Psychologists' Information Practices: An Empirical Investigation

by

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ABSTRACT

All 798 registered psychologists in British Columbia were surveyed, in order to explore the standards of privacy protection of client information. A sample of 322 responses (40% response rate) was obtained. Sixty-nine survey questions, divided into eight different practice areas, explored the standards of practice, with findings presented as frequencies. The privacy protection standards for each area were compared to the standards set out in both the British Columbia Freedom of Information and Protection of Privacy Act, and the Canadian Standards' Association's Model Code for the Protection of Personal Information. A number of areas were identified in which respondents were not practicing according to these standards. Five variables were also analyzed to determine if significant differences in responses occurred when the sample was grouped according to public/private work setting, level of degree, number of years in practice, urban/rural setting, and gender. A number of significant relationships were found relating to work setting and gender.

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INTRODUCTION

The main objective of the study was to explore the standards used by members of the College of Psychologists of British Columbia (CPBC) to protect their clients' personal information. A survey design was used to compare the findings with the standards set out in the British Columbia Freedom of Information and Protection of Privacy Act (1992; hereafter referred to as the FIPPA or the Act) and the Canadian Standards Association's Model Code for the Protection of Personal Information (1996a; hereafter referred to as the CSA Model Code).

A secondary objective was to determine whether there was a difference in psychologists' information practices when respondents were grouped according to the five independent variables, which were Work Setting, Gender, Level of Degree, Number of Years in Practice, and Geographic Setting. A hypothesis was generated for each of the five variables. The first hypothesis was that respondents who work in provincial or municipal settings (and are therefore under the jurisdiction of the FIPPA (1992)) would demonstrate higher standards of practice in terms of information privacy compared to respondents who work in private settings. The rationale for this hypothesis was that there may be differences in psychologists' information practices depending on whether their work setting is governed by the FIPPA or not. Psychologists who work in public settings or contract frequently with public bodies who are covered by the Act may have a greater level of knowledge of the Act, and their information practices may be different from those whose work is privately funded.

The second, third, fourth, and fifth hypotheses were that there would be no significant differences between respondents' information practices in terms of Gender, Level of Degree, Number of Years in Practice, and Geographic Setting. The rationale for these hypotheses was that none of these factors should affect the way psychologists protect their clients' information, and that the most likely difference in standards would be in relation to the legislation. The rationale for including these variables, however, was that there may be differences in standards of practice in relation to each one, but without preliminary investigation it was difficult to predict what those differences might be.

For example, there may be differences related to level of training and number of

years in practice. Psychologists who graduated at the doctoral level may have been exposed to more information about information practices than those at the masters level, while it may also be the case that psychologists who graduated more recently (fewer number of years in practice) are better informed about information practices. There may also be differences associated with gender, and with geographic location. It may be that female and male psychologists have different approaches to protecting client information when it comes to the use of technological security measures, for example. It may also be that psychologists in rural settings have fewer opportunities to learn about information practices from workshops or peer consultations, resulting in a difference in standards of practice. However, because this research was exploratory in nature, the hypothesis for each of these four variables was that there would not be significant differences in responses, and that the standards of practice would not vary significantly within each group.

Finally, respondents were also asked to assess the effectiveness of various sources of information about the FIPPA (1992) and information practices. Psychologists were asked to rate sources such as the CPBC newsletter, workshops, peer consultation, workplace policy, and the media according to how effective they believe these sources are in providing guidance for handling clients' personal information.

It was hoped that the information gathered in the study would be useful in the following ways: (a) determining whether there are specific areas of concern about the way British Columbia registered psychologists manage and protect their clients' personal information, (b) gathering information that may be useful in the development of a privacy code for the College of Psychologists of British Columbia, and (c) assessing further the need for privacy regulation standards in the private sector.

Chapter 1 of this thesis begins with a brief review of the privacy concerns and legislation in Canada. That is followed by a review of existing standards for psychological practice, including the British Columbia FIPPA (1992), the CSA Model Code (1996a), and relevant codes of ethics and standards of practice guidelines. Chapter 1 also includes

definitions of terms used in the research. Chapter 2 includes an overview of the psychological literature pertaining to information practices, a review of studies from the psychological literature specifically related to the principles of the FIPPA and the CSA Model Code, and the research questions. The method and results are presented in Chapters 3 and 4, respectively. The discussion is found in Chapter 5, and Chapter 6 is comprised of the conclusion, recommendations for practice, limitations of the study, and suggestions for further research. References and appendixes are included at the end of the thesis.

CHAPTER 1: BACKGROUND

Privacy Concerns

Canadian surveys conducted over the last decade have shown that the protection of privacy in Canada is a growing concern. In 1992 a Louis Harris Canada survey showed that 73% of Canadians were "very" or "somewhat" concerned about threats to personal privacy, while 62% believe that the protection of privacy is a fundamental right equal to the rights of freedom of religion, freedom of speech, freedom of the press, and the right to equality (Louis Harris Canada, 1992). By 1994, a repeat survey showed that those numbers had increased to 76% and 68%, respectively (Louis Harris Canada, 1994).

In 1995 another survey revealed that 95% of Canadians "want to be informed about collection processes and about the uses to which their personal information may be put"; 94% "insist that their permission be sought and given before any such information is passed on to another organization"; and 86% "want to understand how new technology can affect their personal privacy" (Federation of Quebec Consumer Groups and Public Interest Advocacy Centre, 1995, p. xix). The survey also revealed that 76 percent of Canadians felt less control over their personal information compared to ten years ago (p. xviii).

One area for which protection of personal information is of utmost concern is in the health and medical fields. The previously cited 1994 survey by Louis Harris Canada found that for 72% of Canadians, it would be "very important" to choose hospitals and clinics that had adopted strong privacy protection policies. Similarly, 71% of Canadians thought it would be important to choose health insurance companies that had adopted strong privacy protection policies. These figures showed that greater importance was placed on privacy protection policies for hospitals, clinics, and health insurance companies than for banks (67%) and companies that sell goods by mail (56%) (Louis Harris Canada, 1994).

British Columbia Information and Privacy Commissioner David Flaherty, in a speech given to the 8th World Congress on Medical Informatics, had these comments to

make regarding the protection of privacy in medical and health settings:

> Is it even possible today to contemplate the achievement of medical privacy or confidentiality in the health and medical fields, where studies reveal that dozens of, sometimes as many as 75 to 100, people will see your medical information and health information if you are in a clinic or hospital setting. I think that there is significant concern, not only among privacy advocates, but among the general public, for medical privacy. (Flaherty, 1995)

Turning to some American data, a 1993 Louis Harris and Associates poll showed that (a) 85% percent of the respondents thought "protecting the confidentiality of people's medical records is absolutely essential or very important"; (b) 41% percent "are worried that medical claims information submitted under an employer health plan may be seen by their employer and used to affect their job opportunities"; (c) 60% percent "believe it is not acceptable for medical information about them to be provided, without their individual approval, by pharmacists to direct marketers" (this practice was approved by the Ontario College of Pharmacists in 1996; see Canadian Medical Association, 1996); and (d) 75% percent "were concerned that a computerized health care information system will come to be used for many non-health care purposes" (Louis Harris and Associates, 1993, p. 10). Further, an update of the 1993 survey in 1995 showed that 74% of respondents were "'very' or 'somewhat' concerned with the negative effect on privacy of computerized medical record systems" (Goldman & Mulligan, 1996).

As shown in the last two statements quoted above, the concern about the protection of personal information in health records is exacerbated by a concern about the role that computers now play in health records systems. While the use of medical databases has grown considerably in recent years (Madsen, 1992), the development of privacy protection systems in the health field has lagged behind security developed in other industries (Goldman & Mulligan, 1996). And although the use of technology in health care has the potential to greatly increase the quality of care provided to clients and patients (i.e., through faster and more efficient access to important information in both

routine and emergency situations), the dissemination of massive amounts of data through electronic systems also increases the likelihood of privacy violations occurring. As Bennett (1992) puts it, "In the same way that more cars mean more accidents, more computers mean more information transactions. More transactions will create more mistakes (both accidental and deliberate)" (p. 35). Also, because of the speed of transmission, errors in health records may be impossible to track once they have spread throughout a system, and therefore impossible to correct.

Finally, it appears that the public is concerned about the impact technology has on the security of health care records in terms of increased chances of unauthorized access, use, and disclosure of personal information, including the sale of data without consent, and the aggregation of data into "massive dossiers" that could be accessed by third parties, also without consent (Goldman & Mulligan, 1996). And it appears there may be some basis for this concern. A 1997 Consumer's Research article states that a survey of Fortune 500 corporations revealed that 35% used individual health records to make employment-related decisions, while one in 10 companies do not inform employees of this practice. The same article states that an earlier survey showed that 50% of Fortune 500 companies used health records to make employment-related decisions, and that 19% did not inform employees of this practice (National Academy of Sciences, 1997, p. 28).

Legislation and Standards

The response to Canadians' concerns about privacy began in 1977 with the establishment of a Privacy Commissioner under the Canadian Human Rights Act (Cavoukian & Tapscott, 1995). This was followed in 1982 by the federal Privacy Act (1985) and Access to Information Act (1985), and the passing of provincial privacy laws in Quebec, Ontario, Saskatchewan, British Columbia, and Alberta between 1982 and 1994. In each of these provinces access laws, which allow individuals rights of access to government documents and to their own personal information held by government bodies, have been combined with privacy protection laws under one Act. For each of these provinces, then, there is access and privacy legislation covering all provincially regulated

sectors.

