CODE OF PROFESSIONAL ETHICS FOR REHABILITATION COUNSELORS

Adopted in June 2009 by the Commission on Rehabilitation Counselor Certification for its Certified Rehabilitation Counselors. This Code is effective as of January 1, 2010.

Developed and Administered by the
Commission on Rehabilitation Counselor Certification
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(4) confidentiality and limitations regarding confidentiality (including how a supervisor and/or treatment team professional is involved); (5) contingencies for continuation of services upon the incapacitation or death of the rehabilitation counselor; (6) fees and billing arrangements; (7) record preservation and release policies; (8) risks associated with electronic communication; and, (9) legal issues affecting services. Rehabilitation counselors recognize that disclosure of these issues may need to be reiterated or expanded upon throughout the counseling relationship, and/or disclosure relatn throR.4(nlDers mtitees may be equn)-5.9(rtn depenudingpon then a)(tsure of services prvfida)((d)-47(and

immediate family members are prohibited for a period of five years following the last professional contact. Even after five years, rehabilitation counselors give careful consideration to the potential for sexual or romantic relationships to cause harm to former clients. In cases of potential exploitation and/or harm, rehabilitation counselors avoid entering such interactions or relationships.

C. PROHIBITION OF SEXUAL OR ROMANTIC RELATIONSHIPS WITH CERTAIN FORMER CLIENTS. If clients have a history of physical, emotional, or sexual abuse or if clients have ever been diagnosed with any form of psychosis or personality disorder, marked cognitive impairment, or if clients are likely to remain in need of therapy due to the intensity or chronicity of a problem, rehabilitation counselors do not engage in sexual activities or sexual contact with former clients, regardless of the

A.6. MULTIPLE CLIENTS

When rehabilitation counselors agree to provide counseling services to two or more persons who

b. REHABILITATION COUNSELOR COMPETENCE, CHOICE, AND REFERRAL. Rehabilitation counselors may choose to work or not work with terminally ill clients who wish to explore their end-of-life options. Rehabilitation counselors provide appropriate referral information if they are not competent to address such concerns.

c. CONFIDENTIALITY. Rehabilitation counselors who provide services to terminally ill individuals who are considering hastening their own deaths have the option of breaking or not breaking confidentiality on this matter, depending on applicable laws and the specific circumstances of the situation and after seeking consultation or supervision from appropriate professional and legal parties.

SECTION B: CONFIDENTIALITY, PRIVILEGED COMMUNICATION, AND PRIVACY

B.1. RESPECTING CLIENT RIGHTS

a. CULTURAL DIVERSITY CONSIDERATIONS. Rehabilitation counselors maintain beliefs, attitudes, knowledge, and skills regarding cultural meanings of confidentiality and privacy. Rehabilitation counselors hold ongoing discussions with clients as to how, when, and with whom information is to be shared.

b. RESPECT FOR PRIVACY. Rehabilitation counselors respect privacy rights of clients. Rehabilitation counselors solicit private information from clients only when it is beneficial to the counseling process.

c. RESPECT FOR CONFIDENTIALITY. Rehabilitation counselors do not share confidential information without consent from clients or without sound legal or ethical justification.

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

B.2. EXCEPTIONS

a. DANGER AND LEGAL REQUIREMENTS. The general requirement that rehabilitation counselors keep information confidential does not apply when disclosure is required to protect clients or identified others from serious and foreseeable harm, or when legal requirements demand that confidential information must be revealed. Rehabilitation counselors consult with other professionals when in doubt as to the validity of an exception.

b. CONTAGIOUS, LIFE-THREATENING DISEASES. When clients disclose that they have a disease commonly known to be both communicable and life-threatening, rehabilitation counselors may be justified in disclosing information to identifiable third parties, if they are known to be at demonstrable and high risk of contracting the disease. Prior to making a disclosure, rehabilitation counselors confirm that there is such a diagnosis and assess the intent of clients to inform the third parties about their disease or to engage in any behaviors that may be harmful to identifiable third parties.

c. COURT-ORDERED DISCLOSURE. When subpoenaed to release confidential or privileged information without permission from clients, rehabilitation counselors obtain written, informed consent from clients or take steps to prohibit the disclosure or have it limited as narrowly as

possible due to potential harm to clients or the counseling relationship. Whenever reasonable,

