



ONTABA REGULATION RESOURCE TOOLKIT

Providing information and resources for members to align their practice with the CPBAO Standards of Professional Conduct, 2024.

ontaba.org

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Dear Reader,

In the summer of 2024, after decades of advocacy efforts by hundreds of volunteers, Behaviour Analysts were part of a monumental and historical transition. Ontario became the first province or territory in Canada to regulate Behaviour Analysts as their own, independent profession. Although for the most part the transition into registration with the College of Psychologists and Behaviour Analysts of Ontario was smooth, being part of a newly regulated profession left many questions and need for guidance for our members and for professionals in general.

After many conversations with our community, ONTABA™ heard your feedback, and the Regulation Resource Task Force was developed to create resources that would answer questions, provide guidance, and support Behaviour Analysts through this transition. The capstone project for the Regulation Resource Task Force was this toolkit, meant to support members with checklists and task lists when providing services, entering or providing supervision, and when promoting their services. The Regulation Resource Task Force also created complementary documents, which can be found on our [website](#). These resources will be periodically updated as needed to ensure accuracy in information.

We would like to thank all members of the Regulation Resource Task Force for their hard work on these documents and resources, as well as the College of Psychologists and Behaviour Analysts for providing a liaison to support with confirming accuracy of information.

We hope that these resources are helpful and meaningful. Happy reading!

Sincerely,

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Introduction

The purpose of the toolkit is to provide information and resources for members to align their practice with the [CPBAO Standards of Professional Conduct, 2024](#). This toolkit was developed for the ONTABA membership to assist with the transition to regulation with the College of Psychologists and Behaviour Analysts of Ontario (CPBAO). The toolkit topics were based on input from the membership through a survey in August 2024, in addition to questions received through townhalls delivered over the summer of 2024.

Please note this is not legal, career, or employment guidance. We encourage you to ask these questions to your lawyer, employer, and/or regulator. ONTABA™ is providing this information based on content that is publicly available.

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Clinical supervision resources: Supervising non-registrants not seeking CPBAO registration
Introduction
<p>This resource is meant to support clinicians who supervise individuals not in the process of becoming registered with CPBAO. This includes two groups of individuals: those who are not a member of any regulated profession (e.g., Educational Assistant, Residential Support Staff, Instructor Therapist, etc.) and those who are a member of <i>another</i> regulated profession (e.g., Registered Psychotherapist, Speech Language Pathologist, Occupational Therapist, etc.).</p> <p>No second-level supervision is permitted with CPBAO. This means an RBA must have direct supervisory relationships with all individuals working under their supervision (e.g., including supervision agreements and completing supervision on a sufficiently intensive schedule for appropriate monitoring) (CPBAO Standards 4.4 and 4.1.c). Any task can be assigned to supervisees as long as the supervisor has the knowledge and skills to complete the task (CPBAO Standards Questions and Answers p. 3).</p>
Checklists
<ul style="list-style-type: none"> • Pre-supervision checklist • Supervision agreement • Supervision records
Additional Resources
<ul style="list-style-type: none"> • BACB 2025 Exam Content List • BCBA Task list 5th Edition • BACB Supervision Training Curriculum Outline • BACB Registered Behavior Technician (RBT) initial competency assessment • Council of Autism Service Providers (CASP) ABA Practice Guidelines • CPBAO legislation, regulations, and by-laws • Ontario legislation relevant to CPBAO members
References
<ul style="list-style-type: none"> • College of Psychologists and Behaviour Analysts of Ontario (CPBAO) Standards of Professional Conduct, 2024 (noted as “CPBAO Standards”) • CPBAO Standards of Professional Conduct 2024 Questions and Answers (noted as “CPBAO Standards Questions and Answers”).

Pre-supervision checklist

Before establishing a supervisory relationship with a supervisee and beginning services with a client, a number of considerations should be made to ensure all parties are in alignment with the CPBAO Standards of Professional Conduct 2024. This checklist summarizes key considerations from the CPBAO Standards. It can be used as a reference during the initial discussion with a potential supervisee and those involved in the delivery of client care (e.g., employers). Note this is not an exhaustive list of considerations and supervisors should consider other elements specific to their practice needs and include them as appropriate.

The checklist below is specific to supervisees who are not seeking registration with CPBAO.

Clinician name	Date completed
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Item	Comment
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Supervision scope

	<p>Have you discussed the scope of supervision with your prospective supervisee(s) and others involved in the prospective client’s care (e.g., employers)? This includes the following:</p> <ul style="list-style-type: none"> ● Clients receiving supervised services are the supervisor’s clients (CPBAO Standards 4.1.a). ● Supervisors bear full responsibility for all aspects of service, including marketing, public statements, intake procedures, case assignment, obtaining appropriate consents, billing, receipt issuance, and service termination (CPBAO Standards 4.1.f). 	
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Supervision planning

	<p>Are there any real or apparent conflicts of interest? If yes, supervision may not be conducted (CPBAO Standards 4.1.g).</p>	
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	<p>Are there any dual and/or multiple relationships? If so, these must be avoided wherever possible. If not, the</p>	
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	supervisor must seek guidance from a neutral colleague to manage this relationship professionally (CPBAO Standards 12.3).	
	If the supervisee is a registrant of another profession, are they aware the service is considered to be the practice of the supervisor's profession (ABA), and is subject to the legislation, regulations, and Standards applicable to the supervisor (CPBAO Standards 12.3).	
	Have you considered the activity of supervision when conducting self-assessment? Are you demonstrating efforts to maintain competence as a supervisor through appropriate continuing professional development (CPBAO Standards 12.3)?	
Supervision purpose		
	<p>Does the purpose of supervision fit into one of the three options below (CPBAO Standards 4.2):</p> <ul style="list-style-type: none"> ● The supervisee requires supervision to deliver services competently; ● A non-registrant is assisting a registrant in performing a service by the registrant; ● The supervisee requires supervision to fulfill the College's registration requirements. <p>Note that supervision may not be provided for the purpose of facilitating third party payments.</p>	
	If none of the situations above are applicable, a supervisory relationship should not be established, and consultation should be considered instead (CPBAO Standards 4.7).	

Supervision model	
	<p>Does your planned supervision model comply with CPBAO’s requirement of no “second-level” supervision (CPBAO Standards 12.3)?</p> <p>Note that when articulating the supervision model, consider the following:</p> <ul style="list-style-type: none"> • The supervisor has a direct supervisory relationship with all supervisees providing ABA services to their client. • Some supervisees may be assigned different tasks than others, depending on the supervisor’s assessment of their knowledge and skill level (i.e., competencies and qualifications). For example, a supervisee who has demonstrated knowledge and skills to complete assessments, observations, and program writing under the supervision of a Registered Behaviour Analyst (RBA) may be assigned these tasks, while a less experienced individual may be assigned tasks related to direct service delivery and data collection. <p>For more information on second-level supervision, please see the CPBAO Standards of Professional Conduct 2024 Questions and Answers document.</p>
Nature of supervision	
<p>Have you discussed the nature of supervision with the prospective supervisee and others involved in the prospective client’s care, including the following?</p>	
	<p>Supervisors must assess the knowledge, skills and competence of their supervisees and provide supervision as appropriate to their assessments (CPBAO Standards 4.1.c).</p>

	Supervision must be sufficiently intensive to enable active monitoring of goals and progress concerning each client (CPBAO Standards 4.1.d).	
	Supervisors must regularly review the list of active clients and actively monitor all matters to determine the optimal frequency of discussion (may include observation when appropriate) of each client (CPBAO Standards 4.1.e).	
	Supervisors must ensure a plan is in place for continuity of services, which includes a plan to communicate changed circumstances to each client (CPBAO Standards 4.1.h).	
Communicating supervision requirements to clients		
	<p>Have you discussed communication requirements with the prospective supervisee and others involved in the prospective client's care, including the following (CPBAO Standards 4.3)?</p> <p>Supervisors must ensure that clients receiving services under their supervision, and relevant other parties are informed of the following:</p> <ul style="list-style-type: none"> ● The supervision status of the direct service provider, including their credentials; ● Any change in supervisors; ● The supervisor's contact information; ● That they may contact the supervisor directly or request a meeting, should they wish; ● That, with respect to the limits of confidentiality, the supervisor must have access to all relevant recorded information about the client; and ● The identity of the Health Information Custodian (HIC) and that the HIC will control and have access to the file. 	

Documentation and billing requirements		
Have you discussed the following requirements with the prospective supervisee and others involved in the prospective client's care?		
	A supervisor must be clearly identified by name as the supervisor, and their contact information must be clearly identified on all reports and formal correspondence related to supervised services (CPBAO Standards 4.5.3).	
	A supervisor must co-sign all documents which may be reasonably relied upon to make a decision affecting client care, rights or welfare (CPBAO Standards 4.5.4).	
	All billing of services provided under supervision is the direct responsibility of the supervising registrant, who must ensure that billing and receipts for services are in their name, or the name of the health professional corporation or their employer. Additionally, invoices and receipts must clearly identify the name of the supervising registrant and the name, relevant degrees, and professional designations of the supervised service provider (CPBAO Standards 4.5.5).	