Quebec, however, is the only province in Canada, and in fact the only jurisdiction in North America, to have extended privacy protection legislation to the private sector as well. In 1993 in Quebec, over 800,000 businesses came under the Act Respecting the Protection of Personal Information in the Private Sector (1993). This meant that private organizations such as American Express, the Bank of Montreal, Equifax, and Reader's Digest had to develop measures to protect the personal information they collect in the course of doing business. This piece of legislation has effectively set Quebec ahead of the rest of North America in terms of privacy protection, and brought it closer to the progressive models used in many European countries.

Most Canadian provinces who have their own privacy and access legislation have also appointed an Information and Privacy Commissioner, who is an independent officer of the legislature. The Information and Privacy Commissioner of British Columbia can make binding orders, has overall responsibility for ensuring proper administration of the Act (1996), and is responsible for conducting reviews and investigations (Ministry of Government Services, 1995, p. O/18).

Where legislation currently exists in Canada, individuals have the right to access their own personal information and/or public documents held by public bodies, while public bodies are responsible for the protection of personal information from unauthorized access and misuse. Toward this end, access and privacy laws serve as broad, far reaching pieces of legislation. The public bodies administering the legislation provide further definition of access and privacy in the form of policies and codes specific to their individual requirements. Accordingly, in Canada various federal, provincial, and municipal public bodies have created their own policies for handling information privacy and access issues. This process takes time, however, and many areas of the public sector are still working toward the implementation of privacy policies.

British Columbia's Freedom of Information and Protection of Privacy Act (1992) was passed in 1992, covering all provincial ministries, most provincial agencies, boards,

commissions, and Crown corporations. In 1995 the FIPPA was extended to include municipalities and regional districts, educational bodies, health care bodies, and self governing professions, such as the College of Physicians and Surgeons and the British Columbia College of Psychologists. Unlike the privacy legislation of Quebec, British Columbia's Act does not apply to the private sector. This means that private companies such as corporations and banks, and individuals such as landlords and health practitioners in private practice, are not covered by the legislation.

The intention of the Act (1992) is to provide a consistent set of information and privacy rights that balances the two principles of access to information and the protection of privacy. To date, the Act applies to records in the control of provincial and municipal public bodies, and self-regulating professional bodies. The Act applies to psychologists in British Columbia in the following ways. First, the Act covers all records created by psychologists in the course of any employment (salaried or contractual) for a provincial or municipal public body. Second, the Act does <u>not</u> apply to records created by psychologists in the course of any employment for a private organization, or in private practice. And third, the Act does apply to the records of the self governing professional body to whom the psychologist may belong (i.e., the CPBC).

Self-governing professional bodies have been working toward increasing the privacy protection standards among their members, whether they work in the public sector or in private practice. Although their members are not covered by the FIPPA (1992), self governing professional bodies can require that their members comply with the FIPPA. Compliance with the FIPPA can be regulated either by amending the by-laws of the professional body, or by creating a voluntary privacy code, which then becomes part of the body's policy and procedures. The Ministry of Health (1998) has published a set of guidelines for the development of bylaws for new colleges or professional bodies seeking to become self-regulating under the Health Professions Act. The guidelines include a summary of the key provisions of the FIPPA as well as a section on the safe storage of records.

The latter route (creation of a voluntary privacy code) was adopted by the College of Physicians and Surgeons of British Columbia, who recently published the Privacy Code for Private Physicians' Offices (College of Physicians and Surgeons, 1998). This option is also being considered by the College of Psychologists, whose membership was surveyed in this study.

Traditionally, the professional bodies that govern psychological practice provide codes of ethics to ensure high standards of practice. For psychologists in British Columbia, there are the CPBC's Ethical Standards of Psychologists (1985) and Standards for Providers of Psychological Services (1978), as well as the Code of Ethics of the Canadian Psychological Association (1991).

However, codes of ethics and general standards of practice are notably vague regarding information-handling procedures (see Fulero & Wilbert, 1988), or are deficient in the areas of privacy, confidentiality, and data sharing (Sieber, 1994). For instance, none of these three documents addresses the client's right to access his or her personal information, the sole reference to access being in relation to assessment results (CPBC, 1985). And while the CPA Code of Ethics does address record keeping practices, it includes only a general statement about safeguarding records, with no recommendations about how that might be done in our age of rapidly advancing technology. As Lewis (1988) points out in his discussion paper on confidentiality, "codes of ethics are formulated as ideals to strive for," and as such are often lacking in concrete, practical guidance (p. 1).

Faced with the limitations of formulating information policy by gleaning guidance from general standards for psychological practice, it makes more sense to look to existing privacy protection guidelines, which can then be adapted to psychological practice. Fortunately, there exists an "instrument in the toolkit of privacy advocates" (Bennett,1995, p. 4) to help with such a task, in the form of the set of standards contained in the CSA Model Code (1996a).

The CSA developed the Model Code (1996a) as a voluntary, national standard that

adheres closely to Canadian federal and provincial information and privacy legislation, to be used as a standard for businesses and organizations not covered by federal or provincial information legislation. As with the FIPPA (1992), the purpose of the CSA Model Code is to strike an equitable balance between the privacy rights of individuals, and the information requirements of private or public organizations. The CSA has also published a workbook, which says that the Code "can be applied to all types of organizations, from small sole proprietorships to large corporate enterprises" (Canadian Standards Association, 1996b, p. v). Further, it provides a standard for the assessment of privacy protection both within Canada, and within the larger international community.

The CSA Model Code (1996a) is modelled on the guidelines set out by the Organization for Economic Co-operation and Development (OECD), to which Canada committed itself in 1984 (OECD, 1998). The OECD has its origins in the Organisation for European Economic Co-operation (OEEC), whose purpose was to rebuild the economies of war-ravaged European countries. In response to rapidly growing international trade and globalization, Canada and the United States joined the OEEC in 1961, which then became the OECD. The mandate of the new organisation included the achievement of sustainable economic growth, elevation of living standards and financial stability in member and non-member countries, and the expansion of world trade on a non-discriminatory basis.

The CSA Model Code (1996a) is based on the concept of 'fair information practices,' which is a set of principles that are common to most access and privacy laws wherever they are found in countries throughout the world (Bennett, 1996). A list of fair information practices can be found in Appendix A. The CSA Model Code (1996a) is made up of ten principles, which are: 1. Accountability; 2. Identifying Purposes; 3. Consent; 4. Limiting Collection; 5. Limiting Use, Disclosure, and Retention; 6. Accuracy; 7. Safeguards; 8. Openness; 9. Individual Access; and 10. Challenging Compliance. A complete description of the principles used in the study is given in Chapter 2.

In addition to providing useful guidance for the formulation of policy, the ten

principles of the CSA Model Code (1996a) also provide a useful measuring rod with which to compare current standards of practice. Because the CSA Model Code is applicable to both private and public sector organizations, it can be used to compare the privacy protection measures used by professionals who practice in either realm. It can also be used as a standard by which to compare the information practices of organizations from different legislative jurisdictions. Therefore, this study will use the CSA Model Code, in conjunction with the FIPPA (1992), as the criterion for assessing current information practices among British Columbia psychologists. The major sections of this study, including the literature review, the research questions, and the survey itself, have been organized to follow the CSA Model Code principles.

Although the ten CSA Model Code (1996a) principles are interrelated and designed to work as a whole, only eight of the ten principles were used in the study. The two principles excluded were numbers 8 and 10, Openness and Challenging Compliance. The reasons for excluding these two principles were that they are more pertinent to organizations than to professionals who work in private practice or who contract their services. As well, these two principles are more relevant to administrative positions than to psychological practice. All other eight principles could be studied in both organizational and individual work settings, while principles 8 and 10 would have excluded a large portion of participants from the study. It should be noted, however, that in order for a privacy code or policy to be developed according to the CSA Model Code, it would have to be based on all ten of its principles.

Rationale for the Research

Impetus for the study of British Columbia psychologists comes from two sources. First, while North American laws have begun to address the public's concern with privacy and access issues, there is some research, to be discussed below, suggesting that psychologists and other helping professionals in British Columbia whose practice is now governed by such legislation may not possess an adequate understanding of that legislation, and therefore may not maintain standards of practice in accordance with it

(Frank, 1995).

Second, this study addresses a significant gap in the psychological literature that concerns itself with standards of practice. As will be seen in the literature review, typical research on the protection of clients' personal information deals with only one aspect, such as record keeping or confidentiality, and is thus conceptually constrained. This project explored a number of professional practices that all fall under the broader definition of 'information practices.' The study used a questionnaire to explore existing information practices among British Columbia psychologists, with the intention of addressing the lack of empirical data on the topic.

While it may be the case that in British Columbia and elsewhere information practices among this body of professionals have not yet become standardized due to the time and effort involved in devising a formal privacy protection code, professionals would be remiss to ignore the public opinion indicators that North Americans are very concerned about the way their personal information is used and protected. Because the information held by psychologists about their clients is of an extremely sensitive and personal nature, it is important for psychologists to maintain high standards of privacy protection. At the same time, it is equally important that there are procedures in place to assist clients in obtaining access to their personal information, so that professionals and public bodies can be held accountable for the decisions they make and the accuracy of the information they retain. Toward this end, psychologists need to practice within clearly articulated standards for protecting their clients' personal information and for providing access to records, both as a matter of ethics and more recently, of law.