B.7. CONSULTATION

a. AGREEMENTS. When acting as consultants, rehabilitation counselors seek agreement among parties involved concerning each individual's right to

D.2. CULTURAL COMPETENCE/DIVERSITY

a. INTERVENTIONS. Rehabilitation counselors develop and adapt interventions and services to incorporate consideration of cultural perspective of clients and recognition of barriers external to clients that may interfere with achieving effective rehabilitation outcomes.

b. NONDISCRIMINATION. Rehabilitation counselors do not discriminate against clients, students, employees, supervisees, or research participants in a manner that has a negative effect on these persons.

D.3. FUNCTIONAL COMPETENCE

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

b. DISASTER PREPARATION AND RESPONSE. Rehabilitation counselors make reasonable efforts to plan for facilitating continued services for clients in the event that rehabilitation counseling services are interrupted by disaster, such as acts of violence, terrorism, or a natural disaster.

D.4. PROFESSIONAL CREDENTIALS

a. ACCURATE REPRESENTATION. Rehabilitation counselors claim or imply only professional qualifications actually completed and correct any known misrepresentations of their qualifications by others. Rehabilitation counselors truthfully represent the qualifications of their professional colleagues. Rehabilitation counselors clearly distinguish between accredited and non-accredited degrees, paid and volunteer work experience, and accurately describe their continuing education and specialized training.

b. CREDENTIALS. Rehabilitation counselors claim only licenses or certifications that are current and in good standing.

c. EDUCATIONAL DEGREES. Rehabilitation counselors clearly differentiate between earned and honorary degrees.

d. IMPLYING DOCTORAL-LEVEL COMPETENCE. Rehabilitation counselors refer to themselves as “doctor” in a counseling context only when their doctorate is in counseling or a closely related field from an accredited university.

D.5. RESPONSIBILITY TO THE PUBLIC AND OTHER PROFESSIONALS

a. SEXUAL HARASSMENT. Rehabilitation counselors do not condone or participate in sexual harassment.

b. REPORTS TO THIRD PARTIES. Rehabilitation counselors are accurate, honest, and objective in reporting their professional activities and judgments to appropriate third parties, including courts, health insurance companies, those who are the recipients of evaluation reports, and others.

c. MEDIA PRESENTATIONS. When rehabilitation counselors provide advice or comment by means of public lectures, demonstrations, radio or television programs, prerecorded tapes, technology-based applications, printed articles, mailed materials, or other media, they take reasonable precautions to ensure that: (1) the statements are based on appropriate professional counseling literature and practice; (2) the statements are otherwise consistent with the Code; and, (3) the recipients of the information are not encouraged to infer that a professional rehabilitation counseling relationship has been established.

d. EXPLOITATION OF O

b. QUESTIONABLE C

b. INTERDISCIPLINARY TEAMWORK. Rehabilitation counselors who are members of interdisciplinary teams delivering multifaceted services to clients must keep the focus on how to serve clients best. They participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the counseling profession and those of colleagues from other disciplines.

c. COMMUNICATION. Rehabilitation counselors ensure that there is fair and mutual understanding

h. CRITIQUE OF OPPOSING WORK PRODUCT. When evaluating or commenting upon the professional work products or qualifications of other experts or parties to legal proceedings, rehabilitation counselors represent their professional disagreements with reference to a fair and accurate evaluation of the data, theories, standards, and opinions of other experts or parties.

F.3. FORENSIC PRACTICES

a. CASE ACCEPTANCE AND INDEPENDENT OPINION. While all rehabilitation counselors have the discretionary right to accept retention in any case or proceed within their area(s) of expertise, they

G.2. RELEASE OF INFORMATION TO COMPETENT PROFESSIONALS

a. MISUSE OF RESULTS. Rehabilitation counselors do not misuse assessment results, including test results and interpretations, and take reasonable steps to prevent the misuse of such by others.

b. RELEASE OF DATA TO QUALIFIED PROFESSIONALS. Rehabilitation counselors release assessment data in which clients are identified only with the consent of clients or their legal representatives, or court order. Such data is released only to professionals recognized as qualified to interpret the data.