Supervision agreement checklist	
<p>An individual supervision agreement must be established by a supervisor and each one of their supervisees (CPBAO Standards 4.4). This checklist outlines the requirements of a supervision agreement, along with considerations and examples in italics. This can be used when completing a supervision agreement template for your practice, along with auditing current supervision agreements to ensure they contain the required information. Note this is not an exhaustive list of considerations and supervisors should consider other elements specific to their practice needs and include them as appropriate.</p> <p>The checklist below is specific to supervisees who are not seeking registration with CPBAO.</p>	
Clinician name	Date completed
Item	Comment
<p>The effective date and anticipated expiry date of the agreement.</p>	
<p>Specific duties and responsibilities of the supervisee.</p> <p><i>The duties should be directly related to the supervisee's demonstrated knowledge and skills, as noted in their assessment (CPBAO 4.1.c). Be clear and specific; for example, "The supervisee will implement skill building programs and collect data on client performance."</i></p> <p><i>Provide clarity on the supervisee's roles in relation to communicating with the client. For example, "Supervisee to update client's parent at the end of session on programming progress. All questions or concerns from parents are directed to the supervising RBA."</i></p> <p><i>Consider including administrative and clinical responsibilities, including timeliness of responding (e.g., supervisee will respond to requests to meet within 2 business days), contacting the supervisor in</i></p>	

	<p><i>urgent/high risk situations, coming prepared to discuss all clients at supervision meetings, etc.</i></p>	
	<p>Any constraints placed on the supervisee's activities.</p> <p><i>The duties are related to activities the supervisee should not complete or must complete with increased supervision. For example: "The supervisee will not complete a curricular assessment until they have demonstrated competency through completing the hands-on training course offered through the employer."</i></p>	
	<p>The specific duties and responsibilities of the supervisor.</p> <p><i>This may include statements regarding the responsibility of the supervisor in relation to the supervisee. For example, "The supervisor is responsible for all supervised ABA services delivered by the supervisee."</i></p> <p><i>Additional considerations may include comments on the supervisor's responsibility in relation to the following: explanation of the supervisor's responsibilities and supervisory relationship with each client, obtaining informed consent, developing client goals and programming through initial and ongoing assessment, participation in client sessions and/or meetings, approving invoices, co-signing documents,</i></p> <p><i>Similar to the supervisee responsibilities, consider including timeliness of responding (e.g., supervisor will respond to requests to meet within 2 business days), contacting the supervisor in urgent/high risk situations, coming prepared to discuss all clients at supervision meetings, completing supervision record form, etc.</i></p>	

	<p>Expected frequency and duration of supervision meetings.</p> <p><i>Supervision frequency and duration is based on the supervisee's demonstrated knowledge, experience, and the degree of independence the supervisor deems appropriate. Supervisors are encouraged to meet with supervisees in real time (CPBAO Standards 4.1.e).</i></p> <p><i>Consider noting the modality of the supervision meeting (e.g., meeting in person, virtually, or by phone).</i></p>	
	<p>Method of direct involvement of the supervisor in planning, monitoring, and evaluating services for each client.</p> <p><i>Consider breaking down each phase of involvement.</i></p> <p><i>Planning may include the process of the supervisor accepting the referral and completing an initial assessment with the client, along with their recommendations of treatment type, intensity and duration.</i></p> <p><i>Monitoring may include the frequency and duration of the following activities: meetings with supervisees, session observation, and reviewing and analyzing data,</i></p> <p><i>Evaluating may include the frequency and duration of the following activities: reviewing outcome data, reviewing client satisfaction data, completion of treatment integrity checks.</i></p>	
	<p>Contact information and emergency contacts for both the supervisor and supervisee.</p>	
	<p>Confirmation of the supervisee's commitment to comply with relevant legislation, regulations, and the CPBAO Standards of Professional Conduct, 2024.</p>	

	<p>Consider the sector in which you work when including relevant legislation: Ontario legislation relevant to CPBAO members</p>	
	<p>In circumstances where an individual is supervised by more than one supervisor, information about the roles and involvement of each supervisor that would prevent confusion about responsibility of the supervisors for client care.</p> <p>Consider indicating the roles of each supervisor. For example, Supervisor A is responsible for all clients seen in one to one ABA treatment, while Supervisor B is responsible for supervising all clients seen in group social skills programming.</p>	
	<p>A mechanism for dispute resolution is outlined.</p> <p>Possible resources include the following articles:</p> <ul style="list-style-type: none"> • Workplace Conflict in Applied Behavior Analysis: Prevalence, Impact, and Training • Crucial Issues in the Applied Analysis of Verbal Behavior: Reflections on Crucial Conversations: Tools for Talking When the Stakes Are High 	
	<p>A plan outlining appropriate support for the supervisee and clients in case the supervisor becomes unavailable.</p> <p>Consider including identifying a “back up” RBA who has the competency to supervise the clients and/or deliver direct services as appropriate. Outline the process in which this RBA would become involved and how the clients would be informed of their role.</p>	
	<p>Document is jointly signed by the supervisor and supervisee.</p>	

Supervision records checklist

Supervisors must maintain comprehensive records of supervision activities and contacts with supervisees (CPBAO Standards 4.5.1). This checklist outlines the minimum requirements of a supervision record, along with considerations and examples. This can be used when completing a supervision record template for your practice, along with auditing current supervision records to ensure they contain the required information.

The checklist below is specific to supervisees who are not seeking registration with CPBAO. Note this is not an exhaustive list of considerations and supervisors should consider other elements specific to their practice needs and include them as appropriate.

Clinician name	Date completed

Supervision record contents

Consider the following direction from the College when creating supervision records:

“Supervision records are meant to record the interaction between the supervisor and supervisee and focus on the supervisor’s evaluation, direction, and support of the supervisee, as well as the supervisee’s response to the input of the supervisor; supervisors are responsible for ensuring that those under their supervision maintain records as required under Section 9: Records and Record Keeping and reflect the contribution of the supervisor to the service delivery (CPBAO Standards 4.5.1).”

“A supervision record should only contain information relevant to the member’s supervision of the supervisee’s performance, developmental goals, progress, and challenges. It should only include incidental reference to clients to relate the narrative to specific cases. All information about a client that is relevant to the services provided should be contained within the client record. There should not be information relevant to client care in a supervision record that would also not be found in a client’s own file (CPBAO Questions and Answers to Standards of Professional Conduct 2024, p. 8 and 9).”

Item	Comment
	The date and duration of each supervision meeting.
	Information enabling identification of discussed clients at each meeting.

	<p><i>Consider using initials or codes associated with the client's file.</i></p>	
	<p>A summary of discussions related to professional services, including but not limited to assessment, intervention and consultation matters (as applicable) per meeting.</p> <p><i>An example supervision record entry may include: "We discussed the supervisee's questions related to client AB's upcoming functional analysis, in relation to how to collect data during each test condition."</i></p>	
	<p>A summary of discussions regarding ethical, and jurisprudence issues (as applicable) per meeting.</p> <p><i>An example may include "We discussed the supervisee's question related to information sharing during a mandatory report to Children's Aid. We reviewed and discussed a resource from the Information and Privacy Commissioner and Ontario Child Advocate regarding information sharing."</i></p>	
	<p>Documentation of any directives given to the supervisee at each meeting.</p> <p><i>An example may include "Supervisor recommended spending additional time at the outset of each session pairing with the client to establish rapport"</i></p>	
	<p>The supervisee's identified strengths and developmental needs are identified or discussed at each meeting.</p> <p><i>Consider using clear, objective and specific language when identifying strengths and needs. For example, "Supervisee's strengths include accurate and efficient data collection during client programming and accurate implementation of client behaviour intervention plans. Supervisee's areas of developmental needs include</i></p>	

	<i>continued practice to embed teaching targets into developmentally appropriate play activities.”</i>	
Supervision record storage and retention		
	Supervision records must be retained for a minimum of ten years following the client’s last relevant clinical contact for any client discussed, or if the client was less than eighteen years of age at the time of their last relevant clinical contact, ten years following the day the client became or would have become 18 (CPBAO Standards 4.5.2).	
	Supervision records should be stored separate from a client file (CPBAO Questions and Answers p. 8).	
	If the supervision is being provided on behalf of the organization, supervision records should remain with and be the responsibility of the organization. Otherwise, supervision records belong to the supervisor (CPBAO Questions and Answers p. 8).	

Clinical supervision resources: Supervising non-registrants seeking CPBAO registration	
Introduction	
<p>This resource is meant to support clinicians who supervise individuals in the process of becoming registered with CPBAO. This includes individuals who have completed the education requirements to hold a Certificate of Registration for a Behaviour Analyst Authorizing Supervised Practice or who are working to fulfill the College’s registration requirements.</p>	
Considerations	
<p>Supervision purpose and scope</p>	<p>Does the purpose of supervision fit into one of the three options below (CPBAO Standards 4.2):</p> <ul style="list-style-type: none"> ● When the supervisee requires supervision to competently deliver services; ● A non-registrant is assisting a registrant in performing a service by the registrant; or, ● To fulfill the College’s registration requirements. <p>If none of the situations above are applicable, a supervisory relationship should not be established, and consultation, training, or mentorship should be considered instead (CPBAO Standards 4.7).</p> <p>The supervisor is responsible for clients receiving supervised services (CPBAO Standards 4.1).</p>
<p>Supervision model</p>	<p>Does your planned supervision model comply with CPBAO’s requirement of no “second-level” supervision (CPBAO Standards 12.3)?</p> <p>Note that when articulating the supervision model, consider the following:</p> <ul style="list-style-type: none"> ● The supervisor has a direct supervisory relationship with all supervisees providing ABA services to their client.