Definitions

Privacy and Information Privacy

This section begins by clarifying the concept most central to this study, which is privacy. A review of the privacy literature reveals that the concept of privacy is broad, and its definitions diverse. The following example is from sociologist Arnold Simmel, whose definition is both broad in scope, yet pertinent to psychological practice. It reads:

> Privacy is a concept related to solitude, secrecy, and autonomy, but it is not synonymous with these terms; for beyond the purely descriptive aspects of privacy as isolation from the company, the curiosity, and the influence of others, privacy implies a normative element: the right to exclusive control of access to private realms ...the right to privacy asserts the sacredness of the person ... any invasion of privacy constitutes an offence against the rights of the personality - against individuality, dignity, and freedom. (Simmel, 1968, p. 480).

This definition seems particularly relevant to the work of psychologists and others in the helping professions because it uses concepts such as 'private realms,' 'sacredness of the person,' 'individuality,' and 'personality.' Psychologists have long recognized the importance of privacy and confidentiality in therapy as essential to promoting autonomy (Kupfer, 1987; Melton, 1983) and for the "execution of effective psychotherapy" (Corcoran, 1988, p. 194; see also Nowell & Spruill, 1993; Robinson, 1991; Watkins, 1989; Kobocow et al., 1983; Woods & McNamara, 1980).

Simmel also recognized that "violations of privacy often are injuries inflicted by relatively large and powerful forces upon the smallest and weakest element in society..." (p. 486). This point is salient to psychotherapy, research, or teaching situations, in that the psychologist is in a position of greater power than the client, data subject, or student, and therefore has a greater responsibility to be aware of potential privacy violations.

Bennett (1992) points out that, because the concept of privacy is so all-inclusive, being always relative to cultural and socioeconomic influence, most authors have given up attempting to define it. He adds, however, that there is a fundamental concern about which virtually all experts agree, which is "the loss of human dignity, autonomy, or respect that results from a loss of control over personal information" (p. 26). It is this concern which is most central to this study, as well. Therefore, it is necessary to distinguish the more specific concept of 'information privacy' from the larger, umbrella concept of privacy.

Information privacy is defined by Alan F. Westin, the acclaimed 'grandfather of

privacy protection,' as "the claim of individuals, groups, or institutions to determine for themselves when, how, and to what extent information about them is communicated to others" (Westin, 1967, p. x). Cavoukian and Tapscott (1995) also define information privacy as "maintaining control over the information that is circulating about you" (p. 13). These definitions are more relevant to the present study than the broader definitions of privacy because the aim of the study is to assess the privacy protection standards of psychologists in comparison to the CSA Model Code (1996a) and the FIPPA (1992), which are both focussed on privacy as it pertains to information.

There is, however, a further distinction that needs to be drawn between verbal and recorded information. Both the CSA Model Code (1996a) and the FIPPA (1992) are based on the concept of information privacy as it pertains to recorded information, and that has been the focus of this study as well. Therefore, rather than looking at the privacy protection of verbal information, which would be included in studies of confidentiality, this study focusses, albeit not exclusively,[1] on psychologists' standards of protecting recorded information.

Personal Information

Personal information is defined in the FIPPA (1992) as:[2]

> recorded information about an identifiable individual, including
>
> (a) the individual's name, address or telephone number;
>
> (b) the individual's race, national or ethnic origin, colour, or religious or political beliefs or associations;
>
> (c) the individual's age, sex, sexual orientation, marital status or family status;

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1 Some survey questions explore verbal information in order to shed light on recorded information practices that are closely related.

2 All quotations from the FIPPA (1992) are taken from the version included in the Information and Privacy Handbook, Ministry of Government Services, 1995.

(d) an identifying number, symbol or other particular assigned to the individual;

(e) the individual's fingerprints, blood type or inheritable characteristics;

(f) information about the individual's health care history, including a physical or mental disability;

(g) information about the individual's education, financial, criminal or employment history;

(h) anyone else's opinions about the individual; and

(i) the individual's personal views or opinions, except if they are about someone else. (Ministry of Government Services, 1995, pp. 7-38 to 7-39)

The definition in the CSA Model Code is similar in concept but not as comprehensive. It defines personal information as "information about an identifiable individual that is recorded in any form" (CSA 1996a, p. 1).

Access

According to section 4.(1) of the Act (1992), "a person who makes a request under section 5 has a right of access to any record in the custody or under the control of a public body, including a record containing personal information about the applicant" (Ministry of Government Services, 1995, p. 7-4). It is further specified in the Act that the right of access does not extend to information "excepted from disclosure," and the exceptions are given in sections 12-25. The list of exceptions are extensive, and include 'Cabinet confidences' (section 12.1), 'Disclosure harmful to the conservation of heritage sites' (section 18), and of course `Disclosure harmful to personal privacy' (section 22). The Act also specifies the procedure for requesting access, and says that the applicant may either ask for a copy or ask to view the record in person (section 5.1, p. 7-5).

According to Cavoukian and Tapscott (1995) the right of access is "a fundamental premise underlying privacy protection, for the ability to maintain control over your personal information would not be possible if you couldn't know what information about you was being held..." (p. 28). The authors state that it is important that individuals are

able to access their personal information in order to check its accuracy, verify its uses, and correct erroneous data.

Records

According to the FIPPA (1992), a record "includes books, documents, maps, drawings, photographs, letters, vouchers, papers and any other thing on which information is recorded or stored by graphic, electronic, mechanical or other means, but does not include a computer program or any other mechanism that produces records" (Ministry of Government Services, 1995, p. 7-39).

Additional definitions specific to psychologists are offered by the CPBC and the American Psychological Association (APA). The CPBC Standards for Providers of Psychological Services (1978) includes the statement "Records kept of psychological services may include, but not be limited to, identifying data, dates of services, types of services, and significant actions taken" (p. 7). The APA Record Keeping Guidelines include most of the above plus releases of information, fees, assessments, plans, consultations, testing reports, and supporting data (APA Committee on Professional Practice & Standards, 1993, p. 985). All the above elements will be considered when interpreting the meaning of records according to the FIPPA.

Custody, Control, and Ownership of Records

According to the Act (1992), an individual's personal information, although contained in a record held by a public body, belongs to the individual, while the public body has custody and/or control of the record. The term custody means 'physical possession,' and the term control means that the public body has the authority to control the use or disclosure of the record.

Because the current legislation in British Columbia covers provincial and municipal bodies only and does not extend to the private sector, it is important to clarify how the concepts of custody, control, and ownership of records differ according to the psychologist's employment setting. For psychologists who are employed by a public institution, (e.g., hospitals, mental health agencies, schools, provincially funded community

agencies), the employer owns, is ultimately responsible for, and decides issues of access and disclosure of client records.

For psychologists who contract their services to public bodies covered under the Act (1992), the Information and Privacy Handbook (a guide to the legislation) states that "Contractors are not covered under the *Act* although they often create or produce records pursuant to their contract with public bodies. A contractor's records are subject to the *Act* if the public body has custody or control over them" (Ministry of Government Services, 1995, p. 1-16). The Information and Privacy Handbook goes on to clarify that a public body may require custody of the records (may need to physically keep them) during or after the term of the contract; or the public body may have control of the records if specified by the contract or a statute, which would give them the right to control access and disclosure. Finally, the Information and Privacy Handbook states that "individual client files... are often under the control of the public body" (p. 1-17).

Psychologists who contract their services in British Columbia may work for public bodies such as the Ministry of Health and the Ministry for Children and Families, or public corporations such as the Insurance Corporation of British Columbia. The Ministry of Health has published a guide titled A Contractor's Guide to the Freedom of Information and Protection of Privacy Act (Ministry of Health, 1995). The guide separates contractors' records into three different types: (a) records under the control of the contractor, such as administrative records; (b) records created in the course of providing the services specified in the contract, to which the public body has the right of access whether or not such control has been made explicit in the contract; and (c) individual client files which, in most cases, are under the control of the public body (p. 10).

It should be noted that application of the FIPPA (1992) may be different when the service provided is therapeutic treatment rather than assessment. Sometimes public bodies such as the Insurance Corporation of British Columbia include therapy as part of a settlement or benefit package. In this case, although the psychologist is being paid by a public body to do therapy, he or she is not under contract to do so, and the public body

would not have control over or rights of access to client records. The same applies for clients using extended health benefits to pay for therapy.

Finally, records created under exclusively private arrangements with a client are not covered by the FIPPA (1992). This would include the records of practitioners who have a private practice. However, as previously stated, the self governing body to which the professional belongs can regulate compliance with the standards of the FIPPA by either amending its by-laws, or by creating a privacy code which then becomes part of the body's policies and procedures.

Public Work Setting and Public Body

Throughout the study are references to respondents or psychologists who are employed in a 'public work setting.' This term refers to work that is done by psychologists that is funded by organizations who are covered by the British Columbia FIPPA (1992). As noted above, this includes provincial ministries, most provincial agencies, boards, commissions, and Crown corporations. It also includes municipalities and regional districts, educational bodies, health care bodies, and self governing professions, such as the College of Physicians and Surgeons and the British Columbia College of Psychologists. It does not refer to federal work settings or psychological services funded by federal organizations. Similarly, the term 'public body' refers to all the organizations listed, above. This term is not used in this study to refer to federal organizations.

CHAPTER 2: LITERATURE REVIEW

This section begins with a review of the psychological literature on information practices in general, which will be followed by an examination of each CSA Model Code (1996a) principle, the portions of the FIPPA (1992) relevant to each principle, and the psychological research relevant to each principle. Finally, each principle will be followed by the research questions generated by it.

