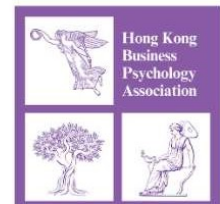


THE CODE OF ETHICS



**THE
HONG KONG
BUSINESS PSYCHOLOGY
ASSOCIATION**

www.hkbpa.com



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I. PREFACE

The Hong Kong Business Psychology Association (HKBPA) maintains high standards of professionalism and promotes ethical behavior, attitudes, and judgments among its members. With reference to the ethical standards adopted by the American Psychological Society and British Psychological Society, HKBPA developed this Code of Ethics (The Code). The “Professional Practitioners” in this document refer to business psychologists and practitioner members working in the field of business psychology. It provides detailed and specific standards that can be applied to most situations encountered in the working capacity of our practitioner members. The Code also seeks to educate members, students, and the public on the ethical standards of the discipline, thereby fostering a culture of professionalism and ethical conduct.

We live in a world that is rapidly changing, with ethical challenges arising from scientific and technological innovations, climate change, and global conflicts. The Code is subjected to periodic amendments, which will be communicated to members of the Association, and published on HKBPA’s website. Members are obliged to ensure that they are conversant with the current version of the Code. Members seeking clarification or advice on the matters contained herein should write to:

Attention: The HKBPA Ethics Committee
The Hong Kong Business Psychology Association
Unit 813, Nam Fung Commercial Centre,
19 Lam Lok Street, Kowloon Bay,
Kowloon, Hong Kong

II. INTRODUCTION AND APPLICABILITY

The HKBPA has established a Codes of Ethics to provide guidelines for psychologists in making ethical decisions in their professional capacities. The Code is composed of an Introduction and Applicability section, Five General Principles (A-E), and specific Ethical Standards. While the General Principles are not legally binding, they provide aspirational goals intended to guide psychologists towards the highest ideals of their profession. In contrast, the Ethical Standards are enforceable rules that regulate the ethical conduct of psychologists in their various roles, with their application varying depending on the context. It is important to note that the Ethical Standards are not exhaustive, and a specific conduct not explicitly addressed by a standard does not automatically imply its ethical or unethical nature.

The Codes of Ethics applies exclusively to the activities of psychologists that are part of their scientific, educational, or professional roles. This includes clinical, counseling, and school psychology, research, teaching, supervision of trainees, public service, policy development, social intervention, development of assessment instruments, conducting assessments, educational counseling, organisational consulting, forensic activities, program design and evaluation, and administration. The Code applies to various contexts, including in-person, postal, telephone, and electronic transmissions. It is essential to distinguish between the activities covered by the Codes of Ethics and psychologists' purely private conduct, which is not within the Code's scope.

If you are an HKBPA member, you must comply with the Codes of Ethics and its enforcement procedures. The lack of awareness or misunderstanding of an

Ethical Standard is not a defense to a charge of unethical conduct. Therefore, psychologists must be aware of the current Rules and Procedures of the HKBPA Ethics Committee, which describe the procedures for filing, investigating, and resolving complaints of unethical conduct. The HKBPA may impose sanctions on its members for violating the Codes of Ethics, such as termination of membership and notification of other organizations and individuals. Moreover, other organizations, such as government-funded psychological associations, may impose sanctions for violations of the Codes of Ethics by psychologists or students, regardless of their HKBPA membership. The Ethical Standards and their enforcement procedures are subject to ongoing revision and updating to reflect changes in the profession and society's expectations.

HKBPA retains the authority to impose disciplinary measures against its members for various reasons, including but not limited to conviction of a felony, expulsion from a other psychological association, suspension or loss of licensure. In the event that the HKBPA decides on a sanction short of expulsion, an in-person hearing may not be provided. In such instances, complaints will typically be resolved based on a submitted record.

The HKBPA's Codes of Ethics furnishes guidance and professional standards for psychologists, and these standards may also be adopted by other organizations. It is important to recognize that a violation of these standards does not necessarily indicate legal liability in a court of law, enforceability of a contract, or other legal consequences. The Codes of Ethics is not meant to function as a basis for civil liability.

The Codes of Ethics incorporates various modifiers, including "reasonable," "appropriate," and "potentially," within its standards. These modifiers serve specific purposes. Firstly, they allow for professional judgment on the part of psychologists. Secondly, they eliminate potential injustice or inequality that would arise without the modifier. Thirdly, they ensure applicability across a broad range of activities undertaken by psychologists. Finally, they protect against rigid rules that may rapidly become outdated. The term "reasonable" in the Codes of Ethics refers to the prevailing professional judgment of psychologists who are engaged in similar activities under comparable circumstances, given their knowledge at the time.