	<ul style="list-style-type: none"> • Some supervisees may be assigned different tasks than others, depending on the supervisor’s assessment of their knowledge and skill level. For example, a supervisee who has demonstrated knowledge and skills to complete assessments, observations, and program writing under the supervision of a Registered Behaviour Analyst (RBA) may be assigned these tasks, while a less experienced individual may be assigned tasks related to direct service delivery and data collection. • Behaviour Analysts do not have access to Controlled Acts (CPBAO Standards 4.10), therefore there are no specific ABA-based procedures that are prohibited in terms of a supervisee performing them under the supervision of an RBA.
Checklists	
<ul style="list-style-type: none"> • Pre-supervision checklist for supervisors • Pre-supervision checklist for supervisees • Supervision agreement • Supervision records 	
Additional Resources	
<ul style="list-style-type: none"> • CPBAO legislation, regulations, and by-laws: https://cpbao.ca/resources/reference-library/?rsc=legislation-regulations-bylaws • Ontario legislation relevant to CPBAO members: https://cpbao.ca/cpo_resources/legislation/ • CPBAO supervised practice information: https://cpbao.ca/cpo_resources/supervised-practice-behaviour-analyst-section-h-authorized-supervised-practice/ 	
References	
<ul style="list-style-type: none"> • College of Psychologists and Behaviour Analysts of Ontario (CPBAO) Standards of Professional Conduct, 2024 (noted as “CPBAO Standards”). • CPBAO Standards of Professional Conduct 2024 Questions and Answers (noted as “CPBAO Standards Questions and Answers”). • Council of Autism Service Providers (2024). Applied behavior analysis practice guidelines for treatment of autism spectrum disorder: Guidance for healthcare funders, regulatory bodies, service providers, and consumers (3rd ed.). • CPBAO Behaviour Analyst Supervised Practice: Entry Level Route 	

Pre-supervision checklist for supervisors

Before establishing a supervisory relationship with a supervisee and beginning services with a client, all parties must ensure they are following the CPBAO Standards of Professional Conduct 2024. This checklist summarizes key considerations from the CPBAO Standards. It can be used as a reference during the initial discussion with a potential supervisee and those involved in the delivery of client care (e.g., employers).

The checklist below is specific to supervisees who are seeking registration with CPBAO. Please see the [CPBAO website](#) for more information regarding the registration process for supervised practice.

Clinician name	Date completed
Item	Comment

Supervised member requirements

	<p>Ensure that the supervised member is aware of and working towards the following criteria (CPBAO RBA supervised practice entry level route)</p> <ul style="list-style-type: none"> • Educational requirements and issued a Certificate of Registration for a Behaviour Analyst Authorizing Supervised Practice; • Pay the membership fees; • Take the Ontario Examination for Professional Practice in Applied Behaviour Analysis (OEPPABA) within one year of issuance of the Certificate of Registration for Supervised Practice; and • Complete the Jurisprudence and Ethics Course and Assessment in Applied Behaviour Analysis (JECAABA) within one year of issuance of the Certificate of Registration for Supervised Practice. 	
	<p>Can the supervised member work in the profession at least 15 hours per week in Ontario? (Supervised Practice Behaviour Analyst Section H)</p>	

Supervision scope		
	<p>Have you discussed the scope of supervision with your prospective supervisee(s) and others involved in the prospective client's care (e.g., employers)? This includes the following:</p> <ul style="list-style-type: none"> ● Clients receiving supervised services are the supervisor's clients (CPBAO Standards 4.1.a). ● Supervisors bear full responsibility for all aspects of service, including marketing, public statements, intake procedures, case assignment, obtaining appropriate consents, billing, receipt issuance, and service termination (CPBAO Standards 4.1). 	

Pre-supervision checklist for supervisees	
<p>Before establishing a supervisory relationship with a supervisee and beginning services with a client, all parties must ensure they are following the CPBAO Standards of Professional Conduct 2024. This checklist summarizes key considerations from the CPBAO Standards. It can be used as a reference during the initial discussion with a potential supervisor and those involved in the delivery of client care (e.g., employers).</p> <p>The checklist below is specific to supervisees who are seeking registration with CPBAO. Please see the CPBAO website for more information regarding the registration process for supervised practice.</p>	
Clinician name	Date completed
Item	Comment
Supervisor requirements	
	<p>Is your supervisor a member of the CPBAO authorized for autonomous practice in good standing (Supervised Practice Behaviour Analyst Section H)?</p> <p><i>The supervisor's Certificate of Registration must not be subject to any term, condition or limitation that was imposed as a result of a disciplinary proceeding or a fitness to practice proceeding and must not be the subject of any ongoing disciplinary or fitness to practice proceeding.</i></p>
	<p>Do you work in the same setting as your supervisor? A supervisor who works in a different setting is acceptable as long as consistent monitoring and regular contact can be ensured, and that the supervisor has access to the client's file (Supervised Practice Behaviour Analyst Section H).</p> <p><i>The supervised member should maintain employment in the same setting(s) and under the terms specified when the Certificate of Registration for a Behaviour</i></p>

	<p><i>Analyst Authorizing Supervised Practice was issued or inform the College in writing if they intend to change professional duties, work setting(s), and/or supervisors.</i></p>	
Supervision scope		
	<p>Have you discussed the scope of supervision with your prospective supervisor and others involved in the prospective client's care (e.g., employers)? This includes the following:</p> <ul style="list-style-type: none"> ● Clients receiving supervised services are the supervisor's clients (CPBAO Standards 4.1.a). ● Supervisors bear full responsibility for all aspects of service, including marketing, public statements, intake procedures, case assignment, obtaining appropriate consents, billing, receipt issuance, and service termination (CPBAO Standards 4.1.f). 	
Supervision planning		
	<p>Are there any real or apparent conflicts of interest? If yes, supervision may not be conducted (CPBAO Standards 4.1.g).</p>	
	<p>Have you considered the activity of supervision when conducting self assessment? Are you demonstrating efforts to maintain competence as a supervisor through appropriate continuing professional development? (CPBAO Standards 4.1.j).</p>	
Nature of supervision		
<p>Have you discussed the nature of supervision with the prospective supervisor/supervisee and others involved in the prospective client's care, including the following?</p>		
	<p>Supervisors must assess the knowledge, skills and competence of their supervisees and provide</p>	

	supervision as appropriate to their assessments (CPBAO Standards 4.1.c).	
	<p>Supervision must be sufficiently intensive to enable active monitoring of goals and progress concerning each client (CPBAO Standards 4.1.d).</p> <p><i>Additional Resources:</i></p> <p>Council of Autism Service Providers ABA Practice Guidelines for the Treatment of Autism Spectrum Disorder.</p>	
	Supervisors must regularly review the list of active clients and actively monitor all matters to determine the optimal frequency of discussion of each client (CPBAO Standards 4.1.e).	
	Supervisors must ensure a plan is in place for continuity of services, which includes a plan to communicate changed circumstances to each client (CPBAO Standards 4.1.h).	
Communicating supervision requirements to clients		
	<p>Have you discussed communication requirements with the prospective supervisor/supervisee and others involved in the prospective client's care, including the following (CPBAO Standards 4.3)?</p> <p>Supervisors must ensure that clients receiving services under their supervision, and relevant other parties, are informed of the following:</p> <ul style="list-style-type: none"> ● The supervision status of the direct service provider, including their credentials; ● Any change in supervisors; ● The supervisor's contact information; 	

	<ul style="list-style-type: none"> • That they may contact the supervisor directly and/or request a meeting, should they wish; • That, with respect to the limits of confidentiality, the supervisor must have access to all relevant recorded information about the client; and • The identity of the Health Information Custodian (HIC), and that the HIC will control and have access to the file. 	
	<p>Have you discussed communication requirements with the prospective supervisor/supervisee and others involved in the prospective client's care, including the following (CPBAO Standards 4.3)?</p>	
<p>Documentation and billing requirements</p>		
<p>Have you discussed the following requirements with the prospective supervisee and others involved in the prospective client's care?</p>		
	<p>A supervisor must be clearly identified by name as the supervisor, and their contact information must be clearly identified on all reports and formal correspondence related to supervised services (CPBAO Standards 4.5.3).</p>	
	<p>A supervisor must co-sign all documents which may be reasonably relied upon to make a decision affecting client care, rights or welfare (CPBAO Standards 4.5.4).</p>	
	<p>All billing of services provided under supervision are the direct responsibility of the supervising registrant, who must ensure that billing and receipts for services are in their name, or the name of the health professional corporation or their employer. Additionally, invoices and receipts must clearly identify the name of the supervising registrant and the name, relevant degrees, and professional designations of the supervised service provider (CPBAO Standards 4.5.5).</p>	

Supervision agreement checklist	
<p>An individual supervision agreement must be established by a supervisor and each of their supervisees (CPBAO Standards 4.4). This checklist outlines the requirements of a supervision agreement, along with considerations and examples. It can be used when completing a supervision agreement template for your practice and when auditing current supervision agreements to ensure they contain the required information.</p> <p>The checklist below is specific to supervisees who are seeking registration with CPBAO. Please see the CPBAO website for more information regarding the registration process for supervised practice.</p>	
Clinician name	Date completed
Item	Comment
<p>The effective date and anticipated expiry date of the agreement.</p>	
<p>Specific duties and responsibilities of the supervisee.</p> <p><i>The duties should be directly related to the supervisee’s demonstrated knowledge and skills, as noted in their assessment (CPBAO 4.1.c). Be clear and specific; for example, “The supervisee will deliver skill building programs and collect data on client performance.”</i></p> <p><i>Provide clarity on the supervisee’s role when communicating with the client. For example, “Supervisee to update the client’s parent at the end of the session on programming progress. The supervisee will direct all questions or concerns from parents to the supervising RBA.”</i></p> <p><i>Consider including administrative and clinical responsibilities. For example, the supervisee will</i></p>	

	<p><i>respond to requests to meet within 2 business days), contact the supervisor in urgent/high-risk situations, come prepared to discuss all clients at supervision meetings, etc.</i></p>	
	<p>Any constraints placed on the supervisee's activities.</p> <p><i>The duties are related to activities the supervisee should not complete or must complete with increased supervision. For example, "The supervisee will not complete a curricular assessment until they have demonstrated competency through completing the hands-on training course offered through the employer."</i></p>	
	<p>The specific duties and responsibilities of the supervisor including (Supervised Practice Behaviour Analyst Section H):</p> <ul style="list-style-type: none"> • Training and evaluation for all areas of professional practice; • Tutorial responsibility for raising the level of skills, knowledge, and general professional functioning of the supervised member; • Setting goals and objectives for the supervisory period; • Assisting the supervisee in reaching standards for autonomous practice. <p><i>Additional considerations may include comments on the supervisor's responsibility in relation to the following: explanation of the supervisor's responsibilities and supervisory relationship with each client, obtaining informed consent, developing client goals and programming through initial and ongoing assessment, participation in client sessions and/or meetings, approving invoices, and co-signing documents.</i></p> <p><i>Similar to the supervisee responsibilities, consider including timeliness of responding (e.g., supervisor will respond to requests to meet within 2 business days),</i></p>	