G.3. PROPER DIAGNOSIS OF MENTAL DISORDERS

a. PROPER DIAGNOSIS. If within their professional and individual scope of practice, rehabilitation counselors take special care to provide proper diagnosis of mental disorders. Assessment techniques (including personal interviews) used to determine care of clients (e.g., focus of treatment, types of treatment, or recommended follow-up) are carefully selected and appropriately used.

b. CULTURAL SENSITIVITY. Rehabilitation counselors recognize that culture affects the manner in which the disorders of clients are defined. The socioeconomic and cultural experiences of clients are considered when diagnosing.

c. HISTORICAL AND SOCIAL PREJUDICES IN DIAGNOSIS AND THE DIAGNOSIS OF PATHOLOGY. Rehabilitation counselors recognize historical and social prejudices in the misdiagnosis and pathologizing of certain individuals and groups. Rehabilitation counselors may refrain from making and/or reporting a diagnosis if they believe it would cause harm to clients or others.

G.4. COMPETENCE TO USE AND INTERPRET TESTS

a. LIMITS OF COMPETENCE. Rehabilitation counselors utilize only those testing and assessment services for which they have been trained and are competent. Rehabilitation counselors take reasonable measures to ensure the proper use of psychological and career assessment techniques by persons under their supervision. The requirement to develop this competency applies regardless of whether tests are administered through standard or technology-based methods.

b. APPROPRIATE USE. Rehabilitation counselors are responsible for the appropriate applications, scoring, interpretations, and use of assessment instruments relevant to the needs of clients, whether they score and interpret such assessments themselves or use technology or other services. Generally new instruments are used within one year of publication, unless rehabilitation counselors document a valid reason why the normative data from previous versions are more applicable to clients.

c. RECOMMENDATIONS BASED ON RESULTS. Rehabilitation counselors are responsible for recommendations involving individuals that are based on assessment results, and have a thorough understanding of educational, psychological, and career measurements, including validation criteria, assessment research, and guidelines for assessment development and use. In addition to test results, rehabilitation counselors consider other factors present in the client's situation (e.g., disability or cultural factors) before making any recommendations, when relevant.

d. ACCURATE INFORMATION. Rehabilitation counselors provide accurate information and avoid false claims or misconceptions when making statements about assessment instruments or techniques. Special efforts are made to avoid utilizing test results to make inappropriate diagnoses or inferences.

They do not engage in any form of nonprofessional interactions that may compromise the supervisory relationship.

b. SEXUAL OR ROMANTIC RELATIONSHIPS. Rehabilitation counselors do not engage in sexual or romantic interactions or relationships with current supervisees or trainees.

c. EXPLOITATIVE RELATIONSHIPS. Rehabilitation counselors do not engage in exploitative relationships with individuals with whom they have supervisory, evaluative, or instructional control or authority.

d. SEXUAL HARASSMENT. Rehabilitation counselor supervisors or educators do not condone or subject supervisees or trainees to sexual harassment.

e. RELATIONSHIPS WITH FORMER SUPERVISEES OR TRAINEES. Rehabilitation counselor supervisors or educators are aware of the power differential in their relationships with supervisees or trainees. Rehabilitation counselor supervisors or educators foster open discussions with former supervisees or trainees when considering engaging in a social, sexual, or other intimate relationships. Rehabilitation counselor supervisors or educators discuss with the former supervisees or trainees how their former relationship may affect the change in relationship.

f. NONPROFESSIONAL RELATIONSHIPS. Rehabilitation counselor supervisors or educators avoid nonprofessional or ongoing professional relationships with supervisees or trainees in which there is a risk of potential harm to supervisees or trainees or that may compromise the training experience or grades assigned. In addition, rehabilitation counselor supervisors or educators do not accept any form of professional services, fees, commissions, reimbursement, or remuneration from a site for supervisee or trainee placements.

g. CLOSE RELATIVES AND FRIENDS. Rehabilitation counselor supervisors or educators avoid accepting close relatives, romantic partners, or friends as supervisees or trainees. When such circumstances can not be avoided, rehabilitation counselor supervisors or educators utilize a formal review mechanism.