This underscores the importance of psychologists' careful consideration of their professional conduct and application of their knowledge and expertise, as well as the existing standards of the profession. Psychologists are expected to take into account the Codes of Ethics, relevant laws, and regulations established by psychology boards when determining their professional conduct. The Codes of Ethics serves as a guide for psychologists, providing them with a set of ethical principles and standards to apply in their work.

Besides the Codes of Ethics, psychologists may also consider other materials and guidelines adopted or endorsed by scientific and professional psychological organizations. They may also consult with other professionals in the field to gain a broader perspective and ensure making the best decisions for their clients. In case the Codes of Ethics requires a higher standard of conduct than what is required by law, psychologists must adhere to the higher ethical standard. This highlights the importance of psychologists' upholding the highest level of ethical conduct, even when not mandated by law.

Finally, if psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists must communicate their commitment to this Codes of Ethics. They should also take responsible measures to resolve the conflict in a manner that aligns with fundamental principles of human rights. This ensures that psychologists maintain the highest standard of ethical conduct while also respecting the laws and regulations that govern their work.

III. GENERAL PRINCIPLES

This section comprises General Principles that outline a framework to guide psychologists toward the highest ethical standards of their profession. Unlike Ethical Standards, the General Principles do not impose any obligations or serve as the basis for sanctions. Instead, they aim to inspire and encourage psychologists to act in a manner that benefits their clients while avoiding causing harm.

Principle A: Beneficence and Non-maleficence

Psychologists are obliged to work towards benefiting their clients while ensuring that their actions do not lead to any harm. They must prioritize safeguarding the welfare and rights of those they interact with, including animals involved in their research. In case of conflicts between their responsibilities, psychologists should attempt to find responsible solutions that prevent harm. Psychologists must remain mindful of personal, financial, social, organizational, or political factors that could lead to the misuse of their influence. It is also essential for psychologists to remain aware of how their physical and mental health may affect their ability to serve their clients effectively. By doing so, they can ensure that they provide the highest level of care and support to those they serve.

Principle B: Fidelity and Responsibility

Psychologists establish relationships of trust with those they serve, recognizing their professional and scientific responsibilities to society and the specific communities in which they operate. They uphold professional standards of conduct, making clear their professional roles and obligations, and taking

appropriate responsibility for their actions. Psychologists strive to manage conflicts of interest that could lead to exploitation or harm. They consult with, refer to, or cooperate with other professionals and institutions as necessary to serve the best interests of their clients. They are also mindful of the ethical compliance of their colleagues' professional and scientific conduct. Psychologists are committed to contributing to their communities and strive to offer some of their professional time for little or no compensation or personal gain.

Principle C: Integrity

Psychologists have a responsibility to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. They must not engage in stealing, cheating, fraud, subterfuge, or intentional misrepresentation of fact while carrying out their professional activities. Psychologists are committed to fulfilling their promises and avoiding unwise or unclear commitments. In situations where the use of deception may be ethically justifiable in order to maximize benefits and minimize harm, psychologists must seriously consider the need for this technique, assess the possible consequences, and take responsibility for correcting any resulting mistrust or other harmful effects that may arise as a result of its use.

Principle D: Justice

Psychologists understand that fairness and justice imply that every individual should have access to and benefit from the contributions of psychology, and receive equal quality of processes, procedures, and

services provided by psychologists. They exercise reasonable judgement and take necessary precautions to ensure that their potential biases, the limits of their expertise, and the boundaries of their competence do not result in or condone unjust practices.

Principle E: Respect for People’s Rights and Dignity

Psychologists abide by ethical principles that uphold the inherent worth and dignity of each individual while respecting their rights to privacy, confidentiality, and self-determination. They recognize the importance of taking necessary precautions to safeguard the welfare and rights of vulnerable individuals or communities who may be incapable of making independent decisions. Psychologists demonstrate sensitivity to cultural, individual, and role differences, including age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status. They consider these factors when working with members of such

groups and endeavor to eliminate any biases that may affect their work. Psychologists reject all forms of discrimination or prejudice and do not engage in or condone activities based on such biases.

Conclusion

Psychologists play a critical role in advancing the understanding of human behavior and promoting the welfare of individuals, organizations, and society as a whole. Their professional objective is to increase scientific and professional expertise concerning human behavior and apply this knowledge to enhance our collective well-being. These principles cannot and do not aim to provide the answer to every ethical decision a member of the Association may face. It entails the parameters within which professional judgements should be made. However, it is imperative to remember to reflect and apply a process to resolve ethical challenges.