	<p><i>contacting the supervisor in urgent/high risk situations, coming prepared to discuss all clients at supervision meetings, completing supervision record form, etc.</i></p>	
	<p>Expected frequency and duration of supervision meetings. For supervised practice, the supervisor is required to meet with the supervised member in individual sessions a minimum of 2 hours every 2 weeks (Supervised Practice Behaviour Analyst Section H).</p> <p><i>Additional considerations include the supervisee's demonstrated knowledge, experience, and the degree of independence the supervisor deems appropriate. Supervisors are encouraged to meet with supervisees in real time (CPBAO Standards 4.1.e).</i></p> <p><i>Consider noting the modality of the supervision meeting (e.g., meeting in person, virtually, or by phone).</i></p>	
	<p>Method of direct involvement of the supervisor in planning, monitoring, and evaluating services for each client.</p> <p><i>Consider breaking down each phase of involvement.</i></p> <p><i>Planning may include the supervisor accepting the referral and completing an initial assessment with the client, along with their recommendations of treatment type, intensity, and duration.</i></p> <p><i>Monitoring may include the frequency and duration of the following activities: meetings with supervisees, session observation, and reviewing and analyzing data.</i></p> <p><i>Evaluating may include determining the frequency and duration of the following activities: reviewing outcome data, reviewing client satisfaction data, and completing treatment integrity checks.</i></p>	

	<p>Training, monitoring, and assessment of performance throughout the supervisory period. If needed, this may include taking the lead role in developing a remediation plan (Supervised Practice Behaviour Analyst Section H).</p> <p><i>Additional Resources:</i></p> <ul style="list-style-type: none"> • Recommended Practices for Individual Supervision for Aspiring Behavior Analysts • Recommended Practices for Individual Supervision 	
	<p>Contact information and emergency contacts for both the supervisor and supervisee.</p>	
	<p>Confirmation of the supervisee's commitment to comply with relevant legislation, regulations, and the <i>Standards of Professional Conduct, 2024</i>.</p> <p><i>When including relevant legislation, consider the sector in which you work.</i></p>	
	<p>In circumstances where an individual is supervised by more than one supervisor, information about the roles and involvement of each supervisor that would prevent confusion about responsibility of the supervisors for client care.</p> <p><i>Consider indicating the roles of each supervisor. For example, Supervisor A is responsible for all clients seen in one-to-one ABA treatment, while Supervisor B is responsible for all clients seen in group social skills programming.</i></p>	
	<p>A plan outlining appropriate support for the supervisee and clients in case the supervisor becomes unavailable.</p>	

	<p>Consider including identifying a “backup” RBA who has the competency to supervise the clients and/or deliver direct services as appropriate. Outline how this RBA would become involved and how the clients would be informed of their role.</p>	
	<p>A mechanism for dispute resolution.</p> <p>Possible resources include the following articles:</p> <ul style="list-style-type: none"> • Workplace Conflict in Applied Behavior Analysis: Prevalence, Impact, and Training • Crucial Issues in the Applied Analysis of Verbal Behavior: Reflections on Crucial Conversations: Tools for Talking When the Stakes Are High 	
	<p>Document is jointly signed by the supervisor and supervisee.</p>	
	<p>Payment for provision of supervision, if applicable (Supervised Practice Behaviour Analyst Section H).</p> <p>Typically, a supervisor is expected to provide supervision as part of their collegial contribution to the profession. In certain circumstances, it may be necessary for a supervisor to request payment for the provision of supervision to supervised members, subject to the following conditions:</p> <ul style="list-style-type: none"> • When the supervised member provides services to the supervisor’s clients, it would <i>not</i> be appropriate for the supervisor to seek payment for supervision from the supervised member. • When a supervised member cannot access supervision in their work setting, an off-site 	

	<i>supervisor may consider charging a reasonable amount.</i>	
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Supervision record checklist

Supervisors must maintain comprehensive records of supervision activities and contacts with supervisees (CPBAO Standards of Professional Conduct 4.5.1). This checklist outlines the minimum requirements for supervision records, along with considerations and examples. It can be used when completing a supervision record template for your practice and when auditing current supervision records to ensure they contain the required information.

The checklist below is specific to supervisees who are seeking registration with CPBAO. Please see the [CPBAO website](#) for more information regarding the registration process for supervised practice.

Clinician name	Date completed

Supervision record contents

Consider the following direction from the College when creating supervision records:

“Supervision records are meant to record the interaction between the supervisor and supervisee and focus on the supervisor’s evaluation, direction, and support of the supervisee, as well as the supervisee’s response to the input of the supervisor; supervisors are responsible for ensuring that those under their supervision maintain records as required under Section 9: Records and Record Keeping and reflect the contribution of the supervisor to the service delivery (CPBAO Standards 4.5.1).”

“A supervision record should only contain information relevant to the member’s supervision of the supervisee’s performance, developmental goals, progress, and challenges. It should only include incidental reference to clients to relate the narrative to specific cases. All information about a client that is relevant to the services provided should be contained within the client record. There should not be information relevant to client care in a supervision record that would also not be found in a client’s own file (CPBAO Questions and Answers p. 8 and 9).”

	Item	Comment
	The date and duration of each supervision meeting.	
	Information enabling identification of discussed clients at each meeting.	

	<p><i>Consider using initials or codes associated with the client's file.</i></p>	
	<p>A summary of discussions related to professional services, including but not limited to assessment, intervention and consultation matters per meeting.</p> <p><i>An example supervision record entry may include: "We discussed the supervisee's questions related to client AB's upcoming functional analysis, concerning how to collect data during each test condition."</i></p>	
	<p>A summary of discussions regarding ethical, and jurisprudence issues per meeting.</p> <p><i>For example, "We discussed the supervisee's question about information sharing during a mandatory report to Children's Aid. We reviewed and discussed a resource from the Information and Privacy Commissioner and Ontario Child Advocate regarding information sharing."</i></p>	
	<p>Documentation of any directives given to the supervisee at each meeting.</p> <p><i>An example may include "Supervisor recommended spending additional time at the outset of each session pairing with the client to establish rapport."</i></p>	
	<p>The supervisee's identified strengths and developmental needs are identified or discussed at each meeting.</p> <p><i>Consider using clear, objective and specific language when identifying strengths and needs. For example, "Supervisee's strengths include accurate and efficient data collection during client programming and accurate implementation of client behaviour intervention plans. Supervisee's areas of developmental needs include continued practice to embed teaching targets into developmentally appropriate play activities."</i></p>	

	<p>Supervisor’s Work Appraisals Form must be submitted to the College quarterly (the College will provide the form) (Supervised Practice Behaviour Analyst Section H):</p> <ul style="list-style-type: none"> • The Supervisor’s Work Appraisal Form includes rating scales with dimensions and rating categories; • A detailed record of supervisory contacts (dates, duration, and supervisory themes); • Supervision includes review of all client files • Indicate professional activities in which the candidate engages and hours devoted to each period. <p><i>Both the supervisor and supervised member will need to review and sign the declaration.</i></p> <p><i>Supervisor ratings will indicate readiness for autonomous practice in all categories. This will be a prerequisite for the supervised member to receive a Certificate of Registration Authorizing Autonomous Practice.</i></p>	
Supervision record and storage retention		
	<p>Supervision records must be retained for a minimum of ten years following the client’s last relevant clinical contact for any client discussed, or if the client was less than eighteen years of age at the time of their last relevant clinical contact, ten years following the day the client became or would have become eighteen (CPBAO Standards of Professional Conduct 4.5.2).</p>	
	<p>Supervision records should be stored separate from a client file (<i>CPBAO Questions and Answers to Standards of Professional Conduct 2024, p. 8</i>).</p>	
	<p>If the supervision is being provided on behalf of the organization, supervision records should remain with and be the responsibility of the organization.</p>	

	Otherwise, supervision records belong to the supervisor (<i>CPBAO Questions and Answers to Standards of Professional Conduct 2024, p. 8</i>)	
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Clinical records	
Introduction	
<p>This resource supports clinicians when creating clinical record policies or auditing clinical records. General considerations are outlined below, followed by checklists, additional resources, and references.</p>	
Considerations	
<p>General considerations</p>	<ul style="list-style-type: none"> ● All records must be dated and the identity of the person making the entry must be clear (CPBAO Standards 9.1.a). ● If requested by a client, registrants must explain or interpret documents they have authored and/or signed in a language other than the language in which the service was provided (CPBAO Standards 9.1.d). <p><i>It may be helpful to develop a translation policy to ensure clinicians have a process in place should a client request translation services.</i></p> <ul style="list-style-type: none"> ● Client records must be presented in a way which is understandable to another health professional if a client requests that the records be provided (CPBAO Standards 9.1.e.). ● All documents that contain conclusions, judgments, decisions, diagnoses, or recommendations must be signed by the registrant responsible for the service (CPBAO Standards 9.1.f). <p><i>If a supervisee authors the document, both the supervisor and supervisee must sign the document.</i></p> <ul style="list-style-type: none"> ● When providing services within a group, separate records must be maintained for each group participant (CPBAO Standards 9.1.c).