Overview

As stated in the introduction, survey results show that North Americans are very concerned about the protection of privacy. This is true also in the case of health information, of which psychological information is one type. Despite this concern, however, and as noted in the introduction, there is a notable lack of empirical data on the information practices of helping professionals. This lack appears to be part of an overall dearth of empirical data on ethical practices in general. Pope et al. noted in 1987 that there was "an absence of comprehensive, systematically gathered data concerning psychologist's beliefs about and compliance with ethical principles" (p. 993). It appears that little has been added since then, and even less so with regard to Canadian samples.

Furthermore, existing data suggest that there is a wide variability in standards of information practice among helping professionals. A study by Frank (1995) of British Columbia school counsellors suggests both a wide range of record keeping practices among school counsellors in British Columbia and a fundamental lack of knowledge about the FIPPA (1992), a situation that has negative implications for the protection of individuals' personal information. Frank's research in British Columbia is substantiated by American research on record keeping and access practices among populations with privacy legislation, which indicates a wide variability in policy and practice (Fulero & Wilbert, 1988, p. 660).

The research presented with each CSA Model Code (1996a) principle shows that the bulk of available data are in the area of confidentiality, while some surveys of record keeping practices and informed consent were found as well. Although there are some good discussion papers on safeguarding mental health records, there is little supporting

data on this topic; the same is true for the principles Access, Accuracy, Accountability, and Limiting Collection. The present review of the psychological literature did not reveal discussions or research on the principle Identifying Purposes.

As will be noted, there are consistent references to the previously mentioned study by Frank (1995), who looked at implications of the FIPPA (1992) for British Columbia school counsellors' record keeping practices. This work attempted to validate some of Frank's findings; however, there is an important conceptual difference between the two studies. While Frank used the FIPPA as the primary standard with which to assess counsellors' practices, this study used the CSA's fair information principles as the primary standard, followed by those of the FIPPA. The advantage to this approach, as stated earlier, is that, because findings are primarily defined according to principles rather than legislation, and because the CSA Model Code (1996a) principles can be applied to any type of organization where information is collected and used, the findings will be more easily generalized to other populations where psychologists may practice under different information laws.

The aim of this research is to provide a comprehensive set of empirical data on the current standard of information practices among psychologists. Toward that end, the following general research question was addressed:

How do the current information practices among British Columbia psychologists compare to the principles set out in the CSA Model Code (1996a) and the FIPPA (1992)? This question will be supplemented by research questions specific to each CSA Model Code principle used in the study, which are presented below.

Accountability

The CSA Model Code describes the principle Accountability as follows: "An organization is responsible for personal information under its control and shall designate an individual or individuals who are accountable for the organization's compliance with the following principles" (CSA, 1996a, p. ix). While most practising psychologists are not involved in the administrative functions of their employment setting, this principle might also apply to their practice in three ways.

First, psychologists who work for a publicly funded organization should be familiar with the information policy of that work setting. For example, they should know whether or not there is someone who has been appointed to handle information requests and other related matters. The psychologist should be able to direct clients to the appropriate individual (subsection 4.1.2). If such a person has not been appointed on site, the psychologist can refer requests or seek advice on information policy from the Director/Manager of Information and Privacy of the ministry that oversees their employment setting.

Second, subsection 4.1.3 of the CSA Model Code says that information shared with third parties remains the responsibility of the organization that collected it, and therefore a "comparable level of protection" should be arranged by contractual or other means (CSA, 1996a, p. 3). In their study of ethical dilemmas in psychology, MacKay & O'Neill (1992) reviewed a case in which an assessment report sent to a medical doctor found its way into court, the psychologist never having been notified, consulted, or his records officially subpoenaed. The authors concluded that psychologists should work to minimize the possibility of similar occurrences. In the current study, the following measures were explored as ways psychologists can increase accountability for their clients' information: (a) by inquiring about the security measures used by third parties before forwarding personal client information, and (b) by requesting that third parties obtain consent, should the necessity arise, from the client first before further sharing the information.

The research questions for the CSA Model Code (1996a) principle Accountability are the following:

1. How do psychologists rate themselves in terms of familiarity with the information policy at their place of work?

2. Do psychologists enquire about the security measures used by third parties before sending client records?

3. Do psychologists request that third parties obtain consent from their client before further sharing the client's information?

Identifying Purposes

The second CSA Model Code principle states that "The purposes for which personal information is collected shall be identified by the organization at or before the time the information is collected" (CSA, 1996a, p. 3). This principle is closely related to the principles of Informed Consent, Limiting Collection, and Limiting Use. The FIPPA (1992) also states that "A public body must tell an individual from whom it collects personal information... the purpose for collecting it" (Ministry of Government Services, 1995, section 27.1, p. 3.1-7).

Under the principle Identifying Purposes, subsection 4.2.3 of the CSA Model Code also recommends that the purposes for which information will be used be specified to the individual "at or before the time of collection" (CSA, 1996a, p.3). For psychologists, this means good practice would include informing clients at the outset about situations such as supervision, consultation, teaching, or research, in which their information will be disclosed.

The principle goes on to say that when information is to be used for a purpose that was not previously identified, the new purpose must be identified to the client. Further, the principle Identifying Purposes says that "persons collecting personal information should be able to explain to individuals the purposes for which the information is being collected" (CSA, 1996a, p. 3). Again, good practice would mean that psychologists should be able to explain (if asked) about all the uses to which a client's information will be put within that setting (e.g., program evaluations, funding applications). A review of the psychological literature failed to locate any studies exploring this practice.

The research questions based on Identifying Purposes are the following:

1. Do psychologists inform clients about all the purposes for which their personal information will be used as part of the informed consent procedure?

2. If a new purpose arises for which the client's information is to be used, do psychologists inform the client?

Consent

According to the CSA Model Code, "The knowledge and consent of the individual

are required for the collection, use, or disclosure of personal information, except where inappropriate" (CSA, 1996a, p. 3). And according to the FIPPA (1992), consent is required for the use of personal information (Ministry of Government Services, 1995, section 32 p. 7-18), including the disclosure of personal information (section 32, para.33[b], B.C. Reg.323/93).

The topic of informed consent as it relates to psychologists can be divided into two general categories: consent to a procedure (which may include therapy, psychological testing, assessment, participation in research, etc.), and consent for the release of information. Although the latter category is more obviously related to information practices as defined by the FIPPA (1992) and the CSA Model Code (1996a) principles, consent to a procedure is also an information issue for psychologists because the collection of personal information from a client is an inherent aspect of any psychological procedure (the only exceptions that come to mind are research in which no personal information is collected, or when a therapist keeps no records whatsoever; see Eberlein, 1990 for comment on the lack of professionalism of not keeping records).

This point distinguishes psychological treatment from medical treatment, in that a medical doctor does not necessarily need personal information from or about an individual to perform a procedure (as in the case of a medical emergency). Psychological treatment, however, is almost exclusively based on information a client tells about him or herself, which then becomes part of the client's written record.

According to Nicolai & Scott (1994), "One of the guiding principles underlying informed consent procedures is that individuals have the right to information that may influence their treatment decision" (p. 154). Consent to a procedure, then, is the next logical step after Identifying Purposes. Even if there is no anticipated need to share the information with a third party, good information practice would mean psychologists obtain consent from the client after identifying the purposes (e.g., therapy, assessment) for which the information will be used.

There are ample guidelines available to psychologists for structuring protocols for consent to a procedure. For example, the CPA Code of Ethics (1991) addresses consent

to procedures in twenty standards (see Eberlein, 1990 for a summary), while the CPBC Ethical Standards (1985) states that psychologists should "fully inform consumers as to the purpose and nature of an evaluative, treatment, educational, or training procedure, and they freely acknowledge that clients, students, or participants in research have freedom of choice with regard to participation" (p. 7; see also Schrier, 1980).

Consent to a procedure involving minors is similar in British Columbia to consent involving adults. In the Legal Handbook for Helping Professionals, Wuester and Milne (1998) say that according to the British Columbia Infants Act (1996) a person under the age of 19 may consent to health care where the health care provider meets the following two requirements:

> a) the health care provider must explain to the infant and be satisfied that the infant understands the nature and consequences and the reasonably foreseeable benefits and risks of the proposed health care; and
>
> b) the health care provider has made reasonable efforts to determine that the health care is in the best interests of the infant (pp. 311-312).

One of the few empirical studies located on consent was that of Handelsman et al. (1986), who looked at the use, content, and readability of written informed consent forms. The authors found that the main topics discussed in the 19 consent forms included in the sample were financial issues (p. 516). Further, only 6 of the 19 forms mentioned the nature of treatment, and only 5 mentioned the purpose of treatment.

In the same study, the authors found that only 28.8 percent of the psychologists who responded used written consent forms. There were two frequently cited reasons given for not using written consent forms, the first being that they "got in the way of the therapeutic relationship" or were "countertherapeutic," (the authors say they were reminded of the classic argument against birth control devices: "that they spoil the 'spontaneity' of the moment"). The second reason was that the client's presence itself implies consent (p. 516).

With regard to the former argument, Frank explored the issue by analysing both the FIPPA (1992) and previous orders by the British Columbia Information and Privacy

Commissioner. Her conclusion was that (presumably in the event of a conflict), "It is unlikely that any arguments that such methods deter the benefits of counselling would hold any weight" (Frank, 1995, p. 32). Further, in a 1993 study of informed consent, Somberg et al. found that the psychotherapists surveyed showed a strong preference for a verbal rather then written format of consent. The authors remarked that "in light of documentation requirements and liability concerns,... it seems surprising that there is not greater use of written methods or a combination of written and verbal methods" (p.158).