IV. ETHICAL STANDARDS

1. Resolving Ethical Issues

1.1 Misuse of Psychologists' Work

If professional practitioners become aware of any misuse or misrepresentation of their work, they are obligated to take appropriate action to correct or minimize it.

1.2 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

When the ethical responsibilities of professional practitioners come into conflict with the law, regulations, or other governing legal authority, they must first clarify the nature of the conflict. Then, they must make it known that they are committed to following the Codes of Ethics, and take reasonable steps to resolve the conflict in line with HKBPA's Code of Ethics. However, it is important to note that this standard can never be used to justify or defend any actions that would violate human rights.

1.3 Conflicts Between Ethics and Organisational Demands

In situations where the requirements of an organization with which professional practitioners are associated or employed conflict with the Codes of Ethics, it is incumbent upon practitioners to identify the nature of the conflict, reiterate their commitment to the Codes of Ethics, and take reasonable measures to address the conflict in a manner that conforms to the General Principles and Ethical Standards of the Codes of Ethics. However, it is crucial to note that this standard cannot be invoked as a justification for infringing upon human rights in any circumstance.

1.4 Informal Resolution of Ethical Violations

In instances where professional practitioners believe that another psychologist may have committed an ethical violation, they may try to resolve the matter informally by bringing it to the attention of the individual. However, this intervention should not violate any confidentiality rights that may be involved. (*See also* Standards 1.2 Conflicts between Ethics and Law, Regulations, or Other Governing Legal Authority, and 1.3 Conflicts between Ethics and Organisational Demands.)

1.5 Reporting Ethical Violations

In situations where a potential ethical violation has caused significant harm or has the potential to do so, and cannot be resolved informally under Standard 3.4 for Informal Resolution of Ethical Violations, or if it is not resolved appropriately through that process, professional practitioners are obligated to take further action as required by the situation. Such action may include referring the case to committees on professional ethics or to the relevant institutional authorities. It is important to note, however, that this standard does not apply if an intervention would violate confidentiality rights, or if professional practitioners have been hired to review the work of another psychologist or counselor whose professional conduct is being questioned. (*See also* Standard 1.2 Conflicts between Ethics and Law, Regulations, or Other Governing Legal Authority.)

1.6 Cooperating With Ethics Committees

Professional practitioners cooperate in ethics investigations, proceedings, and resulting requirements of HKBPA to which they belong. Throughout this process, they must address any confidentiality issues that may arise. Failure to

cooperate is considered a violation of ethical standards. However, if a practitioner requests a deferment of adjudication of an ethics complaint due to ongoing litigation, it does not necessarily constitute noncooperation.

1.7 Improper Complaints

Professional practitioners do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

1.8 Unfair Discrimination Against Complainants and Respondents

Professional practitioners do not refuse to employ or promote an individual, deny them admission to academic or other programs, or reject their tenure solely because they have been the subject of an ethics complaint or have filed one. However, this does not prevent taking action based on the results of such proceedings or considering other relevant information.

2. Competence

2.1 Boundaries of Competence

(a) Professional practitioners are expected to operate within their area of expertise, providing services, conducting research, and teaching only in accordance with their education, training, supervised experience, consultation, and professional experience.

(b) When providing services or conducting research in the field of psychology/counseling, it is crucial for practitioners to have a comprehensive understanding of various factors such as age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status. This understanding is essential for delivering effective services. Therefore, practitioners must have

the necessary training, experience, consultation, or supervision to ensure the competence of their services. If they lack the required competencies, they should make appropriate referrals. However, this requirement may be waived in emergency situations as per Standard 2.2 - Providing Services in Emergencies.

(c) When professional practitioners intend to offer their services, teach or conduct research in areas, techniques, technologies or populations that are unfamiliar to them, they should first undergo relevant education, training, supervised experience, consultation or study.

(d) When professional practitioners are asked to provide services to individuals for whom appropriate mental health services are not available and for which professional practitioners have not obtained the competence necessary, professional practitioners with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

(e) In those emerging areas in which generally recognised standards for preparatory training do not yet exist, professional practitioners nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organisational clients, and others from harm.

(f) In assuming forensic roles, it is imperative for professional practitioners to attain or develop a thorough understanding of the judicial or administrative regulations that govern their roles.