h. POTENTIALLY BENEFICIAL RELATIONSHIPS. Rehabilitation counselor supervisors or educators are aware of the power differential in their relationships with supervisees or trainees. If they believe nonprofessional relationships with supervisees or trainees may be potentially beneficial to supervisees or trainees, they take precautions similar to those taken by rehabilitation counselorsisee -8 counsel

supervisees of the policies and procedures to which they are to adhere and the mechanisms for due process appeal of individual supervisory actions.

b. Emergencies and Absences

teachers and practitioners. They are knowledgeable regarding the ethical, legal, and regulatory aspects of the profession, are skilled in applying that knowledge, and make students aware of their responsibilities. Rehabilitation counselor educators conduct rehabilitation counselor education and training programs in an ethical manner and serve as role models for professional behavior.

b. **INFUSING CULTURAL DIVERSITY.** Rehabilitation counselor educators infuse material related to cultural diversity into all courses and workshops for the development of professional rehabilitation counselors.

c. **INTEGRATION OF STUDY AND PRACTICE.** Rehabilitation counselor educators establish education and training programs that integrate academic study and supervised practice.

d. **TEACHING ETHICS.** Rehabilitation counselor educators make students aware of their ethical responsibilities, standards of the profession, and the ethical responsibilities of students to the profession. Rehabilitation counselor educators infuse ethical considerations throughout the curriculum.

e. **PEER RELATIONSHIPS.** Rehabilitation counselor educators make every effort to ensure that the rights of peers are not compromised when students lead counseling groups or provide clinical supervision. Rehabilitation counselor educators take steps to ensure that students understand they have the same ethical obligations as rehabilitation counselor educators, trainers, and supervisors.

f. **INNOVATIVE TECHNIQUES/PROCEDURES/MODALITIES.** When rehabilitation counselor educators teach counseling techniques/procedures/modalities that are innovative, without an empirical foundation or without a well-grounded theoretical foundation, they define the counseling techniques/procedures/modalities as unproven or developing and explain to students the potential risks and ethical considerations of using such techniques/procedures/modalities.

g. **FIELD PLACEMENTS.** Rehabilitation counselor educators develop clear policies within their training programs regarding field placement and other clinical experiences. Rehabilitation counselor educators provide clearly stated roles and responsibilities for students, site supervisors, and program supervisors. They confirm that site supervisors are qualified to provide supervision and inform site supervisors of their professional and ethical responsibilities in this role.

h. **PROFESSIONAL DISCLOSURE.** Before initiating counseling Tj13GTj10.N2 Tw[h. Pls.[fou98 0 0)-1.3(380.91.15

primary role as teachers, trainers, or supervisors require acting on ethical obligations to the profession. Evaluative components of experiential training experiences explicitly delineate predetermined academic standards that are separate and do not depend on the level of self-disclosure of students. As a condition to remain in the program, rehabilitation counselor educators may require that students seek professional help to address any personal concerns that may be affecting their competency.

H.8. CULTURAL DIVERSITY COMPETENCE IN REHABILITATION COUNSELOR EDUCATION PROGRAMS AND TRAINING PROGRAMS

a. DIVERSITY. Rehabilitation counselor educators actively attempt to recruit and retain a diverse faculty and student body. Rehabilitation counselor educators demonstrate commitment to cultural diversity competence by recognizing and valuing diverse cultures and types of abilities faculty and students bring to the training experience. Rehabilitation counselor educators provide appropriate accommodations as required to enhance and support the well-being and performance of students.

b. CULTURAL DIVERSITY COMPETENCE. Rehabilitation counselor educators actively infuse cultural diversity competency into their training and supervision practices. They actively educate trainees to develop and maintain beliefs, attitudes, knowledge, and skills necessary for competent practice with people across cultures.