With regard to the latter argument (that the client's very presence implies consent), the CSA Model Code principle Consent states that express consent should be obtained when the information "is likely to be considered sensitive" (CSA, 1996a, p. 4). The CSA workbook defines express consent as consent that "requires some form of expressed agreement from the individual that personal information may be used for the identified purposes" (CSA, 1996b, p. 37). It should also be noted that express consent is defined in the CSA Model Code as consent given explicitly in either oral or written form (CSA, 1996a, p. 1). The workbook also says that "use of sensitive personal information should always require express consent, and if in doubt, express consent should be the norm" (CSA, 1996b, p. 37). Given that the information collected and used by psychologists is personal and sensitive in nature, it can be argued that there is no place for implied consent in psychological practice. Therefore, this study will include the following research question:

1. What percentage of psychologists obtain explicit consent for psychological procedures?

In addressing this question, the study will explore whether psychologists use written versus verbal consent, and whether or not they obtain renewed consent when psychological procedures change (such as from assessment to therapy).

As stated, consent also applies to the release of information. Release of information covers a broad spectrum of possibilities for psychologists, ranging from sharing information with doctors, psychiatrists, or other professionals as an adjunct to the service provided, to informing authorities of possible danger to the client or others. As

stated, the FIPPA (1992) also requires consent for the disclosure of information, which must be in writing, with the name of the person to whom the information is being disclosed and its intended uses included.

Most ethical guidelines for practice also recommend that consent be obtained before releasing a client's personal information to a third party (CPBC, 1985, p. 6-7;CPA, 1991, standard I.40; CSA, 1996a, principle Consent, subsection 4.3.1). Keith-Spiegel & Koocher (1985) recommend that psychologists use consent or release-of-information forms that include the following elements:

> Which records are to be sent; the purpose or intended use; the date the form was signed; an expiration date; any limitations on the data to be provided; the name and signature of the person authorizing the releases, as well as that person's relationship to the client; and the signature of a witness. (p. 67)

Presumably, the recommended use of an expiry date is to discourage use of 'blanket' consent forms, or forms that could be used for multiple instances of release. Finn (1990) found that 32.6 percent of United States mental health agencies surveyed used blanket consent forms as opposed to time-limited forms (p. 287).

The research question based on this principle is the following:

2. What percentage of psychologists obtain explicit consent before releasing a client's personal information to third parties?

In addressing this research question, the study also explored whether or not psychologists use written or verbal consent for release of information, and what elements are included on written consent forms.

Limiting Collection

The CSA Model Code principle 4 states that "The collection of personal information shall be limited to that which is necessary for the purposes identified by the organization. Information shall be collected by fair and lawful means" (CSA, 1996a, p. 5). Section 26 of the FIPPA (1992) also states that:

> No personal information may be collected by or for a public body unless
>
> (a) the collection of that information is expressly authorized by or under an

Act,

> (b) that information is collected for the purposes of law enforcement, or
>
> (c) that information relates directly to and is necessary for an operating program or activity of the public body. (Ministry of Government Services, 1995, p. 7-8)

Psychologists collect information in accordance with subsection (c), above, in that they need information from the client to perform their specified activities (such as therapy). Section 27(1) of the FIPPA (1992) goes on to stipulate that information must be collected directly from the individual.

Two subsections under Limiting Collection also stipulate that "Organizations shall not collect personal information indiscriminately," and that information must not be collected by "misleading or deceiving individuals about the purpose for which information is being collected" (CSA 1996a, p. 5). The CPA Code of Ethics also admonishes against using deception in psychological practice in standards III.23-29 (CPA, 1991, p. 22).

This study looked at the choices psychologists make about the information that is to be included or excluded from clients' records. In their discussion paper on record keeping practices, Soisson et al. (1987) state that although some members of the medical profession argue that "no amount of documentation is too much and no detail is too small" (p. 500), the same practice should not necessarily be applied to psychological records. They recommend that records focus on facts, and exclude hunches, value judgements, emotional statements, and other personal opinions. They also recommend the exclusion of information about illegal behaviour, sexual practices, and other sensitive information that may bring embarrassment or harm to the client or others (see also Fulero & Wilbert, 1987; and Eberlein, 1990). Similarly, Kagle (1984) recommends that psychologists make a critical examination of the information, evaluating its possible effects, before making choices about what to include or exclude from records.

In her study of school counsellors, Frank (1995) found that many respondents expressed concern about what to include in their records. Frank found that "Highly sensitive areas, such as informal speculations, third party information, extracurricular

activities, and notes on sexual behaviour are not commonly found in student/client records" (p. 23).

However, a 1988 study of psychologists by Fulero & Wilbert found that 50.3 percent excluded nothing from client records, although only 5 percent included highly personal information. The authors also concluded that "there remains a great deal of variability in record keeping policies" (p. 659). In an effort to clarify psychologists' practices in terms of limiting collection of information, the study asked the following research questions:

1. Do psychologists routinely exclude certain types of information from the record?

2. What types of information are routinely excluded from the record?

Limiting Use, Disclosure, and Retention

The CSA Model Code principle 5 states that: "Personal information shall not be used or disclosed for purposes other than those for which it was collected, except with the consent of the individual or as required by law. Personal information shall be retained only as long as necessary for the fulfilment of those purposes" (CSA, 1996a, p. 5). Section 32 of the FIPPA (1992) states that personal information may only be used for the purposes for which it was collected, while section 33 cites conditions for disclosure. Among the conditions cited in section 33 are (a) if the individual has consented, (b) if the information will be used for a purpose consistent with that for which it was collected, and (c) if the record is under subpoena (Ministry of Government Services, 1995, p. 7-18).

Principles that are closely related to Limiting Use, Disclosure, and Retention are Consent, Identifying Purposes, and Individual Access, and the issues discussed under those principles will not be repeated here. A discussion of Limits of Confidentiality and Third Party Access were seen as important aspects of Limiting Use and Disclosure, which will be followed by a discussion of Retention of Records at the end of this section.

Limits of Confidentiality

Research reveals that psychologists vary in their practice of informing clients of the limits of confidentiality (Baird & Rupert, 1987). Further, studies also show that the public

does not have a good understanding of exceptions to confidentiality in therapeutic relationships (Miller & Thelen, 1986), and that specifying limits of confidentiality is considered an important aspect of consent by parents of adolescents (Beeman & Scott, 1991) and children (Jensen et al., 1991). Therefore, good practice would mean that psychologists inform clients of the circumstances under which information will be released to others.

It is important that psychologists know about statutory reporting obligations. Turner and Uhlemann (1998) state that "the client should... be informed that certain legislation requires the disclosure of client information" (p. 21). The following is a list of the most important statutory reporting obligations for helping professionals, as found in Turner and Uhlemann (1998):

> a) The Child, Family and Community Service Act (1996) requires anyone who has reason to believe that a child 'has been, or is likely to be, physically harmed, sexually abused or sexually exploited by a parent or another person, or [otherwise] need protection...' to report the matter promptly to the Ministry for Children and Families. The only exceptions to this duty apply to information obtained by a lawyer in the course of the solicitor-client relationship and information prohibited from disclosure under other legislation. Failure to report as required constitutes an offence.
>
> b) Under the Health Act Communicable Disease Regulation (B.C. Reg. 4/83), anyone who knows or suspects that a person may be suffering from, or has died from, a communicable disease listed in the Regulation must report the matter to a Medical Health Officer without delay.
>
> c) Under the Motor Vehicle Act (1996), registered psychologists, optometrists, and physicians are required to report to the Superintendent of Motor Vehicles the name, address and medical condition of any patient over the age of 16 who, in the opinion of the professional making the report, 'has a medical condition that makes it dangerous to the patient or to the public for the patient to drive a motor vehicle...' and who continues to do so after being warned of the danger. (p. 21)

Psychologists may also be compelled to produce records under two additional pieces of legislation. The first is the Insurance (Motor Vehicle) Act (1996), which gives the Insurance Corporation of British Columbia the authority to demand records from health professionals regarding persons who have been injured in motor vehicle accidents. The second is the Workers Compensation Act (1996), which likewise gives the Workers Compensation Board the authority to demand records.

Though not legally bound by law, Canadian psychologists are also required by the CPA Code of Ethics, standard II.36, to "Do everything reasonably possible to stop or offset the consequences of actions by others when these actions are likely to cause serious physical harm or death" (p. 18). This standard requires that the appropriate authorities should be alerted despite the existence of a confidential relationship (CPA 1991, p. 18; see also standard I.40). Based on the above discussion, therefore, good standards of practice would mean that consent for treatment be obtained only after the client has been fully apprised of these limits. The research questions used to explore Limits of Confidentiality were the following:

1. What limits do psychologists place on confidentiality?
2. Do psychologists inform clients of those limits? If so, when?

Third Party Access

The types of Third Party requests examined in the study included the following: (a) parental requests for access to records of minor clients, (b) requests for access to records of deceased clients, and (c) records under subpoena.

Parental Requests for Access to Records

A number of different situations were explored in which parents might request access to the records of their children. These included requests by one parent against the wishes of another, requests by non-custodial parents, and requests by parents who have joint custody but with whom the child does not reside. Both the frequency of these types of requests, and the ways psychologists choose to handle these requests were explored.

As previously noted in the discussion of custody and control of records, another difficult situation for psychologists can arise when parents or guardians of minors request

access to their children's records against the wishes of the child. In B.C. Reg. 323/93, the FIPPA (1992) states that:

> The right to access a record under section 4 of the Act and the right to request correction of personal information under section 29 of the Act may be exercised as follows:
>
> (a) on behalf of an individual under 19 years of age, by the individual's parent or guardian if the individual is incapable of exercising those rights (Ministry of Government Services, 1995, p. 8-2).