2.2 Providing Services in Emergencies

In emergencies, when professional practitioners provide services to individuals for whom other mental health services are not available and for which professional practitioners have not obtained the necessary training, professional practitioners may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

2.3 Maintaining Competence

Professional practitioners engage in continuous efforts to improve and sustain their competence, while ensuring their skills and knowledge stay up-to-date.

2.4 Bases for Scientific and Professional Judgments

Professional practitioners' work is based upon established scientific and professional knowledge of the discipline. (*See also* Standards 2.1, Boundaries of Competence, and 10.1b, Informed Consent to Therapy.)

2.5 Delegation of Work to Others

Professional practitioners have a responsibility to delegate work to their employees, supervisees, or research and teaching assistants, or to use the services of others, such as interpreters, in a way that is ethical and fair. To ensure this, they should take reasonable steps to (1) avoid delegating such work to individuals who have a multiple relationship with those being served that could lead to exploitation or loss of objectivity; (2) authorise only those responsibilities that such individuals can perform competently based on their education, training, or experience, either independently or with the level of supervision being provided; and (3) ensure that such individuals perform these services competently. (*See also* Standards 2.2, Providing Services in Emergencies; 3.5, Multiple Relationships; 4.1, Maintaining Confidentiality; 9.1,

Bases for Assessments; 9.2, Use of Assessments; 9.3, Informed Consent in Assessments; and 9.7, Assessment by Unqualified Persons.)

2.6 Personal Problems and Conflicts

(a) Professional practitioners refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work related activities in a competent manner.

(b) Professional practitioners are responsible for ensuring that their personal problems don't hinder their ability to perform their work-related duties effectively. They take necessary measures, such as seeking professional consultation or assistance, to address any such issues. Based on their evaluation, they may decide to limit, suspend, or terminate their work-related duties. (*See also* Standard 10.10, Terminating Therapy.)

3. Human Relations

3.1 Unfair Discrimination

Professional practitioners conduct their work with a high level of respect and fairness, without engaging in any form of discrimination. This includes avoiding discrimination based on age, gender, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any other basis prohibited by law.

3.2 Sexual Harassment

As a professional practitioner, it is imperative to refrain from engaging in any form of sexual harassment. Sexual harassment includes sexual solicitation, physical advances, or any type of verbal or nonverbal conduct that is of a sexual nature. It is considered sexual harassment if it takes place in connection with the

practitioner's activities or roles as a business psychologist, and if it is unwelcome, offensive or creates a hostile work environment. Additionally, if the behavior is severe enough to be abusive and persistent or pervasive, then it also constitutes sexual harassment. It is important to note that even a single act of severe nature can be considered sexual harassment. (*See also* Standard 1.8, Unfair Discrimination against Complainants and Respondents.)

3.3 Other Harassment

In their work interactions, professional practitioners do not engage in any form of behavior that is harassing or demeaning towards individuals based on their age, gender, gender identity, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

3.4 Avoiding Harm

Professional practitioners take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organisational clients, and others with whom they work, and to minimise harm where it is foreseeable and avoidable.

3.5 Multiple Relationships

a) A multiple relationship occurs when a practitioner is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the practitioner has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

(b) A psychologist refrains from entering into a multiple relationship if the multiple relationships could reasonably be expected to impair the

practitioners' objectivity, competence, or effectiveness in performing his or her functions as a practitioner, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

(c) Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(d) If a practitioner finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the practitioner takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Codes of Ethics.

(e) When professional practitioners are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (*See also* Standards 3.4, Avoiding Harm, and 3.7, Third-Party Requests for Services.)

3.6 Conflict of Interest

Professional practitioners refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as professional practitioners or (2) expose the person or organisation with whom the professional relationship exists to harm or exploitation.

3.7 Third-Party Requests for Services

When professional practitioners agree to provide services to a person or entity at the request of a third party, professional practitioners attempt to clarify at

the outset of the service the nature of the relationship with all individuals or organisations involved. This clarification includes the role of the business psychologist (e.g. therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (*See also* Standards 3.5, Multiple Relationships, and 4.2, Discussing the Limits of Confidentiality.)

3.8 Exploitative Relationships

Professional practitioners do not exploit persons over whom they have supervisory, evaluative, or other authority such as clients/patients, students, supervisees, research participants, and employees. (*See also* Standards 3.5, Multiple Relationships; 6.4, Fees and Financial Arrangements; 6.5, Barter with Clients/Patients; 7.7, Sexual Relationships with Students and Supervisees; 10.5, Sexual Intimacies with Current Therapy Clients/Patients; 10.6, Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/ Patients; 10.7, Therapy with Former Sexual Partners; and 10.8, Sexual Intimacies with Former Therapy Clients/Patients.)