	<ul style="list-style-type: none"> Records in the control of a registrant must identify if any information that the registrant knows or ought to know is false or misleading (CPBAO Standards 9.1.i).
Health Information Custodians (HIC)	<ul style="list-style-type: none"> The custodian is a person or organization listed in PHIPA that has custody or control of personal health information. A custodian cannot disclose personal health information to a non-custodian, including the non-custodian for whom the individual is working, unless express consent or the disclosure is permitted or required by PHIPA or another law (IPC, 2015, p. 7). Registrants who are not health information custodians (HICs) must take reasonable steps to ensure the maintenance and security of service records (CPBAO Standards 9.1.h.). The clinician must also ensure that current and former service recipients are informed about how they may gain access to the service record. This information should be available to service recipients at the outset of services, typically outlined in the consent to service form. The Health Information Custodian (HIC) remains responsible for information collection, use, disclosure, and secure destruction (CPBAO Standards 9.5.b). Health information custodians (HICs) must arrange for the security and maintenance of client records in case of expected or unexpected incapacity or death (CPBAO Standards 9.5.d). The College must be informed of these arrangements before ceasing to provide services or at the earliest reasonable opportunity. Wherever possible, the designate should be a registrant of the College.
Record storage and retention	<ul style="list-style-type: none"> Client records must be retained for a minimum of 10 years after the service recipient reaches the age of 18 or after the last professional contact, whichever comes later (CPBAO Standards 9.4.a).

	<ul style="list-style-type: none"> ● Client records can be saved in the cloud; however, if using cloud services, ensure that the jurisdiction within which the cloud service is hosted has security features that are consistent with privacy requirements under Ontario legislation (CPBAO Standards 17.3.a.). ● Personally identifiable information which a person has not provided consent to collect, inquiries about services which did not result in the provision of services, or for recipients of prevention, public education, group training, emergency or post-emergency group services, or group screening services do not need to be maintained (CPBAO Standards 9.4.d.). <p><i>For example, if an individual inquires about services and shares personal information, this information does not need to be recorded nor information to be kept.</i></p> <p><i>Another example includes information shared in a group training setting (e.g., a training workshop); the registrant does not need to keep the information shared as a client record.</i></p>
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Checklists

- [Individual client records](#)
- [Organizational client records](#)
- [Record storage and retention](#)
- [Record security](#)

Additional Resources

- [Information and Privacy Commissioner of Ontario](#)
- [Personal Health Information Protection Act \(PHIPA\), 2004](#)
- [Personal Information Protection and Electronic Documents Act \(PIPEDA\)](#)
- [ABA Business Toolkit](#)
- ONTABA Professional Practice Series in ABA:
 - [File Access & Correction: Frequently Asked Questions](#)
 - [Information Sharing Tips](#)
 - [5 WH Questions About Record Keeping](#)

References

- [College of Psychologists and Behaviour Analysts of Ontario \(CPBAO\) Standards of Professional Conduct, 2024](#) (noted as “CPBAO Standards”)
- Information and Privacy Commissioner of Ontario (2015). [Frequently asked questions: Personal Health Information Protection Act](#).

Individual client records	
<p>This checklist is a self-assessment guide to assist in developing your client records policies or completing a review of your own clinical and documentation practices. CPBAO- specific requirements are cited in the checklist below, with examples in italics. Please note that the HIC is responsible for information collection, use, disclosure, and secure destruction (CPBAO Standards 9.5.b).</p>	
Clinician name	Date completed
Item	Comment
<p>Identifying information about the client:</p> <ul style="list-style-type: none"> ● Name ● Date of birth ● Address ● Phone number (if applicable) ● Email address (if applicable) <p><i>An example includes a registration or intake form.</i></p>	
<p>Dates and details of every relevant or material service contact or consultation.</p> <p><i>Have a record of when the client receives services, whether direct, supervised, or consultation. Examples could include attendance records that clearly state dates of service, duration of service, and individuals providing services. Other examples include meeting or supervision notes regarding the client.</i></p>	
<p>Observation or supervision documentation that includes relevant information about service activities:</p> <ul style="list-style-type: none"> ● A description of any presenting problem and of any history related to the problem (CPBAO Standards 9.2.c); 	

	<ul style="list-style-type: none"> • Every material service activity that is carried out by the registrant or under the responsibility of the registrant (CPBAO Standards 9.2.d); • Relevant information about every service activity that was commenced but not completed, including reasons for the non-completion (CPBAO Standards 9.2.e); • All reports and communications prepared by the registrant regarding the service recipients (CPBAO Standards 9.2.i.). <p><i>In some settings, the documents could include observation notes, team meeting notes, behaviour support plans, or individualized service plans.</i></p>	
	<p>If there is collaboration with professionals from other disciplines, include relevant notes from other professionals in their clinical records (CPBAO Standards 9.1.b.).</p> <p><i>For example, meeting notes with another service provider or a multidisciplinary meeting.</i></p>	
	<p>Maintain all reports or correspondence about the service recipient(s), received by the registrant, which are relevant and material to the service to the client.</p> <p><i>Where clinical information may be shared via email, the email should be saved as a clinical record.</i></p> <p><i>An example of information received by the registrant may be if a service recipient shares reports from previous service providers, school reports, etc. If the information shared is relevant and material to the service provided to the client, those materials should be kept as client clinical records.</i></p> <p><i>Information that is not relevant may be returned to the party that provided the information, or to securely destroy that material after confirming that the sender has retained a copy (CPBAO Standards 9.2.h.).</i></p>	

	A copy of every written consent and documentation of the process of obtaining verbal consent related to the service (CPBAO Standards 9.2.j).	
	Relevant information about every referral of the service recipient by the registrant to another professional (CPBAO Standards 9.2.k).	

Organizational client records		
<p>This checklist is a self-assessment guide to assist in developing organizational client records policies or completing a review of your own clinical and documentation practices. CPBAO specific requirements are cited in the checklist below, with examples in italics. Please note that the HIC is responsible for information collection, use, disclosure, and secure destruction (CPBAO Standards 9.5.b).</p>		
Clinician name		Date completed
Item		Comment
	<p>Identifying information about the organization (CPBAO Standards 9.3.a; 9.3.b):</p> <ul style="list-style-type: none"> • Name • Contact information of the organizational client 	
	<p>Name(s) and title(s) of the person(s) authorized to release confidential information about the organizational client.</p>	
	<p>Date and nature of each material service provided to the organizational client (CPBAO Standards 9.3.c.).</p>	
	<p>A copy of all agreements and correspondence with the organizational client (CPBAO Standards 9.3.d)</p> <p><i>This includes service agreements, correspondence via email that are relevant to the service provided, etc.</i></p>	
	<p>A description of the problems which were the focus of the service, methodology utilized, the recommendations made, and any other material information available about the progress and outcome of the matter (CPBAO Standards 9.3.f).</p>	
	<p>A copy of each report that is prepared for the organizational client (CPBAO Standards 9.3.f).</p>	

Record storage and retention	
<p>This checklist is a self-assessment guide to assist you in developing record storage and retention policies or completing a review of your own practices. CPBAO specific requirements are cited in the checklist below, with examples in italics. Please note that the HIC is responsible for information collection, use, disclosure, and secure destruction (CPBAO Standards 9.5.b).</p>	
Clinician name	Date completed
Item	Comment
<p>A system is in place to keep track of when client or organizational records can be destroyed and to ensure records are destroyed securely.</p> <p><i>Client records must be retained for a minimum of 10 years after the service recipient reaches the age of 18 or after the last professional contact, whichever comes later (CPBAO Standards 9.4.a).</i></p> <p><i>Organizational service records must be maintained for at least ten years following the organizational client's last contact (CPBAO Standards 9.4.b.).</i></p> <p><i>If the organizational client has been receiving service for more than ten years, information contained in the record that is more than ten years old may be destroyed if the information is not relevant to services currently being provided to the client.</i></p>	
<p>If client records are saved in the cloud, ensure the cloud services within which the cloud service is hosted has security features consistent with privacy requirements under Ontario legislation (CPBAO Standards 17.3.a).</p>	

	<p>Identify clearly where components of a record are stored.</p> <p><i>Different components of a record can be stored across multiple locations, however each location must reference the other locations (CPBAO Standards 9.4.c.).</i></p>	
	<p>Records regarding fees, billing, and financial matters must be retained in the same manner as other service records (CPBAO Standards 9.4.e).</p>	

Record security	
<p>This checklist is a self-assessment guide to assist you in developing record security policies or completing a review of your own practices. CPBAO specific requirements are cited in the checklist below. Please note that the HIC is responsible for information collection, use, disclosure, and secure destruction (CPBAO Standards 9.5.b).</p>	
Clinician name	Date completed
Item	Comment
<p>Privacy of the client record is protected when disclosing or transmitting personal health information (CPBAO Standards 9.5.a).</p> <p><i>When transporting physical client files or records, ensure client files are transported securely. For example, files should be double-locked (e.g., locked briefcase, locked vehicle) and never left unattended. Client records that are stored on any electronic device (e.g., laptops, cell phones, USB drives, etc.) should have strong encryption such as double password protected, can be remote wiped if required, and can be securely deleted once the files are no longer required.</i></p> <p><i>Include considerations minimizing access of other individuals to the client records.</i></p>	
<p>Electronic records must be encrypted before transmission (CPBAO Standards 9.5.c.).</p> <p><i>This means documents and records must be password-protected and use unique password that is not shared with or accessible to others.</i></p> <p><i>Verify the practices of your technology provider and contact relevant authorities (e.g., Information and Privacy Commissioner) if you have questions about the current minimum requirements.</i></p>	