The phrase "if the individual is incapable" would seem to allow for application of the mature minor rule, as discussed under Consent, above; however, it is not clear whether the Infants Act (1996) would apply to the right of minors to decline consent to parents to access their records in the same way that it applies to consent for treatment and collection of information. The Privacy Code for Private Physicians' Offices in British Columbia (1998) states that where a minor has been deemed capable of consenting to treatment without his or her parents' consent, the physician may provide the parent access to the minor's records only with the minor's written permission (section 4(5)). Eberlein (1990) also comments that "it should... be noted that increasingly minors are legally allowed to pursue medical treatment without parental consent. As this trend is extended to psychologists, parents would logically lose a right to access, for example, a mature minor's file" (p. 161).

If the need for an order on this issue were to arise, the Information and Privacy Commissioner of British Columbia has already alluded to the stance he would take in a previous order involving a dispute about access between a custodial and non-custodial parent, in which the Commissioner stated: "I am persuaded that an older child should be able to exercise more control over access to his or her personal records... I fully agree with the Ombudsman's contention that a minor has privacy rights" (Office of the Information and Privacy Commissioner, 1994a, Order No. 2-1994).

Because there does not appear to be any empirical data about parental requests for access to records in the psychological literature, the following research questions were

chosen:

1. What is the frequency of requests for access by parents of minors?

2. How do psychologists handle various types of requests by parents?

The latter question, above, was translated on the survey to include details about whether respondents obtain consent from mature minors first before releasing records in the various situations, as well as their reasons for denying access if that is the way the request is usually handled.

Requests for Access to Records of Deceased Clients

Difficult decisions for psychologists regarding access to client files can also arise when there are requests for the records of a deceased client. In her discussion of the lack of guidance by the American Psychological Association on this issue, Burke (1995) says: "I believe this needs to be addressed in the next revision of the code" (p. 280). In an order involving a request for access to treatment centre records of an adolescent who committed suicide, the Commissioner of British Columbia stated that "the *Act* makes it quite clear that privacy rights do not automatically end when a person dies" (Office of the Information and Privacy Commissioner, 1994b, Order No. 27-1994). Psychologists should also be aware that the Act (1992) states that a public body may disclose personal information "for archival or historical purposes if... the information is about someone who has been dead for 20 or more years" (Ministry of Government Services, 1995, p. 7-20).

As with parental access, the following basic research questions were explored:

3. What is the frequency of requests for access to the records of a deceased client?

4. How do psychologists handle requests for access to records of deceased clients?

The latter question, above, was translated on the survey to explore the length of time between the client's death and the release of records, as well as the reason respondents might have for denying this type of request.

Subpoena of Records

With regard to the subpoena of records, the FIPPA (1992) makes it clear in section 33 that "a public body may disclose personal information ... for the purpose of complying with a subpoena, warrant or order issued or made by a court" (Ministry of

Government Services, 1995, p. 7-18). However, use of the word "may" does not mean that psychologists can refuse to comply with a subpoena if they wish. Rather, the Information and Privacy Handbook states that they should "consult with legal advisors to determine whether compliance is required, whether the documents have been served properly and whether there are compelling reasons to oppose the subpoena, warrant or order" (Ministry of Government Services, 1995, p. 3.2-13).

Good psychological practice would mean that, if psychologists have concerns about the welfare of their client or anyone else in response to the release of information in compliance with a subpoena, they should consult a lawyer. As before, the following research questions were used to explore this topic:

5. What is the frequency of subpoena of client records?

6. How do psychologists handle the subpoena of client records?

The intention of the last research question, above, was to discover whether psychologists handle the subpoena of records by seeking legal advice or attempting to resist the subpoena, and the survey questions were designed to present these options.

Retention of Records

The last part of the CSA Model Code principle Limiting Use, Disclosure, and Retention deals with retention of records. Subsection 4.5.2 states that "organizations should develop guidelines and implement procedures with respect to the retention of personal information" (CSA, 1996a, p. 5). The CSA workbook (1996b) advises that minimum and maximum retention periods should be established. A minimum retention period should be based on the amount of time required to fulfill the purposes for which the information was collected, as well as a reasonable period of time to allow the individual to verify the accuracy and completeness of the information and to have it corrected or updated if necessary. For maximum retention periods, the CSA workbook warns that "the longer out-of date or unnecessary information is kept, the greater the risk of inadvertent disclosure or misuse" (CSA, 1996b, p. 45). It goes on to state that the ideal maximum retention period is not one day longer than necessary, and offers criteria on which to base that decision.

Likewise, CPA Code of Ethics standard I.37 says psychologists should:

> Take all reasonable steps to ensure that records over which they have control remain personally identifiable only as long as is necessary in the interests of those to whom they refer and/or to the research project for which they were collected, or as required by law, and render anonymous or destroy any records under their control that no longer need to be personally identifiable (CPA, 1991, p. 13).

In addition, the FIPPA (1992) states:

> Public bodies may keep personal information for more than a year, depending on their operational needs, but they do not retain it indefinitely. With the passage of time, personal information becomes dated and opportunities for unauthorized access or disclosure increase (Ministry of Government Services, 1995, p. S.31).

A retention period for psychologists' records is not dictated by law in British Columbia (Clements & Uhlemann, 1991), and although recommendations for retention periods for helping professionals are offered by various guidelines, they vary considerably. For example, the Draft Records Management Guidelines for the British Columbia Association of Specialized Victim Assistance Programs (1995) recommends that records be kept for a minimum of seven years, after which the critical information should be transferred to a File Summary or database and kept indefinitely, and the original records shredded (Ruebsaat & Porteous, 1995, p. 31). However, the APA Record Keeping Guidelines (1993) recommend records be kept for a minimum of 3 years after the last client contact, then transferred to a summary or maintained as is for an additional 12. The APA guidelines go on to recommend that in the case of minors, records be kept for 3 years beyond the time the client reaches the age of majority. Finally, the Privacy Code for Private Physicians' Offices in British Columbia (1998) recommends that records for adults be retained for at least 7 years from the last date of entry, and records for minors be retained until the patient is 26 years of age (7 years past the age of majority).

For psychologists working in public settings, the question of record retention is usually one of administrative policy, and the psychologist should be able to inform a client of the retention policy if asked. For private settings, however, the question arises whether

psychologists have clear record retention policies. Because psychologists who contract their services to public bodies have custody of the records produced, they should make their own record retention policy explicit in contracts; however, as a matter of good professional practice, psychologists working in the private sector should have a clear retention policy as well.

Circumstances under which retention might become an issue are when a criminal or civil action related to a client is initiated after the client-psychologist relationship has ended. Because there is no limitation period for indictable offenses under the Criminal Code (1985), it is impossible to predict whether a client's records may be subpoenaed in the future. Therefore, this study examined the issue of record retention with the following research questions:

1. Do psychologists in private settings have clearly formulated record retention policies, and if so what are they?

2. Do psychologists who contract their services to public bodies include a record retention policy in the contract?

Accuracy

The CSA Model Code principle 6 states that "Personal information shall be as accurate, complete, and up-to-date as is necessary for the purposes for which it is to be used" (CSA, 1996a, p. 6). Also, according to the FIPPA (1992) (section 28), "If an individual's personal information will be used by a public body to make a decision that directly affects the individual, the public body must make every reasonable effort to ensure that the information is accurate and complete" (Ministry of Government Services, 1995, p. 7-17).

Subsection 4.6.1 of the principle Accuracy goes on to advise that "Information shall be sufficiently accurate, complete, and up-to-date to minimize the possibility that inappropriate information may be used to make a decision about the individual" (CSA, 1996a, p. 6). This section is relevant to psychological practice in that records of clients are sometimes used to make decisions that have a great impact on the life of the client and his or her family, such as in the following situations: (a) in court for decisions about

custody and access, (b) as the basis for awarding benefits to victims, or (c) in making decisions about taking children out of the home into the custody of the Ministry.

Given the far reaching impact psychological records can have, it is important that psychologists are accurate in their record keeping practices. The CPBC (1978) Standards for Providers of Psychological Services states that "Accurate, current, and pertinent documentation shall be made of essential psychological services provided," and further recommends that information is "appropriately recorded within a reasonable time of ... completion" (p.7). Note that although this guideline addresses accuracy and keeping records up-to-date (current), it differs from the CSA Model Code (1996a) with the use of the word "pertinent" rather than "complete." The reader will be reminded of the discussion under the principle Limiting Collection, where it was recommended that psychologists record only that information that is relevant to the procedure being provided, and especially refrain from recording information that is both irrelevant and potentially harmful to the client. The notion of completeness in record keeping must therefore be balanced with the previous discussion about limiting the collection of information. For example, situations in which completeness of information may be relevant to psychologists may be testing, assessments, and diagnosis; in therapy, however, the psychologist is usually required to use discretion with regard to how complete the record should be. Because this topic was explored under the principle Limiting Collection, the study focussed on the areas of accuracy and up-to-date record keeping.

Some guidelines offer specific methods for achieving accuracy in record keeping practices. For example, in his book Documentation in Counseling Records (1991), Mitchell advises counsellors to follow these key points:

(a) Make notes grammatically clear and correct.

(b) Use precise language; reduce the potential for misinterpretation.

(c) Use only adjectives that are defined, necessary, and clinically appropriate; when possible, replace an adjective with a verb that describes behavior.