3.9 Cooperation With Other Professionals

When indicated and professionally appropriate, practitioners cooperate with other professionals in order to serve their clients/patients effectively and appropriately. (*See also* Standard 4.5, Disclosures.)

3.10 Informed Consent

(a) When professional practitioners conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably

understandable to that person or persons except when conducting such activities without consent is mandated by law and/or governmental regulation as may be pertinent within the jurisdiction of its use or as otherwise provided in this Codes of Ethics. (*See also* Standards 8.2, Informed Consent to Research; 9.3, Informed Consent in Assessments; and 10.1, Informed Consent to Therapy.)

(b) For persons who are legally incapable of giving informed consent, professional practitioners nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorised person, if such substitute consent is permitted or required by law. When consent by a legally authorised person is not permitted or required by law, professional practitioners take reasonable steps to protect the individual's rights and welfare.

(c) When psychological/counseling services are court ordered or otherwise mandated, professional practitioners inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

(d) Professional practitioners appropriately document written or oral consent, permission, and assent. (*See also* Standards 8.2, Standard 3.4 – Standard 3.10 Informed Consent to Research; 9.3, Informed Consent in Assessments; and 10.1, Informed Consent to Therapy.)

3.11 Psychological Services Delivered to or Through Organisations

(a) Professional practitioners delivering services to or through organisations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of

the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the practitioners will have with each person and the organisation, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

(b) If professional practitioners will be precluded by law or by Organisational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

3.12 Interruption of Psychological and Counseling Services

Unless otherwise covered by contract, professional practitioners make reasonable efforts to plan for facilitating services in the event that psychological/Counseling services are interrupted by factors such as the practitioner's illness, death, unavailability, relocation, or retirement or by the client's/patient's relocation or financial limitations. (*See also* Standard 6.2c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)

4. Privacy and Confidentiality

1.1 Maintaining Confidentiality

Professional practitioners have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognising that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship. (*See also* Standard 2.5, Delegation of Work to Others.)

4.2 Discussing the Limits of Confidentiality

(a) Professional practitioners discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organisations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (*See also* Standard 3.10, Informed Consent.)

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) Professional practitioners who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

4.3 Recording

Before recording the voices or images of individuals to whom they provide services, professional practitioners obtain permission from all such persons or their legal representatives. (*See also* Standards 8.3, Informed Consent for Recording Voices and Images in Research; 8.5, Dispensing With Informed Consent for Research; and 8.7, Deception in Research.)

4.4 Minimizing Intrusions on Privacy

(a) Professional practitioners include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.

(b) Professional practitioners discuss confidential information obtained in their work only for

appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

4.5 Disclosures

(a) Professional practitioners may disclose confidential information with the appropriate consent of the Organisational client, the individual client/patient, or another legally authorised person on behalf of the client/patient unless prohibited by law.

(b) Professional practitioners disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (*See also* Standard 6.4e, Fees and Financial Arrangements.)

4.6 Consultations

When consulting with colleagues, (1) professional practitioners do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant, or other person or organisation with whom they have a confidential relationship unless they have obtained the prior consent of the person or organisation or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation. (*See also* Standard 4.1, Maintaining Confidentiality.)

4.7 Use of Confidential Information for Didactic or Other Purposes

Professional practitioners do not disclose in their writings, lectures, or other public media, confidential,

personally identifiable information concerning their clients/patients, students, research participants, 17 organisational clients, or other recipients of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organisation, (2) the person or organisation has consented in writing, or (3) there is legal authorisation for doing so. 5. Advertising and Other Public Statements

5.1 Avoidance of False or Deceptive Statements

(a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. Professional practitioners do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organisations with which they are affiliated.

(b) Professional practitioners do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings. (c) Professional practitioners claim degrees as credentials for their health services only if those degrees (1) were earned from an accredited educational institutions or (2) were the basis for professional registration with the Hong Kong Society of Counseling and Psychology.

5.2 Statements by Others

(a) Professional practitioners who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

(b) Professional practitioners do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. (*See also* Standard 1.1, Misuse of Professional practitioners' Work.)

(c) A paid advertisement relating to professional practitioners' activities must be identified or clearly recognisable as such.

5.3 Descriptions of Workshops and Non-Degree-Granting Educational Programs

To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.