SECTION I: RESEARCH AND PUBLICATION

I.1. RESEARCH RESPONSIBILITIES

a. USE OF HUMAN PARTICIPANTS. Rehabilitation counselors plan, design, conduct, and report research in a manner that reflects cultural sensitivity, is culturally appropriate, and is consistent with pertinent ethical principles, laws, host institutional regulations, and scientific standards governing research with human participants. They seek consultation when appropriate.

b. DEVIATION FROM STANDARD PRACTICES. Rehabilitation counselors seek consultation and observe stringent safeguards to protect the rights of research participants when a research problem suggests a deviation from standard acceptable practices.

c. PRECAUTIONS TO AVOID INJURY. Rehabilitation counselors who conduct research with human participants are responsible for the welfare of participants throughout the research process and take reasonable precautions to avoid causing injurious psychological, emotional, physical, or social effects to participants.

d. PRINCIPAL RESEARCHER RESPONSIBILITY. The ultimate responsibility for ethical research practice lies with principal researchers. All others involved in the research activities share ethical obligations and responsibilities for their own actions.

e. MINIMAL INTERFERENCE. Rehabilitation counselors take precautions to avoid causing disruption in the lives of research participants that may result from their involvement in research.

I.2. INFORMED CONSENT AND DISCLOSURE

a. INFORMED CONSENT IN RESEARCH. Individuals have the right to consent to become research participants. In seeking consent, rehabilitation counselors use language that: (1) accurately explains the purpose and procedures to be followed; (2) identifies any procedures that are

experimental or relatively untried; (3) describes any attendant discomforts and risks; (4) describes any benefits or changes in individuals or organizations that might be reasonably expected; (5) discloses appropriate alternative procedures that would be advantageous for participants; (6) offers to answer any inquiries concerning the procedures; (7) describes any limitations on confidentiality; (8) describes formats and potential target audiences for the dissemination of research findings; and (9) instructs participants that they are free to withdraw their consent and to discontinue participation in the project at any time without penalty.

b. DECEPTION. Rehabilitation counselors do not conduct research involving deception unless alternative procedures are not feasible. If such deception has the potential to cause physical or emotional harm to research participants, the research is not conducted, regardless of prospective value. When the methodological requirements of a study necessitate concealment or deception, the investigator explains the reasons for this action as soon as possible during the debriefing.

c. VOLUNTARY PARTICIPATION. Participation in research is typically voluntary and without any penalty for refusal to participate. Involuntary participation is appropriate only when it can be demonstrated that participation has no harmful effects on participants and is essential to the research.

d. CONFIDENTIALITY OF INFORMATION. Information obtained about participants during the course of research is confidential. When the possibility exists that others may obtain access to such information, ethical research practice requires that the possibility, together with the plans for protecting confidentiality, be explained to participants as part of the procedures for obtaining informed consent.

e. INDIVIDUALS NOT CAPABLE OF GIVING INFORMED CONSENT. When individuals are not capable of giving informed consent, rehabilitation counselors provide an appropriate explanation to and obtain agreement for participation and appropriate consent from a legally authorized person.

f. COMMITMENTS TO PARTICIPANTS. Rehabilitation counselors take reasonable measures to honor all commitments to research participants.

g. EXPLANATIONS AFTER DATA COLLECTION. After data is collected, rehabilitation counselors provide participants with full clarification of the nature of the study to remove any misconceptions participants might have regarding the research. Where scientific or human values justify delaying or withholding information, rehabilitation counselors take reasonable measures to avoid causing harm.

h. AGREEMENT OF CONTRIBUTORS. Rehabilitation counselors who conduct joint research establish agreements in advance regarding allocation of tasks, publication credit, and types of acknowledgment received, and incur an obligation to cooperate as agreed.

i. INFORMING SPONSORS. Rehabilitation counselors inform sponsors, institutions, and publication channels regarding research procedures and outcomes. Rehabilitation counselors ensure that appropriate bodies and authorities are given pertinent information and acknowledgment.

I.3. REPORTING RESULTS

a. ACCURATE RESULTS. Rehabilitation counselors plan, conduct, and report research accurately. They provide thorough discussions of the limitations of their data and alternative hypotheses. Rehabilitation counselors do not engage in misleading or fraudulent research, distort data, misrepresent data, or deliberately bias their results. They explicitly mention all variables and conditions known to the investigator(s) that may have affected the outcome of studies or interpretations of data. They describe the extent to which results are applicable for diverse populations.

b. OBLIGATION TO REPORT

g. REVIEW/REPUBLICATION OF DATA OR IDEAS. Rehabilitation counselors fully acknowledge and make editorial reviewers aware of prior publication of ideas or data where such ideas or data are submitted for review or publication.