(d) Avoid cliches like the plague! (Mitchell, 1991, pp. 15-16)

Other sources of guidance for accuracy in record keeping practices include the British Columbia Association of Specialized Victim Assistance Programs Records Management Guidelines (Ruebsaat & Porteous, 1995), and the Legal Handbook for Helping Professionals, (Turner, D. & Uhlemann, M. R., 1998). The APA Record Keeping Guidelines (1993) also instructs psychologists to be attentive to disclosure of out-dated records, which "might cause adverse effects" for clients. The APA recommends that when disclosing out-dated information, psychologists warn the recipient of its "out-dated nature and limited utility" (p. 985).

Once again there are no data that elaborate the standards of psychologists' accuracy in record keeping. Because accuracy in note taking is impossible to verify without access to client records, it was decided that the research would be based on the assumption that information recorded immediately after contact with a client would be more accurate than information recorded more than one day later. The research questions that explored both accuracy and up-to-date records were therefore the following:

1. Do psychologists up-date client records immediately after every session?

2. Do psychologists ensure that information that is to be released to third parties is up-to-date?

Safeguards

The CSA Model Code principle 7 states that "Personal information shall be protected by security safeguards appropriate to the sensitivity of the information" (CSA, 1996a, p. 6). Section 30 of the FIPPA (1992) also states that "the head of a public body must protect personal information by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or disposal" (Ministry of Government Services, 1995, p.7-17).

The following subsections of the CSA Model Code are also relevant to psychologists:

(4.7.1) The security safeguards shall protect personal information against loss or theft, as well as unauthorized access, disclosure, copying, use, or modification. Organizations shall protect personal information regardless of the format in which

it is held.

(4.7.2) The nature of the safeguards will vary depending on the sensitivity of the information that has been collected.... More sensitive information should be safeguarded by a higher level of protection.

(4.7.3) The methods of protection should include

(a) physical measures, for example locked filing cabinets and restricted access to offices.

(b) organizational measures for example, security clearances and limiting access limited on a "need-to-know" basis; and

(c) technological measures, for example, the use of passwords and encryption.

(4.7.4) Organizations shall make their employees aware of the importance of maintaining the confidentiality of personal information.

(4.7.5) Care shall be used in the disposal or destruction of personal information, to prevent unauthorized parties from gaining access to the information (CSA, 1996a, pp. 6-7)

Any discussion of security of health records must necessarily include a discussion of the impact of technology on record keeping systems. A 1994 article in BioLaw states the following:

> Computerization of health care information, while offering new opportunities to improve and streamline the health care delivery system, also presents new challenges to individual privacy interests in personal health care data. Technical capabilities to secure and maintain confidentiality in data must work in tandem with legislation to preserve those privacy interests while making appropriate information available for approved uses. (Office of Technology Assessment, Congress of the United States, 1994, p. S:187)

It is apparent that protection of privacy involves the competing interests of the individual and those who 'need to know' in order to provide quality health care services. However, the increase in use of technology in health record systems increases the potential

of privacy violations, both intentional and unintentional. In noting that exchange and disclosure of information is far easier than ever, Bennett (1991; see also O'Reilly, 1995) reminds us that data protection policies consistently fall behind technological capabilities for invading privacy (see also O'Toole, 1994). Cushman (1996) also points out that although the public health care sector has generally lagged behind other sectors in computer and telecommunications technology, automation in this sector is currently moving at a much faster pace.

Psychologists should be aware of the areas of technological advancement Cushman cites, including: "the electronic exchange of claims information for billing and insurance;" "management and transport of individual medical information in 'paperless' electronic clinical records;" and "remote consultations... by video- and computer-conferencing..." (p. S:1).

Most psychologists are probably aware of, and use, some of the technology for the exchange and management of information to which Cushman refers. The results of a survey of social services agencies found that three-fourths of agencies used computer systems to maintain client information, and that the vast majority of stored information included client-identifying data (Finn, 1990).

In British Columbia, a series of events that occurred over an eight-month period during 1994-1995 highlighted the need for better security standards for health records. The first incident involved a hospital's attempt to dispose of records by bonfire on a local beach. Many of the records were only partially destroyed before being washed out to sea and then back onto the beach again, where members of the community found them. In a second incident, a physician who had been storing old medical records in his house basement moved to a new residence. During the move, the records were left in boxes in the back yard where they remained for one week. The records were found by someone who alerted the Vancouver Sun, and the physician underwent disciplinary action by the College of Physicians and Surgeons. The third incident involved records from a health unit stored in a filing cabinet, which was mistakenly sold to the general public with the records still inside. Yet another incident involved the discovery of medical information on

used computer disks, which had been purchased from a Value Village Store. It seems the information had been typed for doctors by a commercial typing service, which had gone out of business a few years prior and sold their equipment, including old computer disks. Finally, the last incident involved the disposal of pharmacy labels in a garbage can outside a store, where a person waiting for a bus reported being able to read the names of doctors and patients.

These incidents are related in a report by Dr. Shaun Peck (1995), which was requested by the Ministry of Health as a result of the incidents occurring. Peck describes the incidents, and includes details of the correct disposal or safeguarding methods that should have been used, and any follow-up action that occurred. Most importantly, though, the report offers recommendations for the proper storage and destruction of health care records, which is a good reference for all health care providers. Included among the recommendations are (a) that paper records be destroyed in a controlled manner, by shredding or incineration, and that simply tearing up records or disposing with normal waste is to be avoided; and (b) that computerized records should be "rendered unreadable through the use of an appropriate mechanical, physical or electronic process and converted into such a form that their reconstruction in whole or in part is highly unlikely" (Peck, 1995, p. 16). This recommendation goes on to say that simply erasing a magnetic disk is not sufficient, because of existing technological methods of recovering the information again.

Specifically, psychologists should be aware that computer files that have been deleted from either disks or the hard drive can be recovered, and that software programs exist that enable the recovery of files that have been accidentally erased. It is also possible with some programs to recover information in files kept on a computer's hard drive that has been written over with new information, so this method is not entirely secure either. The best method available for ensuring the complete obliteration of information in files either on disks or the hard drive is to perform a low level format. This method should be used before a computer containing client information is sold, traded, or disposed of, and also before discarding disks.

Various other sources offer warnings and guidelines for safeguarding technological health information. Canada's Health Informatics Association (COACH) has published Security and Privacy Guidelines for Health Information Systems (1995). The guidelines are intended to help health service providers to:

> a) minimize the risk of unauthorized collection, use, disclosure, modification or destruction of health data;
>
> b) maximize the integrity, availability and efficacy of administering access to health information; and
>
> c) protect the privacy of users and providers of health services. (p. 1)

The COACH (1995) guidelines also provide a list of risks to computerized health data, which are: "(a) unauthorized disclosure; (b) interruption in access to critical information or systems; (c) unauthorized or accidental modification; (d) unauthorized removal; (e) unauthorized or accidental destruction; (f) unauthorized collection" (pp. 3-4).

Technological advances also allow for fast and easy communication of personal information by health care providers using e-mail, fax, and various phone systems, which all present unique security challenges. Huang and Alessi (1996) warn that "an E-mail conversation that 'feels' as though one is conversing with only one or two individuals could actually be sent to thousands." The authors also warn that e-mail messages are easily duplicated and forwarded, and are easy to monitor and record (p. 864). The Office of the British Columbia Information and Privacy Commissioner (1996a) has issued a set of guidelines for the secure transmission of personal information by fax, while guidelines for fax usage directed specifically at doctors are given by Capen (1995). Finally, a special report of the Canadian Medical Association Journal (Mouzar, 1995) provides warnings and guidelines for doctors in the use of cordless phones.

Apart from the concerns of technological safeguards, psychologists must also make plans for the security of records in the event of death, incapacity, or withdrawal from practice. The APA Ethical Principles of Psychologists and Code of Conduct (1992) advises psychologists to make plans "in advance so that confidentiality of records and data is protected" in these circumstances. Good practice would mean that psychologists devise

a detailed written plan for the continuing security of records in the event of each of the three circumstances named (death, incapacity, and withdrawal from practice). This plan should be dated and given to an appropriate person (e.g., executor, business partner) for safekeeping.

The research questions for exploring the safeguarding of records were:

1. What percentage of psychologists store records electronically?

2. Of the psychologists who store records electronically, what measures do they use to safeguard these records?

3. Of the psychologists who keep paper records, what measures are used to safeguard these records?

4. To what extent do psychologists use organizational measures to safeguard records (security clearances, limiting access to a 'need-to-know' basis)?

5. To what extent do psychologists use electronic means (fax, e-mail, cordless phone) to transmit clients' personal information?

6. What safeguards do psychologists use when transmitting personal information electronically?

7. What percentage of psychologists have a written plan for the continued safekeeping of records in the event of death, incapacity, or withdrawal from practice?

Individual Access

The CSA Model Code principle 9 states:

> Upon request, an individual shall be informed of the existence, use and disclosure of his or her personal information and shall be given access to that information. An individual shall be able to challenge the accuracy and completeness of the information and have it amended as appropriate. (CSA, 1996a, p. 8)

As stated earlier, the right to correct information is an important aspect of privacy protection. Section 29 of the FIPPA (1992) defines the right to correct information, and further adds that public bodies must notify any third parties or public bodies to whom information has been disclosed up to one year prior to the time of correction. An example pertaining to psychologists would be if the psychologist incorrectly noted that the client

had sole custody rather than joint custody of his or her children, and the client wanted the notation corrected. The psychologist would then be responsible for notifying third parties to whom the record had been disclosed in the past year of the correction, including insurance companies and other service providers.

