to mental health professionals who are certified, registered, or licensed, and treating clients within the State of Colorado.

Date Adopted by Program:

12/13/11 - State Board of Addiction Counselor Examiners 04/22/2011 - State Grievance Board
 03/18/2011 - State Board of Licensed Professional Counselor Examiners
 02/25/11 State Board of Marriage & Family Therapist Examiners 04/8/2011 - State Board of Psychologist Examiners
 01/28/11 State Board of Social Work Examiners

Date Revised by Program:

02/02/18 - State Board of Psychologist Examiners
 01/26/18 - State Board of Social Work Examiners
 01/19/18 - State Board of Marriage and Family Therapist Examiners
 01/05/18 - State Board of Licensed Professional Counselor Examiners
 12/15/17 - State Board of Registered Psychotherapists
 11/28/17 - State Board of Addiction Counselor Examiners

30-2 GUIDANCE TO MENTAL HEALTH PROFESSIONALS REGARDING DUAL AND / OR MULTIPLE RELATIONSHIPS.

Dual or multiple relationships occur when a professional assumes two or more roles at the same time or sequentially with a client or with someone who has a significant relationship with the client. C.R.S § 12-
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43-222(1)(i) prohibits mental health professionals from engaging in a dual relationship with a client

when it is likely to impair such person's professional judgment or increase the risk of client exploitation. During the 2011 legislative session, a new statute was passed requiring the Boards to provide guidance to mental health professionals regarding this violation.

The applicable statutes are as follows:

C.R.S § 12-43-203 (12) states : "The Boards shall develop rules or policies to provide guidance to persons licensed, registered or certified pursuant to this article to assist in determining whether a relationship with a client or potential client is likely to impair his or her professional judgment or increase the risk of client exploitation in violation of section 12-43-222(1)(i)."

C.R.S § 12-43-222(1)(i) states: "A person licensed, registered, or certified under this article violated this article if the person: has maintained relationships with clients that are likely to impair such person's professional judgment or increase the risk of client exploitation, such as treating employees, supervisees, close colleagues, or relatives."

NASW Ethical Standards define dual relationships in 1.06(C)

"Dual or multiple relationships occur when social workers relate to clients in more than one relationship, whether professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively."

Combining treatment modalities and working with related individuals are not considered dual roles. But, these practices do require special attention to the ethical issues of informed consent, conflict of interest, and confidentiality. **NASW Ethical Standards** address these concerns in 1.06(d), Conflicts of Interest:

"When social workers provide services to two or more people who have a relationship with each other (for example, couples, family members), social workers should clarify with all parties which individuals will be considered clients and the nature of the social workers' professional obligations to the various individuals who are receiving services. Social workers who anticipate a conflict of interest among the individuals receiving services or who anticipate having to perform in potentially conflicting roles (for example, when a social worker is asked to testify in a child custody dispute or divorce proceedings involving clients) should clarify their role with the parties involved and take appropriate action to minimize any conflict of interest."

and:

1.07(f) Confidentiality

"When social workers provide counseling services to families, couples, or groups, social workers should seek agreement among the parties involved concerning each individual's right to confidentiality and obligation to preserve the confidentiality of information shared by others."

Dual relationships may occur when a licensed, registered or certified mental health professional is in a professional role with a client and:

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- at the same time is in another role with the client, or
- promises to enter into another relationship in the future with the client or person associated with or related to the client.

Licensed, registered, or certified mental health professionals should refrain from entering into a dual / multiple relationship if the dual / multiple relationship could impair the mental health professional's objectivity, competence, or effectiveness in performing his or her functions as a mental health professional, otherwise increase the risk of exploitation, or harm to the client with whom the professional relationship exists.

Some examples of inappropriate dual relationships which **may** have a greater chance of impairing a mental health professional's judgment or increasing the risk of client exploitation **include, but are not limited to:**

- Providing treatment or therapy to an employee regardless if you directly or indirectly supervise the employee;
- Providing treatment to any person who provides services to you, your colleagues or close relatives (e.g., housekeeper, babysitter, dentist), or soliciting services from an existing client;
- Providing treatment to someone with whom you are engaged in a close friendship or intimate relationship, or providing treatment to anyone closely associated with or related to that person;
- Providing treatment to any person you supervise or teach, or by whom you are supervised or taught, regardless of whether you (or they) are being compensated for such supervision or teaching;
- Providing treatment to a person for whom you are also providing another service not associated with mental health treatment;

Any of the aforesaid examples also apply when a mental health professional engages in these roles with a person closely associated with the client during the same time they are treating the client (e.g., agreeing to supervise the spouse of a client).