5.4 Media Presentations

When professional practitioners provide public advice or comment via print, Internet, or other electronic transmission, they take precautions to ensure that statements (1) are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this Codes of Ethics; and (3) do not indicate that a professional relationship has been established with the recipient. (*See also* Standard 2.4, Bases for Scientific and Professional Judgments.)

5.5 Testimonials

Professional practitioners do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

5.6 In-Person Solicitation

Professional practitioners do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster or community outreach services.

6. Record Keeping and Fees

6.1 Documentation of Professional and Scientific Work and Maintenance of Records

Professional practitioners create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law. (*See also* Standard 4.1, Maintaining Confidentiality.)

6.2 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work

(a) Professional practitioners maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (*See also* Standards 4.1, Maintaining Confidentiality, and 6.1, Documentation of Professional and Scientific Work and Maintenance of Records.)

(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, professional practitioners use coding or other techniques to avoid the inclusion of personal identifiers.

(c) Professional practitioners make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of professional practitioners' withdrawal from positions or practice. (*See also* Standards 3.12, Interruption of Psychological Services, and 10.9, Interruption of Therapy.)

6.3 Withholding Records for Nonpayment

Professional practitioners may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.

6.4 Fees and Financial Arrangements

(a) As early as is feasible in a professional or scientific relationship, professional practitioners and recipients of psychological services reach an agreement specifying compensation and billing arrangements.

(b) Professional practitioners' fee practices are consistent with law.

(c) Professional practitioners do not misrepresent their

fees.

(d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible. (*See also* Standards 10.9, Interruption of Therapy, and 10.10, Terminating Therapy.)

(e) If the recipient of services does not pay for services as agreed, and if professional practitioners intend to use collection agencies or legal measures to collect the fees, professional practitioners first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment. (*See also* Standards 4.5, Disclosures; 6.3, Withholding Records for Nonpayment; and 10.1, Informed Consent to Therapy.)

6.5 Barter With Clients/Patients

Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Professional practitioners may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement is not exploitative. (*See also* Standards 3.5, Multiple Relationships, and 6.4, Fees and Financial Arrangements.)

6.6 Accuracy in Reports to Payors and Funding Sources

In their reports to payors for services or sources of research funding, professional practitioners take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis. (*See also* Standards 4.1, Maintaining Confidentiality; 4.4, Minimising Intrusions on Privacy; and 4.5, Disclosures.)

6.7 Referrals and Fees

When professional practitioners pay, receive payment from, or divide fees with another professional, other than in an employer–employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (*See also* Standard 3.9, Cooperation with Other Professionals.)

7. Education and Training

7.1 Design of Education and Training Programs

Professional practitioners responsible for education and training programs take reasonable steps to ensure that such programs are designed to provide the appropriate knowledge and learning-based experiences, and to meet the requirements for registration, certification, or other goals for which claims are made by the program. (*See also* Standard 5.3, Descriptions of Workshops and Non-Degree-Granting Educational Programs.)

7.2 Design of Education and Training Programs

Professional practitioners responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects, or community service), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

7.3 Accuracy in Teaching

(a) Professional practitioners take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating

progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (*See also* Standard 5.1, Avoidance of False or Deceptive Statements.)

(b) When engaged in teaching or training, psychologists present psychological information accurately. (*See also* Standard 2.3, Maintaining Competence.)

7.4 Student Disclosure of Personal Information

Professional practitioners do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

7.5 Mandatory Individual or Group Therapy

(a) When individual or group therapy is a program or course requirement, professional practitioners responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (*See also* Standard 7.2, Descriptions of Education and Training Programs.)

(b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. (*See also* Standard 3.5, Multiple Relationships.)

7.6 Assessing Student and Supervisee Performance

(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

(b) Professional practitioners evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.7 Sexual Relationships

With Students and Supervisees Professional practitioners do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom professional practitioners have or are likely to have evaluative authority. (*See also* Standard 3.5, Multiple Relationships.)

8. Research and Publication

8.1 Institutional Approval

When institutional approval is required, professional practitioners provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.

8.2 Informed Consent to Research

(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, professional practitioners inform participants about (1) the purpose of the research, expected duration, and procedures; (2)

their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. They provide opportunity for the prospective participants to ask questions and receive answers. (*See also* Standards 8.3, Informed Consent for Recording Voices and Images in Research; 8.5, Dispensing with Informed Consent for Research; and 8.7, Deception in Research.)