	<p>When using an electronic record management services, the registrant must ensure the service operator acts in compliance with legislation (CPBAO Standards 9.5.b).</p>	
	<p>When others within an organization have access to client records, measures should be taken to prevent misunderstanding or misuse (CPBAO Standards 9.5.d.).</p> <p><i>This includes raw data or potentially misinterpreted information such as assessment results. These should be stored separately or if not possible, mark them with a warning that misinterpretation, misunderstanding, or misuse could cause harm to clients.</i></p> <p><i>For example, in situations where ABA data is in a file accessible to other healthcare professionals at the same agency, you may want to limit access to certain information, such as curricular assessment results, only to individuals delivering ABA services. In situations where this is not possible, consider making a note on specific documents that misinterpretation, misunderstanding or misuse could cause harm to clients and the information should only be available to registrants of the relevant profession or a specified supervisee of the registrant that the registrant authorizes.</i></p> <p><i>It may be beneficial to develop organizational policies on maintaining confidentiality of client records and who may have access to different types of client records.</i></p>	

Informed consent, confidentiality, and mandatory reporting
Introduction
<p>The information below outlines considerations and resources for obtaining informed consent, adhering to applicable confidentiality and privacy requirements, mandatory reporting requirements and limits to confidentiality.</p> <p>Please note that some resources cited may have been developed prior to regulation of behaviour analysis, so it is important to ensure you consider relevant legislation related to the Regulated Health Professions Act, 1991, Psychology and Applied Behaviour Analysts Act, 2021 and all other relevant legislation when developing your own policies and documents.</p>

Informed consent resources	
Considerations	
<p>Obtaining informed consent</p>	<p>CPBAO Standard 7.1 outlines considerations when obtaining informed consent, including the following:</p> <ul style="list-style-type: none"> ● Ensuring informed consent is obtained for all individuals receiving services; ● Informed consent is obtained prior to the start of services and when changes are made to services offered or provided; ● Ensuring that the Registrant is familiar with the legal requirements for informed consent; ● Consent obtained in writing (physical or via secure technology) is preferred. But verbal consent is acceptable when documented in a service recipient's file; ● The registrant must follow applicable legislation, court orders or documented agreements regarding substitute decision makers when there are questions regarding who is authorized to provide consent.

Additional resources

There are a number of developed resources to support Registered Behaviour Analysts in understanding the process and requirements of obtaining informed consent. These include the following:

- ONTABA has previously developed a checklist for obtaining and documenting valid consent as part of their Professional Practice in ABA Series: https://training.ontaba.org/wp-content/uploads/2020/10/2-Consent-for-BAs-Checklists-r ev3.5_May25.pdf
- ONTABA has also developed a consent and capacity guide as part of their Professional Practice in ABA Series: https://training.ontaba.org/wp-content/uploads/2020/10/1-Capacity-and-Consent_rev2_may9.pdf
- CPBAO provides additional clarification on the process of assessing capacity to consent in the [October 2024 Headlines issue](#).
- Sample policies and forms can be found in the ABA Business Toolkit: ABA Business Toolkit: <https://ababusiness toolkit.ca/business-templates/>

References

- [College of Psychologists and Behaviour Analysts of Ontario \(CPBAO\) Standards of Professional Conduct, 2024](#)

Confidentiality and privacy resources	
Considerations	
Limits of confidentiality and collection, use and disclosure of personal and personal health information	<ul style="list-style-type: none"> ● Outlining the limits of confidentiality prior to or at the outset of services (CPBAO Standards 8.1). <ul style="list-style-type: none"> ○ <i>See below for considerations for limits to confidentiality and mandatory reporting.</i> ● Ensuring access to personal or personal health information follows applicable privacy legislation (CPBAO Standards 8.2 and 8.5). <ul style="list-style-type: none"> ○ This generally falls under the Personal Health Information Protection Act, 2004. ○ The Information and Privacy Commission has a Guide to PHIPA 2004 that highlights important information in the Act. ● Ensuring that use and disclosure of information only occurs with the consent of the person about who the information applies or as permitted by legislation (CPBAO Standards 8.3). ● Disclosing information about third parties in a record only when required by law or with consent of the parties to whom the information relates (CPBAO Standards 8.4). <ul style="list-style-type: none"> ○ <i>Example: If a report references an extended family member's name, health status, that information should only be released where required by law or if the extended family member consents to its release. Otherwise, this information should be redacted in the report.</i>
Test security	<ul style="list-style-type: none"> ● Registrants must respect test security and copyright restrictions. Given this, they must prevent distribution of materials and information that could adversely affect the integrity and validity of tests (CPBAO Standards 8.6). <ul style="list-style-type: none"> ○ <i>Example: If a service recipient requests to see raw data from a curricular assessment (e.g., VB-MAPP, AFLS, PEAK), the registrant should</i>

	<p><i>contact the publisher to determine what is permitted in terms of release of information. Generally, standardized tests (e.g., Vineland Adaptive Behaviour Scales) do not permit release of raw data and test questions. In situations where test questions cannot be released, the registrant should consider alternatives in terms of sharing information with the service recipient (e.g., summary of results, transcribed responses to test items without test questions listed, etc.).</i></p>
<p>Additional resources</p>	
<p>There are a number of developed resources to support Registered Behaviour Analysts in understanding privacy and confidentiality requirements. These include the following:</p> <ul style="list-style-type: none"> ● ONTABA has developed a privacy and confidentiality guide as part of their Professional Practice in ABA Series: https://training.ontaba.org/wp-content/uploads/2020/10/7-Privacy-and-Confidentiality-in-ABA-for-BAs_rev2_May25.pdf ● ONTABA has also developed an information sharing guide as part of their Professional Practice in ABA Series: https://training.ontaba.org/wp-content/uploads/2020/10/5-Information-Sharing-Tips-for-BAs_rev1.5_May6.pdf ● CPBAO provides guidance for a number of privacy and confidentiality matters outlined in their reference library, under Privacy Legislation and Standards, Ethics, and Practice Advisories: https://cpbao.ca/resources/reference-library/ ● Sample policies and forms can be found in the ABA Business Toolkit: ABA Business Toolkit: https://ababusiness toolkit.ca/business-templates/ 	
<p>References</p>	
<ul style="list-style-type: none"> ● College of Psychologists and Behaviour Analysts of Ontario (CPBAO) Standards of Professional Conduct, 2024 	

Limits of confidentiality and mandatory reporting resources	
Considerations	
<p>The list below are items to consider when developing privacy policies and documentation. These limits to confidentiality and mandatory reporting requirements are often included in informed consent documentation.</p> <p>Note this may not include all areas relevant to your area of practice, nor may it include recent changes in privacy legislation or advice from CPBAO.</p>	
Mandatory reporting	<ul style="list-style-type: none"> ● Laws that speak to mandatory reporting of suspected or witnessed abuse or neglect include: <ul style="list-style-type: none"> ○ Child, Youth and Family Services Act 2017 <ul style="list-style-type: none"> ▪ Please see this MCCSS resource on reporting child abuse and neglect for additional information. ○ Fixing Long-Term Care Act, 2021 and Retirement Home Act, 2010 ○ Quality Assurance Measures O. Reg. 299/10, 2008 under the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 ● Report sexual abuse by a registered health professional per Regulated Health Professions Act, 1991 <ul style="list-style-type: none"> ○ See CPBAO resources for mandatory reporting of sexual abuse here: https://cpbao.ca/members/professional-practice/preventing-and-addressing-sexual-abuse-and-boundary-violations/#mandatory-reporting ● Responding to an urgent demand for records by a police officer offer per Missing Persons Act, 2018
Limits of confidentiality	<ul style="list-style-type: none"> ● Exercising a duty to warn in an attempt to prevent imminent risk of harm to the client or others. <ul style="list-style-type: none"> ○ Personal Health Information and Protection Act, 2004 ● Responding to a court order or subpoena to give testimony and/or provide part or all of a clinical record.

	<ul style="list-style-type: none"> ● Complying with file audits or investigation. These could include the following: <ul style="list-style-type: none"> ○ Audits conducted by CPBAO https://cpbao.ca/members/quality-assurance/ . ○ If a registrant performs services under the supervision of another regulated health professional, audits conducted by the supervisor’s regulatory body. ○ For individuals who hold certification, audits conducted by certification bodies (e.g., Behaviour Analyst Certification Board). ○ Audits for individuals who work at organizations that hold accreditation (e.g., Autism Commission on Quality, Behaviour Health Center of Excellence, Accreditation Canada , etc.). ● Disclosing the least amount of information possible to collect unpaid fees through a collection agency or legal process (CPBAO Standards 15.3.c).
References	
<ul style="list-style-type: none"> ● College of Psychologists and Behaviour Analysts of Ontario (CPBAO) Standards of Professional Conduct, 2024 ● ONTABA Privacy and Confidentiality in ABA Professional Practice in ABA Series ● CPBAO Ontario legislation relevant to members 	

Billing and financial resources	
Introduction	
<p>The purpose of this resource is to support clinicians in the development and review of service fee policies and procedures. Considerations, resources, and an invoice checklist are outlined below.</p>	
Considerations	
<p>Setting and communicating fees</p>	<ul style="list-style-type: none"> ● Fees and payment arrangements must be agreed upon before providing services or implementing changes to services or fees (CPBAO Standards 15.1.a). ● Fees must consider the time spent and complexity of services (CPBAO Standards 15.1.b) and be consistent across payers (CPBAO Standards 15.1.c). ● Pro bono or sliding scales services are permitted to allow for affordability (CPBAO Standards 15.1.c). ● For supervised services, services must be billed in the name of the supervising member, employer, or professional corporation. A supervisor may not permit a supervisee who is not an autonomous practice member of the College to issue invoices or receipts in their own name (CPBAO Standards 15.1.e). ● In addition to fees for service, include the following information when outlining fees (as applicable) (CPBAO Standards 15.3): <ul style="list-style-type: none"> ○ If you charge interest on an overdue account and if so, the rate that is used (see CPBAO Standards Questions and Answers p.19 for resources to determine appropriate amount of interest); ○ The amount you charge for missed appointments or late cancellation; ○ Under what circumstances you may use legal action or a collection agency to collect unpaid fees; ● Charges for services that are not included in the service fee, including completion of special reports or letters,