h. NONPROFESSIONAL RELATIONSHIPS. Rehabilitation counselors avoid nonprofessional relationships with research participants when research involves intensive or extensive interaction. When a nonprofessional interaction between researchers and research participants may be potentially beneficial, researchers must document, prior to the interaction (when feasible), the rationale for such interactions, the potential benefits, and anticipated consequences for research participants. Such interactions are initiated with appropriate consent of research participants. Where unintentional harm occurs to research participants due to nonprofessional interactions, researchers must show evidence of an attempt to remedy such harm.

i. SEXUAL OR ROMANTIC RELATIONSHIPS WITH RESEARCH PARTICIPANTS. Rehabilitation counselors do not engage in sexual or romantic rehabilitation counselor–research participant interactions or initiate relationships with current research participants.

j. SEXUAL HARASSMENT AND RESEARCH PARTICIPANTS. Rehabilitation counselors do not condone or subject research participants to sexual harassment.

I.5. CONFIDENTIALITY

a. INSTITUTIONAL APPROVAL. When institutional review board approval is required, rehabilitation counselors provide accurate information about their research proposals and obtain approval prior to conducting their research. They conduct research in accordance with the approved research protocol.

b. ADHERENCE TO GUIDELINES

SECTION J: TECHNOLOGY AND DISTANCE COUNSELING

J.1. BEHAVIOR AND IDENTIFICATION

a. APPLICATION AND COMPETENCE. Rehabilitation counselors are held to the same level of expected behavior and competence as defined by the Code regardless of the technology used (e.g., cellular phones, email, facsimile, video, audio, audio-visual) or its application (e.g., assessment, research, data storage).

b. PROBLEMATIC USE OF THE INTERNET. Rehabilitation counselors are aware of behavioral differences with the use of the Internet, and/or methods of electronic communication, and how these may impact the counseling process.

c. POTENTIAL MISUNDERSTANDINGS. Rehabilitation counselors educate clients on how to prevent and address potential misunderstandings arising from the lack of visual cues and voice intonations when communicating electronically.

J.2. ACCESSIBILITY

a. DETERMINING CLIENT CAPABILITIES. When providing technology-assisted services, rehabilitation counselors determine that clients are functionally and linguistically capable of using the application and that the technology is appropriate for the needs of clients. Rehabilitation counselors verify that clients understand the purpose and operation of technology applications and follow-up with clients to correct possible misconceptions, discover appropriate use, and assess subsequent steps.

b. ACCESSING TECHNOLOGY. Based on functional, linguistic, or cultural needs of clients, rehabilitation counselors guide clients in obtaining reasonable access to pertinent applications when providing technology-assisted services.

J.3. CONFIDENTIALITY, INFORMED CONSENT, AND SECURITY

a. CONFIDENTIALITY AND INFORMED CONSENT. Rehabilitation counselors ensure that clients are provided sufficient information to adequately address and explain the limits of: (1) technology used in the counseling process in general; (2) ensuring and maintaining complete confidentiality of client information transmitted through electronic means; (3) a colleague, supervisor, and an employee, such as an Information Technology (IT) administrator or paraprofessional staff, who might have authorized or unauthorized access to electronic transmissions; (4) an authorized or unauthorized user including a family member and fellow employee who has access to any technology the client may use in the counseling process; (5) pertinent legal rights and limitations governing the practice of a profession over jurisdictional boundaries; (6) record maintenance and retention policies*;* (7) technology failure, unavailability, or crisis contact procedures*;* and, (8) protecting client information during the counseling process and at the termination of services.

b. TRANSMITTING CONFIDENTIAL INFORMATION. Rehabilitation counselors take precautions to ensure the confidentiality of information transmitted through the use of computers, email, facsimile machines, telephones, voicemail, answering machines, and other technology.

c. SECURITY. Rehabilitation counselors: (1) use encrypted and/or password-protected Internet sites and/or email communications to help ensure confidentiality when possible and take other reasonable precautions to ensure the confidentiality of information transmitted through the use of computers, email, facsimiles, telephones, voicemail, answering machines, or other technology; (2) notify clients of the inability to use encryption or password protection, the hazards of not using

these security measures; and, [redacted]issions to general communications that are not specific to clients, and/or use r[redacted]ntifiers.

d. IMPOSTERS. In situations w[redacted]t to verify the identity of rehabilitation counselors, clients, their guardians, and/or t[redacted]rehabilitation counselors: (1) address imposter concerns, such as using code w[redacted]graphics, or other non-descript identifiers; and (2) establish methods for verifying i[redacted]

J.4. TECHNOLOGY-ASSISTED AS[redacted]

Rehabilitation counselors using t[redacted]sted test interpretations abide by the ethical standards for the use of such ass[redacted]rdless of administration, scoring, interpretation, or reporting method and ensure tha[redacted]r their supervision are aware of these standards.