(b) Professional practitioners conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental nature of the treatment; (2) the services that will or will not be available to the control group(s) if appropriate; (3) the means by which assignment to treatment and control groups will be made; (4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and (5) compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought. (*See also* Standard 8.2a, Informed Consent to Research.)

8.3 Informed Consent for Recording Voices and Images in Research

Professional practitioners obtain informed consent from research participants prior to recording their voices or images for data collection unless (1) the research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause

personal identification or harm, or (2) the research design includes deception, and consent for the use of the recording is obtained during debriefing. (*See also* Standard 8.7, Deception in Research.)

8.4 Client/Patient, Student, and Subordinate Research Participants

(a) When professional practitioners conduct research with clients/patients, students, or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

(b) When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

8.5 Dispensing With Informed Consent for Research

Professional practitioners may dispense with informed consent only (1) where research would not reasonably be assumed to create distress or harm and involves

(a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings;

(b) only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected; or

(c) the study of factors related to job or organisation effectiveness conducted in organisational settings for which there is no risk to participants' employability, and confidentiality is protected or (2) where otherwise

permitted by law or institutional regulations.

8.6 Offering Inducements for Research Participation

(a) Professional practitioners make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.

(b) When offering professional services as an inducement for research participation, professional practitioners clarify the nature of the services, as well as the risks, obligations, and limitations. (*See also* Standard 6.5, Barter with Clients/Patients.)

8.7 Deception in Research

(a) Professional practitioners do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective non-deceptive alternative procedures are not feasible.

(b) Professional practitioners do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.

(c) Professional practitioners explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (*See also* Standard 8.8, Debriefing.)

8.8 Debriefing

(a) Professional practitioners provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions

of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the professional practitioners are aware.

(b) If scientific or humane values justify delaying or withholding this information, professional practitioners take reasonable measures to reduce the risk of harm.

(c) When professional practitioners become aware that research procedures have harmed a participant, they take reasonable steps to minimise the harm.

8.9 Humane Care and Use of Animals in Research

(a) Professional practitioners acquire, care for, use, and dispose of animals in compliance with current local laws and regulations, and with professional standards.

(b) Professional practitioners trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.

(c) Professional practitioners ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. (*See also* Standard 2.5, Delegation of Work to Others.)

(d) Professional practitioners make reasonable efforts to minimize the discomfort, 26 infection, illness, and pain of animal subjects.

(e) Professional practitioners use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the

goal is justified by its prospective scientific, educational, or applied value.

(f) Professional practitioners perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimise pain during and after surgery.

(g) When it is appropriate that an animal's life be terminated, professional practitioners proceed rapidly, with an effort to minimise pain and in accordance with accepted procedures.

8.10 Reporting Research Results

(a) Professional practitioners do not fabricate data. (*See also* Standard 5.1a, Avoidance of False or Deceptive Statements.)

(b) If professional practitioners discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

8.11 Plagiarism

Professional practitioners do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.

8.12 Publication Credit

(a) Professional practitioners take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. (*See also* Standard 8.12b, Publication Credit.)

(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional

position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.

(c) Except under exceptional circumstances, a student is listed as principal author on any multiple authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (*See also* Standard 8.12b, Publication Credit.)

8.13 Duplicate Publication of Data

Professional practitioners do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

8.14 Sharing Research Data for Verification

(a) After research results are published, professional practitioners do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude professional practitioners from requiring that such individuals or groups be responsible for costs associated with the provision of such information.

(b) Professional practitioners who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose. Requesting professional

practitioners obtain prior written agreement for all other uses of the data.

8.15 Reviewers

Professional practitioners who review material submitted for presentation, publication, grant, or research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.

9. Assessment

9.1 Bases for Assessments

(a) Professional practitioners base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings. (*See also* Standard 2.4, Bases for Scientific and Professional Judgments.)

(b) Except as noted in 9.1c, professional practitioners provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, professional practitioners document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or 28 recommendations. (*See also* Standards 2.1, Boundaries of Competence, and 9.6, Interpreting Assessment Results.)

(c) When professional practitioners conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their

conclusions and recommendations.

9.2 Use of Assessments

(a) Professional practitioners administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) Professional practitioners use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, professional practitioners describe the strengths and limitations of test results and interpretation.

(c) Professional practitioners use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

9.3 Informed Consent in Assessments

(a) Professional practitioners obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organisational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

(b) Professional practitioners inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

(c) Professional practitioners using the services of an interpreter obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained. (*See also* Standards 2.5, Delegation of Work to Others; 4.1, Maintaining Confidentiality; 9.1, Bases for Assessments; 9.6, Interpreting Assessment Results; and 9.7, Assessment by Unqualified Persons.)