	<p>copying, translating, or interpreting records, or completing forms.</p>
<p>Collecting fees</p>	<ul style="list-style-type: none"> ● If charging as a regular fee for service, fees are collected after services are rendered. ● The College allows for retainer funds and prepayment of funds under certain circumstances, as outlined below: ● <u>Retainer funds</u> are funds you request from a service recipient in advance. If the use of retainer funds is applicable to your practice, these must be held in a segregated account and only applied to services rendered. This may be a dedicated bank account which is not used for any other purpose and does not need to be a formal escrow or trust account (CPBAO Standards Questions and Answers p. 20). Excess funds must be returned to clients at the conclusion of services (CPBAO Standards 15.2.a). You may <i>request</i> retainer funds in advance but may not <i>require</i> clients to do so (CPBAO Standards 15.2.c). ● In terms of documentation for retainer funds, a note should be made in the service recipient file that they agreed to provide funds in advance. Additional notes should be made when funds have been removed from the account, both for payment of services delivered or if funds were returned (CPBAO Standards Questions and Answers p. 20). ● <u>Prepayment of services</u> can be completed for multiple session treatment plan or group series of services, as long as the service recipient agrees unused fees will not be refunded (CPBAO Standards 15.2.b). You may <i>require</i> prepayment for services in the context of multiple session or group programs (CPBAO Standards 15.2.c). Examples of multiple treatment sessions or group programs include structured, time limited group programs (e.g., manualized or goal focused social skill programs) (CPBAO Standards Questions and Answers p. 20).

Checklists
<ul style="list-style-type: none"> • Invoice checklist
Additional resources
<ul style="list-style-type: none"> • ONTABA Ethical Billing and Business Practices for Behaviour Analysts: https://training.ontaba.org/wp-content/uploads/2020/10/8-Billing-for-BA_rev4_June12.pdf • ABA Business Toolkit: https://ababusinessstoolkit.ca/
References
<ul style="list-style-type: none"> • College of Psychologists and Behaviour Analysts of Ontario (CPBAO) Standards of Professional Conduct, 2024 (noted as “CPBAO Standards”). • CPBAO Standards of Professional Conduct 2024 Questions and Answers (noted as “CPBAO Standards Questions and Answers”).

Invoice checklist	
<p>This checklist is a self assessment guide to assist in developing your billing policies, invoice templates, or completing a review of your own clinical and documentation practices. CPBAO specific requirements are cited in the checklist below, with examples in italics. Note that some third party payors may require additional information on invoices, which may not be included here.</p>	
Clinician name	Date completed
Item	Comment
<p>Name and contact information for registrant, supervising member (for supervised services), the registrant or supervisor's employer or professional corporation (CPBAO Standards 15.1.e).</p>	
<p>A unique invoice number.</p> <p><i>This may be generated by your accounting software.</i></p>	
<p>Date of invoice creation.</p> <p><i>This may be different from the service date(s).</i></p>	
<p>Name and contact information of the payor.</p> <p><i>This is the individual or company responsible for paying for services. Note this may not always be the service recipient.</i></p>	
<p>Name of service recipient.</p> <p><i>This may also include a unique file number generated. Note that the service recipient's name must accurately reflect who participated in the service.</i></p>	

	<p>Date(s) of service.</p> <p><i>If billing for a service period (e.g., session across one month), break these down by date.</i></p>	
	<p>Duration of service.</p> <p><i>Identify the duration of services (e.g. 3 hours).</i></p>	
	<p>Service description.</p> <p><i>The type of service that was delivered (e.g., “ABA services”).</i></p>	
	<p>Service rate.</p> <p><i>Rate per unit of service (e.g., per hour or session, depending on agreement).</i></p>	
	<p>Tax rate.</p> <p><i>If HST is applicable for services, outline this separately.</i></p>	
	<p>Total fee for invoice.</p> <p><i>Including tax, if applicable.</i></p>	
	<p>Name(s) and credential(s) of service provider(s).</p> <p>(CPBAO Standards 4.5.5)</p> <p><i>For supervised services, this means clearly identifying the supervising member and supervisees. For example:</i></p> <p><i>Services provided by Name, M.A, R.B.A. (Ont.), BCBA, Supervising Behaviour Analyst. Assisted by: Name, B.A., BST and Name, M.ADS.</i></p>	

	<p>CPBAO registration number.</p> <p><i>Not required by CPBAO but requested by some third-party payors.</i></p>	
	<p>Service provider or supervising behaviour analyst signature.</p> <p><i>Not required by CPBAO but requested by some third party payors.</i></p>	

Advertising and social media
Introduction
The purpose of this resource is to support clinicians in creating and implementing policies related to presenting information to the public, including advertising, and communicating via social media. Resources and checklists are outlined below.
Checklists
<ul style="list-style-type: none"> • Presentation of information to the public • Communication via social media
Additional resources
<ul style="list-style-type: none"> • General Regulation O. Reg 194/23: Advertising, Psychology and Applied Behaviour Analysis Act, 2021 • Personal Health Information Protection Act (PHIPA), 2004
References
<ul style="list-style-type: none"> • College of Psychologists and Behaviour Analysts of Ontario (CPBAO) Standards of Professional Conduct, 2024 (noted as “CPBAO Standards”) • CPBAO Standards of Professional Conduct 2024 Questions and Answers (noted as “CPBAO Standards Questions and Answers”)

Presentation of information to the public		
<p>This checklist is a self-assessment guide to assist in developing or auditing policies and practices related to how you present yourself to the public. This includes presenting qualifications and public statements, promoting professional practice, and providing information to the public. The checklist below cites CPBAO-specific requirements, with examples in italics.</p>		
Clinician name		Date completed
Item		Comment
	<p>Registrants must identify themselves by the title granted by the College, specifying the nature of the College-issued Certificate and degree upon which their registration was granted upon request (CPBAO Standards 6.1.a).</p> <p><i>Example:</i></p> <p><i>Name, Ph.D., Registered Behaviour Analyst</i> <i>Name, M.Sc., R.B.A. (Ont.)</i> <i>Name, M.ADS, Behaviour Analyst</i></p>	
	<p>Limitations must immediately follow a registrant's title: Supervised Practice, Retired, Inactive (CPBAO Standards 6.1.b).</p> <p><i>Example:</i></p> <p><i>Name, M.ADS, R.B.A. (Supervised Practice)</i> <i>Name, Ph.D., Registered Behaviour Analyst, Retired</i> <i>Name, M.A., R.B.A. (Ont.), Inactive</i></p>	

	<p>The highest academic degree upon which registration is based, or the highest degree otherwise recognized by the College, must immediately precede the professional title (CPBAO Standards 6.1.c).</p> <p><i>Example:</i></p> <p><u>Aligns with the standard:</u> Name, M.A., R.B.A. (Ont.) Name, Ph.D., Registered Behaviour Analyst</p> <p><u>Does not align with the standard:</u> Name, R.B.A., M.A. Name, Registered Behaviour Analyst, Ph.D.</p>	
	<p>The title “Doctor” or a variation, abbreviation or equivalent in another language may only be used in the course of providing or offering to provide services if the registrant:</p> <ul style="list-style-type: none"> ● Has been registered as a Psychologist on the basis of a doctoral degree; or ● Was registered as a Psychologist on the basis of a master’s degree but subsequently was awarded a doctoral degree which was recognized by the College (CPBAO Standards 6.1.d). <p><i>Example:</i></p> <p><u>Aligns with the standard:</u> Name, Ph.D., Registered Behaviour Analyst Dr. Name, Ph.D., C. Psych., R.B.A. (Ont.)</p> <p><u>Does not align with the standard:</u> Dr. Name, Registered Behaviour Analyst Dr. Name, Ph.D., R.B.A. (Ont.)</p>	

	<p>Additional relevant degrees may be included in a title or job description, following the degree upon which registration was granted (CPBAO Standards 6.1.e).</p> <p><i>Example:</i></p> <p><u><i>Aligns with the standard:</i></u></p> <p><i>Name, M.A., R.B.A. (Ont.), M.Psy., RP</i> <i>Name, M.Ed., R.B.A. (Ont.), MSW, RSW</i></p>	
	<p>Registrants may not reference professional association memberships in titles or service descriptions. However, credentials relevant to practising the profession, requiring successful formal evaluation, may be identified (CPBAO Standards 6.1.f).</p> <p><i>Example:</i></p> <p><u><i>Aligns with the standard:</i></u></p> <p><i>Name, M.ADS., R.B.A. (Ont.), BCBA</i> <i>Name, Ph.D., R.B.A. (Ont.), BCBA-D</i> <i>Name, Ph.D., R.B.A. (Ont.), BCBA-D, CPBA-AP</i> <i>Name, PhD, R.B.A. (Ont.), Certified CPI Instructor</i></p> <p><u><i>Does not align with the standard:</i></u></p> <p><i>Name, M.A., R.B.A, ONTABA Member</i> <i>Name, M.A., R.B.A, Member of Association for Behavior Analysis International (ABAI)</i></p>	