These are examples to illustrate potential conflicts and provide guidance to help mental health professionals avoid violation of C.R.S § 12-43-222(1)(i). These examples are not inclusive of every prohibited scenario and may be amended from time to time by the board.

The Board will review each case on a case by case basis and determine whether there is a violation of C.R.S § 12-43-222(1)(i).

The Board strongly encourages all mental health professionals to assess the situation before engaging in dual roles with clients. Mental health professionals should refrain from taking on a professional role when personal, scientific, professional, legal, and financial or other interests or relationships could impair their objectivity, competence, or effectiveness in performing their functions as a mental health professional or expose the client or organization with whom the professional relationship exists to harm or exploitation.

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All mental health professionals should always have their client's best interests in mind at all times.

Adopted November 16, 2012

DISCIPLINE

40-1 PROCESS FOR HANDLING COMPLAINTS INVOLVING A BOARD MEMBER

It is the policy of the State Social Work Examiners Board that any signed complaint received by the Board against a current licensee who is a member of the Board or one who has served on the Board within the past five years, or a licensee who has an ongoing formal relationship with the Board will be handled as follows:

- At a minimum, the complaint may be sent to the Office of Investigations to determine if there is any validity to the allegations. If the complaint alleges sexual boundary violations, substance abuse, or physical or mental impairment, the report from the Office of Investigation substantiates such allegations, the Board may require the licensee to undergo evaluation by a designated provider to the Board or a qualified healthcare provider selected by the Office of Investigations, if the Board has not already done so.
- If the complaint alleges a violation of the Practice Act, the complaint will be sent to the Office of Investigations within the Division of Registrations for a formal investigation. If the complaint alleges substandard practice, the Office of Investigations will also have the case reviewed by an independent consultant selected by the Office of Investigations. Upon completion of the investigation or evaluation, the report will be referred to the Board for appropriate action.

All other customary procedures for the handling of a complaint by the Board will apply. These may include but are not limited to issuance of a 30-day letter, notification to the licensee and complainant of Board decisions, and the confidentiality of the complaint and investigation as provided by the Practice Act.

The Board member shall only be provided with information concerning the case that is publicly available. All other information regarding the complaint would remain confidential unless a public, disciplinary action is taken. Specifically, the complaint, response, and any reports of investigations or other case materials shall not be included in the Board member's packet for the corresponding Board meeting. Additionally, the Board member shall be recused and leave the room for all Board discussions of the case.

Anonymous complaints filed against a current licensee who is a member of the Board or one who has served on the Board within the past five years, or a licensee who has an ongoing formal relationship with the Board will be evaluated by the Board on a case by case basis.

Adopted July 8, 2011

40-2 CASES DISMISSED WITH LETTERS OF CONCERN: CLARIFICATION OF BASIS FOR DISMISSAL; REOPENING OF SUCH CASES; CASE RETENTION PERIOD

It is the policy of the Board that complaints that are dismissed with letters of concern are not dismissed as being without merit, but rather are dismissed due to no reasonable cause to warrant further action at that time. Cases that are dismissed with a confidential letter of concern will be retained in the Mental Health Program's files for a period of five years.

The Program Director or Section Director may reopen a case that was dismissed with a letter of concern in the face of a change in circumstances. Such a change in circumstances would include, but not be limited to:

- Discovery of new evidence supporting the underlying charges;
- Evidence that the licensee has engaged in further unprofessional conduct/grounds for discipline following issuance of the letter of concern, in which there is a nexus between the new conduct and that which was addressed in the case that was dismissed with the letter of concern.

After five years from the date of the letter of concern, the file will be disposed of in accordance with the

Division's records management procedures. If the licensee has other active cases pending at the end of the five year retention period, the letter of concern may be kept for a longer period of time at the discretion of the Mental Health Program Director.

Adopted September 9, 2011