J.5. CONSULTATION GROUPS

When participating in electronic [redacted]nsultation or consultation groups (e.g., social networks, listservs, blogs, online[redacted]rvision, interdisciplinary teams), rehabilitation counselors: (1) establish and/or[redacted]roup's norms promoting behavior that is consistent with ethical standards, and (2) [redacted]of confidential information.

J.6. RECORDS, DATA STORAG[redacted]OSAL

a. RECORDS MANAGEMENT[redacted] counselors are aware that electronic messages are considered to be part of the [redacted]s. Since electronic records are preserved, rehabilitation counselors inform clients of[redacted]ethod and period, of who has access to the records, and how the records are destro[redacted]

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J.9. RESEARCH AND PUBLICATION

a. INFORMED CONSENT. Rehabilitation counselors are aware of the limits of technology-based research with regards to privacy, confidentiality, participant identities, venues used, accuracy, and/or dissemination. They inform participants of those limitations whenever possible, and make provisions to safeguard the collection, dissemination, and storage of data collected.

b. INTELLECTUAL PROPERTY. When rehabilitation counselors possess intellectual property of people or entities (e.g., audio, visual, or written historical or electronic media), they take reasonable precautions to protect the technological dissemination of that information through disclosure, informed consent, password protection, encryption, copyright, or other security/intellectual property

b. INTERNET SITES.

K.2. CLIENT RECORDS

a. APPROPRIATE DOCUMENTATION. Rehabilitation counselors establish and maintain

(2) clients do not pose an imminent danger to self or others. As appropriate, rehabilitation counselors refer clients to other qualified professionals to address issues unresolved at the time of termination.

SECTION L: RESOLVING ETHICAL ISSUES

L.1. KNOWLEDGE OF CRCC STANDARDS

Rehabilitation counselors are responsible for reading, understanding, and following the Code, and seeking clarification of any standard that is not understood. Lack of knowledge or misunderstanding of an ethical responsibility is not a defense against a charge of unethical conduct.

L.2. APPLICATION OF STANDARDS

a. DECISION-MAKING MODELS AND SKILLS. Rehabilitation counselors must be prepared to recognize underlying ethical principles and conflicts among competing interests, as well as to apply appropriate decision-making models and skills to resolve dilemmas and act ethically.

b. ADDRESSING UNETHICAL BEHAVIOR. Rehabilitation counselors expect colleagues to adhere to the Code. When rehabilitation counselors possess knowledge that raises doubt as to whether another rehabilitation counselor is acting in an ethical manner, they take appropriate action.

c. CONFLICTS BETWEEN ETHICS AND LAWS. Rehabilitation counselors obey the laws and statutes of the legal jurisdiction in which they practice unless there is a conflict with the Code. If ethical responsibilities conflict with laws, regulations, or other governing legal authorities, rehabilitation counselors make known their commitment to the Code and take steps to resolve conflicts. If conflicts cannot be resolved by such means, rehabilitation counselors may adhere to the requirements of law, regulations, or other governing legal authorities.

d. KNOWLEDGE OF RELATED CODES OF ETHICS. Rehabilitation counselors understand applicable ethics codes from other professional organizationved by such mean 474.96 Tm0 TcTj.bmas Twd3r2TD.0l8 Tmc

b. REPORTING ETHICAL VIOLATIONS. When an informal resolution is not appropriate or feasible, or if an apparent violation has substantially harmed or is likely to substantially harm persons or organizations and is not appropriate for informal resolution or is not resolved properly, rehabilitation counselors take further action appropriate to the situation. Such action might include referral to local or national committees on professional ethics, voluntary national certification bodies, licensure boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights (e.g., when clients refuse to allow information or statements to be shared) or when rehabilitation counselors have been retained to review the work of another rehabilitation counselor whose professional conduct is in question by a regulatory agency.

c. UNWARRANTED COMPLAINTS. Rehabilitation counselors do not initiate, participate in, or encourage the filing of ethics complaints that are made with reckless disregard or willful ignorance of facts that would disprove the allegation, or are intended to harm rehabilitation counselors rather than to protect clients or the public.