	<p>Registrants may not claim specialization. They may indicate the focus of their practice, specify that their services are limited to certain activities, or highlight areas of expertise (CPBAO Standards 6.1.g).</p> <p><i>Example:</i></p> <p><u>Aligns with the standard:</u></p> <p><i>Name, Ph.D., R.B.A. (Ont.), practice in applied behaviour analysis limited to children and youth</i> <i>Name, M.A., R.B.A (Ont.), expertise in early intervention with Autism Spectrum Disorder</i> <i>Name, M.A., R.B.A. (Ont.), expertise in feeding disorders</i></p> <p><u>Does not align with the standard:</u></p> <p><i>Name, M.A., R.B.A (Ont.), Autism specialist</i> <i>Name, M.Ed., R.B.A. (Ont.), specializing in treatment of challenging behaviours in adults</i></p>	
	<p>Registrants must not knowingly make false, misleading, or fraudulent public statements, direct or implied, regarding their professional activities or associations with individuals or organizations, their education, experience, or areas of competence (CPBAO Standards 6.2.1).</p>	
	<p>Registrants should avoid displaying affiliations that could incorrectly imply sponsorship or certification by an organization (unless this exists and can be verified) (CPBAO Standards 6.2.1).</p> <p><i>Example:</i></p> <p><u>Does not align with the standard:</u> Name, M.ADS, R.B.A. (Ont.), Endorsed by "Name of Organization"</p>	
	<p>Registrants may not permit others to misrepresent their qualifications and must demonstrate efforts to correct</p>	

	<p>misrepresentations by others, where possible (CPBAO Standards 6.2.2).</p> <p><i>Example:</i></p> <p><i>If you complete an interview with a colleague on social media and your credentials are inaccurately reported, or if your employer presents them inaccurately on their webpage or promotional materials, you would contact them to correct the error, provide the accurate credentials, and consider documenting this.</i></p>	
Promotion of professional practice		
	<p>Advertisements must be accurate and be clearly identified as such (CPBAO Standards 6.3.a).</p>	
	<p>Registrants may not name a practice in a manner that is misleading or suggests anything untrue (CPBAO Standards 6.3.b).</p> <p><i>Example:</i></p> <p><i>Practice names such as “Curing Autism Treatment Centre” or “Autism Recovery Clinic” would not align with this standard.</i></p>	
	<p>Public announcements may only be in the name of a registrant holding a Certificate of Registration for Autonomous or Interim Autonomous Practice (CPBAO Standards 6.3.c).</p>	
	<p>Registrants may not compensate media for the promotion of a practice (CPBAO Standards 6.3.d).</p>	
	<p>Testimonials may not be used to promote the registrant’s practice (CPBAO Standards 6.3.e).</p> <p>This includes using unsolicited testimonials in advertising, testimonials that were solicited by an employer about a registrant’s services. CPBAO also notes that testimonials that were on an employer’s</p>	

	<p>webpage prior to regulation would need to be removed now that regulation is in effect (CPBAO Standards Questions and Answers p.11-12).</p> <p><i>Note that registrants should ensure that if testimonials are used for non-ABA services offered through their organization (e.g., respite, tutoring), that these are separated from the promotion of ABA services.</i></p>	
	<p>Registrants may not engage in direct solicitation of individuals requiring service provision via any medium (CPBAO Standards 6.3.f).</p> <p><i>Example:</i></p> <p><u><i>Does not align with the standard:</i></u> <i>An RBA notices a child experiencing challenging behaviour in a store. The RBA approaches the child's caregiver and indicates that they can offer behavioural services for the child.</i></p> <p><i>An RBA notices a caregiver support group being advertised online. The RBA signs up to attend the group and uses the support group as an opportunity to offer behavioural services.</i></p> <p><i>An RBA sees a social media post that a caregiver has made about their child. The RBA. sends a private message to the caregiver offering behavioural services.</i></p>	
Presentation of information to the public		
<p>Registrants providing information, advice or comment to the public via any medium must take precautions to ensure:</p>		
	<p>The statements are accurate and supportable based on current professional literature or research (CPBAO Standards 6.4.a).</p>	

	<p>The statements are consistent with the professional standards, policies and ethics currently adopted by the College (CPBAO Standards 6.4.b).</p> <p><i>Example:</i></p> <p><u><i>Aligns with the standard:</i></u></p> <p><i>On their website, an RBA posts a link to an open-source, peer-reviewed meta-analysis of a specific ABA intervention and ensures attribution of authors.</i></p> <p><u><i>Does not align with the standard:</i></u></p> <p><i>On their website, an RBA posts a link promoting the use of a non-evidence-based intervention such as facilitated communication.</i></p>	
	<p>A member of the public would understand that the statements are information only, no professional relationship has been established, and there is no intent to provide professional services to the individual (CPBAO Standards 6.4.c).</p> <p><i>Examples:</i></p> <p><i>As a precaution, it may be advisable to indicate that resources or statements that have been shared are for “information purposes only.”</i></p>	
	<p>Public statements made by registrants who identify themselves as members of the College must consider if they are contravening any limits of freedom of expression outlined in relevant legislation, including hate speech, harassment, discrimination, and defamation (CPBAO Standards 6.4 Practical Application).</p>	

Communication via social media	
<p>This checklist is a self-assessment guide to assist in developing or auditing policies and practices related to communicating via social media. CPBAO specific requirements are cited in the checklist below, with examples in italics.</p>	
Clinician name	Date completed
Item	Comment
<p>Information published on social media does not identify service recipients in the form of publicly available posts (CPBAO Standards 6.5).</p> <p><i>Example:</i></p> <p><u><i>Aligns with the standard:</i></u></p> <p><i>An RBA publishes a social media post on its platform that describes a scenario but does not disclose any identifying information.</i></p> <p><u><i>Does not align with the standard:</i></u></p> <p><i>An RBA publishes a story on a social media platform that describes a service recipient and shows a photo of them.</i></p> <p><i>An RBA posts information that does not explicitly identify the service recipient but provides enough contextual information (e.g., geographical region, diagnosis, school) for the client to be identified, given that the service recipient has a rare genetic disorder.</i></p>	

	<p>Personal health information collected about an identifiable service recipient via social media is only collected after consent has been provided by a service recipient or substitute decision maker (CPBAO Standards 6.5).</p> <p><i>Example:</i></p> <p><u><i>Aligns with the standard:</i></u></p> <p><i>After obtaining consent from a service recipient or substitute decision maker, an RBA communicates with them and collects personal health information using a private messaging function on a social media platform. The RBA has ensured that this information is only accessible to themselves and the service recipient.</i></p> <p><u><i>Does not align with the standard:</i></u></p> <p><i>Another service provider contacts an RBA via private message on a social media platform. The service provider requests personal health information about a service recipient be relayed to them via private messages. The RBA shares personal health information with the service provider via private message without obtaining consent from the service recipient or a substitute decision maker.</i></p>	
	<p>Consider how collecting information from a public source may impact one's professional relationship with a service recipient (See also <i>Section 8: Confidentiality and Privacy</i>) (CPBAO Standards, 6.5).</p>	

	<p>If responding to online reviews, the registrant can ensure that service recipients can not be identified and that no other harm can occur to the service recipient.</p> <p><i>Example:</i></p> <p><u><i>Aligns with the standard:</i></u></p> <p><i>An RBA sees a review of their services that they disagree with. They respond by privately contacting the person posting the review to provide an opportunity to speak with the RBA further.</i></p> <p><u><i>Does not align with the standard:</i></u></p> <p><i>An RBA sees a review of their services that they disagree with. In responding to the review, the RBA identifies details about the service delivery and experience (e.g., amount of service, payment, service delivery goals, outcomes, etc.).</i></p>	
	<p>Consider whether their communications could reasonably amount to a public statement or, in the alternative, would reasonably be considered private and accessible only to specific individuals. The onus is on the registrant to understand who may have access to their posting (CPBAO Standards 6.5.a).</p> <p><i>Example:</i></p> <p><u><i>Aligns with the standard:</i></u></p> <p><i>A potential service recipient has contacted an RBA via a social media platform in a public section. The RBA responds via private messages on the platform to attempt to ensure confidentiality.</i></p> <p><u><i>Does not align with the standard:</i></u></p> <p><i>An RBA has been contacted via a social media platform by a potential service recipient in a public</i></p>	

	<p>section of the platform. The RBA responds and continues interacting in the public section.</p>	
	<p>Consider whether they could be reasonably identified as a registrant, and if so, that they may be considered to be speaking as a registrant, even if they don't identify themselves as one (CPBAO Standards 6.5.b).</p> <p><i>Example:</i></p> <p><i>An RBA creates a social media account and understands that if they are identifiable, they may be perceived as speaking from the point of view of or as a representation of RBA's.</i></p>	
	<p>Avoid the possibility of a dual or multiple relationship with a recipient of services, for example, by indicating that one is a "friend" of a recipient of services or by corresponding about personal matters of a social, recreational, or business nature (CPBAO Standards 6.5.c).</p> <p><i>Example:</i></p> <p><u><i>Aligns with the standard:</i></u></p> <p><i>An RBA receives a "friend" request on a social media platform. The RBA declines the request and explains their obligation to avoid any possibility of a dual or multiple relationship with service recipients.</i></p> <p><u><i>Does not align with the standard:</i></u></p> <p><i>An RBA accepts a "friend" request from a service recipient on a social media platform. The RBA and service recipient correspond regularly on the platform and share photos with one another.</i></p>	
	<p>Not make statements that interfere with, or are likely to interfere with, the ability to collaborate with others, the delivery of high-quality services or the maintenance of</p>	

	<p>safety or perceived safety of others (CPBAO Standards 6.5.d).</p> <p><i>Example:</i></p> <p><u><i>Aligns with the standard:</i></u></p> <p><i>An RBA has a concern about another service provider. The RBA contacts the service provider to discuss the matter privately.</i></p> <p><u><i>Does not align with the standard:</i></u></p> <p><i>An RBA has a concern about another service provider. The RBA creates publicly accessible social media posts about the service provider that outline the specific concerns.</i></p>	
	<p>Not use degrading, demeaning, intimidating or abusive language or behaviour in circumstances where they may reasonably be known to be a registrant (CPBAO Standards 6.5.e).</p>	