9.4 Release of Test Data

(a) The term test data refers to raw and scaled scores, client/patient responses to test questions or stimuli, and psychologists' notes and recordings concerning client/patient statements and behavior during an examination. Those portions of test materials that include client/patient responses are included in the definition of test data. Pursuant to a client/patient release, professional practitioners provide test data to the client/patient or other persons identified in the release. Professional practitioners may refrain from releasing test data to protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law. (*See also* Standard 9.11, Maintaining Test Security.)

(b) In the absence of a client/patient release,

psychologists provide test data only as required by law or court order.

9.5 Test Construction

Professional practitioners who develop tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardisation, validation, reduction or elimination of bias, and recommendations for use.

9.6 Interpreting Assessment Results

When interpreting assessment results, including automated interpretations, professional practitioners take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect professional practitioners' judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations. (*See also* Standards 2.1b and c, Boundaries of Competence, and 3.1, Unfair Discrimination.)

9.7 Assessment by Unqualified Persons

Professional practitioners do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (*See also* Standard 2.5, Delegation of Work to Others.)

9.8 Obsolete Tests and Outdated Test Results

(a) Professional practitioners do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.

(b) Professional practitioners do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

9.9 Test Scoring and Interpretation Services

(a) Professional practitioners who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.

(b) Professional practitioners select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (*See also* Standard 2.1b and c, Boundaries of Competence.)

(c) Professional practitioners retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

9.10 Explaining Assessment Results

Regardless of whether the scoring and interpretation are done by professional practitioners, by employees or assistants, or by automated or other outside services, professional practitioners take reasonable steps to ensure that explanations of results are given to the individual or designated representative unless the nature of the relationship precludes provision of an explanation of results (such as in some organisational consulting, pre-employment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.

9.11 Maintaining Test Security

The term test materials refers to manuals, instruments,

protocols, and test questions or stimuli and does not include test data as defined in Standard 9.4, Release of Test Data. Professional practitioners make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, pertaining to possessions & user of any gives test material sets and in a manner that permits adherence to this Codes of Ethics.

10. Therapy

10.1 Informed Consent to Therapy

(a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, professional practitioners inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers. (See also Standards 4.2, Discussing the Limits of Confidentiality, and 6.4, Fees and Financial Arrangements.)

(b) When obtaining informed consent for treatment for which generally recognised techniques and procedures have not been established, professional practitioners inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (See also Standards 2.1e, Boundaries of Competence, and 3.10, Informed Consent.)

(c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the

therapist is in training and is being supervised and is given the name of the supervisor.

10.2 Therapy Involving Couples or Families

(a) When professional practitioners agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained. (See also Standard 4.2, Discussing the Limits of Confidentiality.)

(b) If it becomes apparent that professional practitioners may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), professional practitioners take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.5c, Multiple Relationships.)

10.3 Group Therapy

When professional practitioners provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

10.4 Providing Therapy to Those Served by Others

When deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's welfare. Professional practitioners discuss these issues with the client/patient or another legally authorised person on behalf of the client/patient in order to minimise the risk of confusion and conflict, consult with the other service

providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

10.5 Sexual Intimacies

With Current Therapy Clients/Patients Professional practitioners do not engage in sexual intimacies with current therapy clients/patients.

10.6 Sexual Intimacies

With Relatives or Significant Others of Current Therapy Clients/Patients Professional practitioners do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Professional practitioners do not terminate therapy to circumvent this standard.

10.7 Therapy with Former Sexual Partners

Professional practitioners do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

10.8 Sexual Intimacies With Former Therapy Clients/Patients

(a) Professional practitioners do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

(b) Professional practitioners do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Professional practitioners who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2)

the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the client's/patient's personal history; (5) the client's/patient's current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the client/patient. (*See also* Standard 3.5, Multiple Relationships.)

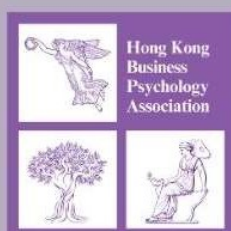
10.9 Interruption of Therapy

When entering into employment or contractual relationships, professional practitioners make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient. (*See also* Standard 3.12, Interruption of Psychological Services.)

10.10 Terminating Therapy

(a) Professional practitioners terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

(b) Professional practitioners may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship. (c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pre-termination counseling and suggest alternative service providers as appropriate



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