L.4. COOPERATION WITH ETHICS COMMITTEES

Rehabilitation counselors assist in the process of enforcing the Code. Rehabilitation counselors cooperate with requests, proceedings, and requirements of the CRCC Ethics Committee or ethics committees of other duly constituted associations or boards having jurisdiction over those charged with a violation. Rehabilitation counselors are familiar with the Guidelines and Procedures for Processing Complaints and use it as a reference for assisting in the enforcement of the Code.

L.5. UNFAIR DISCRIMINATION AGAINST COMPLAINANTS AND RESPONDENTS

Rehabilitation counselors do not deny individuals services, employment, advancement, admission to academic or other programs, tenure, or promotions based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings when rehabilitation counselors are found to be in violation of ethical standards.

NOTE: Rehabilitation counselors who violate the Code are subject to disciplinary action. Since the use of the Certified Rehabilitation Counselor (CRC®) and Canadian Certified Rehabilitation Counselor (CCRC®) designations are a privilege granted by the Commission on Rehabilitation Counselor Certification (CRCC®), CRCC reserves unto itself the power to suspend or to revoke the privilege or to approve other penalties for a violation. Disciplinary penalties are imposed as warranted by the severity of the offense and its attendant circumstances. All disciplinary actions are undertaken in accordance with published procedures and penalties designed to assure the proper enforcement of the Code within the framework of due process and equal protection under the law.

GLOSSARY OF TERMS

ADVOCACY: promoting the well-being of individuals and groups and the rehabilitation counseling profession within systems and organizations. Advoca

FIDELITY: to be faithful; to keep promises and honor the trust placed in rehabilitation counselors.

FORENSIC: to provide expertise involving the application of professional knowledge and the use of scientific, technical, or other specialized knowledge for the resolution of legal or administrative issues, proceedings, or decisions.

FUNCTIONAL: relating to cognitive, sensory, environmental, intellectual, mental, behavioral, emotional, and/or physical capabilities.

IMMEDIATE FAMILY MEMBERS: a child, spouse, parent, grandparent, or sibling. Immediate family members are also defined in a manner that is sensitive to cultural differences.

INFORMED CONSENT: a process of communication between rehabilitation counselors and clients that results in the authorization or decision by clients based upon an appreciation and understanding of the facts and implications of an action.

JUSTICE: to be fair in the treatment of all clients; to provide appropriate services to all.

NONMALEFICENCE: to do no harm to others.

PRIVACY: the right of clients to keep the counseling relationship to oneself (e.g., as a secret). Privacy is more inclusive than confidentiality, which addresses communications in the counseling context.

PRIVILEGED COMMUNICATION: established by statute and protects clients from having confidential communications with rehabilitation counselors disclosed in legal proceedings without their permission.

PROFESSIONAL DISCLOSURE: the process of communicating pertinent information to clients in order for clients to engage in informed consent.

REGIONAL: state, provincial, or other intermediate level.

RETAINER: a contract between an agency or individual(s) and rehabilitation counselors when the agency/individual(s) pays to reserve the time of rehabilitation counselors.

SEXUAL HARASSMENT: sexual solicitation, physical advances, or verbal or nonverbal conduct that is

A copy of CRCC's Guidelines and Procedures for Processing Complaints along with a Complaint Form may be obtained from CRCC's website at www.crccertification.com or by contacting CRCC at:

CRCC
1699 East Woodfield Road, Suite 300
Schaumburg, IL 60173
(847) 944-1325

RECOMMENDED CITATION

Commission on Rehabilitation Counselor Certification. (2009). *Code of professional ethics for rehabilitation counselors.* Schaumburg, IL: Author.

Adopted: 06/2009
Effective: 01/2010