According to section 4(1) of the FIPPA (1992), "A person who makes a request under section 5 has a right of access to any record in the custody or under the control of a public body, including a record containing personal information about the applicant" (Ministry of Government Services, 1995, p. 7-4). However, the FIPPA goes on to state that the right of access does not extend to information "excepted from disclosure," but that if the excepted information can be severed from the record, the applicant can have access to the remainder. The list of exceptions is listed in sections 12 through 22 and is extensive; the exceptions most relevant to the work of psychologists include 'Disclosure harmful to personal privacy' (section 22), and 'Disclosure harmful to individual or public safety''(section 19). Section 19(2) states: "the head of a public body may refuse to disclose to an applicant personal information about the applicant if the disclosure could reasonably be expected to result in immediate and grave harm to the applicant's safety or mental or physical health" (p. 7-11).

The Act (1992) further states under B.C. Reg. 323/93 that "the head of a public body may disclose information relating to the mental or physical health of an individual to a health professional for an opinion on whether disclosure of the information could reasonably be expected to result in grave and immediate harm to the individual's safety or mental or physical health" (Ministry of Government Services, 1995, p. 8-2). Accordingly, psychologists may consult by sharing information in a client's record with another mental health professional before deciding whether the client would be harmed by the information in the record.

According to a 1996 order by British Columbia Information and Privacy Commissioner David Flaherty, the public body must meet the burden of proof requirements established by the Supreme Court of Canada in McInerey vs. MacDonald (1992) in order to justify denial of access to an applicant. The requirement is that a public

body shows that there is a "significant likelihood of a substantial adverse effect on the physical, mental, or emotional health of the patient or harm to a third party" (Office of the Information and Privacy Commissioner,1996b, Order No. 108-1996, p. 4).

Psychologists may have reservations about providing full access to clients who request it; this study explores possible reasons psychologists may have for wanting to withhold records. For example, Joschko (1992-93) points out that, "the issues involved in releasing the raw test protocols of psychometric test instruments are particularly troublesome" (p. 7). These issues include "possible copyright infringement, ethical issues concerning requirements for test security and the possible release of answers to the general community" (p. 11).

However, other writers provide positive arguments in favour of providing access to clients. In his discussion of social workers' records, risk management, and client access, Gelman (1992) states that right to access is "rooted in the principles of a democratic society-- freedom, self-determination, and privacy." He also notes that "Access policies, when appropriately implemented, can result in improved record keeping and more responsible and accountable services" (Gelman, 1992, p. 75).

Integral to a discussion of access are the concepts of custody, control, and ownership of records. As discussed in the Definitions section, psychologists' obligations are dictated by how the legislation applies to their work setting (i.e., public or private). For psychologists employed in public settings or under contract with a public body, decisions about access are ultimately the responsibility of the public body.

In the previously cited study involving school counsellors by Frank (1995), the author found that numerous respondents reported feelings of proprietorship toward their records, especially case notes, with 21% stating they do not allow access to 'their' personal files. After a detailed analysis of the FIPPA (1992), however, Frank concluded that "no matter where a counsellor physically keeps student/client records, those records are under the control of the public body" (p. 34). This conclusion was confirmed in Order No.115 by the British Columbia Information and Privacy Commissioner in 1996 (Office of the Information and Privacy Commissioner, 1996c). A further objective of this study will

be to ascertain whether or not psychologists working in public settings view their case notes similarly to the counsellors in Frank's study, and whether or not they understand the legislation concerning case notes accurately.

For psychologists who contract their services to public bodies, there should be an awareness of references to 'control of records' or specifications about access in the contract. If the contract is unclear, requests should be made for written clarification. Possible implications are that the public body could exercise their right of access to the record, including case notes, raw test scores, etc.

A 1988 American study of psychologist's record keeping practices revealed that the issue of access had never arisen for 17.5% of the respondents (Fulero & Wilbert, 1988). The question arises, however, of whether the clients of these psychologists were aware of their right to request access. Further, 24.7% of respondents indicated that they never provide access to records, except to insurance companies or other professionals, while only 5.2% provide access with no restrictions (p. 659). It is difficult to generalize these data to the Canadian context due to both differences in legislation and the length of time elapsed since the study was done. This study will explore psychologists' practices in relation to client access by asking the following research questions:

1. Do psychologists inform clients of their rights to access in settings where that right is guaranteed by legislation?

2. Do psychologists who's records are not covered by the FIPPA (1992) inform clients that they can have access to the information in their records?

3. What is the relationship between the number of client requests for access and the frequency with which psychologists inform clients of their right to access?

4. On what grounds do psychologists refuse clients access to the information in their records?

5. Are there parts of the record psychologists would not release to an applicant (eg., case notes, raw test scores)?

6. When granting access, do psychologists prefer to (a) release a copy of the information to the client, or (b) review the record with the client in person?

7. Can psychologists correctly identify the relationship between type of work setting (that is, publicly funded versus privately funded work), and an organization's ownership and control of client records?

Finally, the study included an assessment of the effectiveness of sources of information about the FIPPA (1992) and information practices. Respondents were asked to rate sources such as the CPBC newsletter, workshops, peer consultation, workplace policy, and the media according to how effective they believe these sources are in providing guidance about fair information practices.

CHAPTER 3: METHOD

Participants

The population surveyed consisted of the entire membership of the College of Psychologists of British Columbia (CPBC). The membership list used for the mailing was dated June 1997, and included a total of 798 registered psychologists. At the time of this writing, however, the most up-to-date demographic descriptors of the CPBC membership available was dated 1996 (Rollcall Update 96, University of British Columbia, July 1997). The 1996 membership list included a total of 857 registered psychologists, a difference of 59 members. The difference in total between the two lists was not considered substantial, and therefore the 1996 data were used to describe the 1997 population. The membership surveyed can be described as follows: (a) 52% males, 47% females; and (b) 67% urban, 33% rural (urban refers to southern Vancouver Island and the lower mainland of British Columbia, and rural refers to the rest of the province).

Procedure

A survey research design was selected for studying the information practices of British Columbia psychologists. The data were collected using a mail survey procedure, using the guidelines described in the total design method described by Dillman (1979). An early draft of the survey was independently reviewed by six registered psychologists for the purposes of establishing clarity of instructions and content, and an estimation of the time needed to complete the survey. Final revisions to the survey incorporated their suggestions. Each survey was folded into a stamped, self-addressed envelope, and mailed by the CPBC to each member with their Summer 1997 newsletter. Two weeks later, postcards were mailed by the researcher to each CPBC member, reminding members to complete and return the survey and thanking them if they had already done so. The surveys were returned to the researcher and coded for data entry upon receipt. A date of three months from the date of the first mailing was selected by for terminating data collection. The survey data were entered by the researcher into a data file using the Statistical Package for the Social Sciences (SPSS) software package.

Instrument

The survey included one cover letter from the researcher, which addressed the background of the study and consent, and additional cover letters from David Flaherty, Information and Privacy Commissioner of British Columbia, and Dr. E. Kramer, registrar of the CPBC, both stating support for the study. The survey was divided into two parts: (a) a demographic section consisting of six questions, and (b) an information practices section consisting of 69 questions. The cover letters and survey are included in Appendix B.

The demographic section was designed to gather information about Gender, Level of Degree, Work Setting, Number of Years in Practice, and Geographic Setting. The Gender variable was divided into Males and Females. The Level of Degree variable was divided into Masters or Doctoral degrees. The Years in Practice variable was defined in the following way: (a) 0 - 5 Years in Practice, (b) 6 -10 Years, (c) 11 - 20 Years, and (d) >20 Years. The Geographic Setting variable was divided into two categories: (a) Urban (respondents who chose the large city option), and (b) Rural (respondents who chose the small city, town, or rural option). The Work Setting variable was divided into two main categories: (a) Publicly Funded Employment/Contracts; and (b) Privately Funded Employment/Contracts. A Publicly Funded Employment Setting was defined as one in which the respondent, whether as a salaried employee or contractor, spends at least 55% of his or her working time in a public setting such as a school, hospital, university, or funded agency. A Privately Funded Employment Setting was defined by having at least 55% of one's employment funded privately, whether by individuals or business/industry. The rationale for analysing the sample according to public and private employment settings was to explore whether the information practices among psychologists who are governed by the FIPPA (1992) (i.e., those who work in public settings) are different from those who are not governed by the FIPPA. A cut-off of 55% in either setting was chosen so the respondents' answers to the Information Practices Section could be said to reflect psychologists' practices according to where they spend the majority of their time.

Additional information requested in the demographic section included (a) a further division of Work Setting into smaller categories (eg., mental health agency, school), and (b) Type of Work (eg., therapy, assessment, research). A cut-off point of 25% was used for these variables. This cut-off rate was selected so the demographics of the sample would not reflect those practitioners who spend only a small portion of their time (less than one-quarter) doing a specific type of work or in a specific work setting.

The Information Practices Section was designed to gather information that addressed the research questions generated from the CSA Model Code (1996a) principles discussed in the literature review. There was also a section at the end where respondents could rate the effectiveness of various sources of information on the FIPPA (1992) and information practices in general (e.g., the CPBC newsletter, peer consultation). The Information Practices Section was comprised mainly of multiple choice questions, with extra spaces allowed for comments. These questions constituted the dependent variables.

CHAPTER 4: RESULTS

The first objective of this study was to assess the standards used by psychologists in the handling of client information when compared with the standards set out in the CSA Model Code (1996a) and the FIPPA (1992). The second objective was to determine whether psychologists differ in their handling of client information when grouped according to the five independent variables chosen for the study: (a) Gender; (b) Level of Degree; (c) Work Setting (Public/Private); (d) Number of Years of Practice; and (e) Geographic Setting. The reader will be reminded that, according to the proposed hypotheses, (a) there would be significant differences in responses when the sample was grouped according to Public and Private work setting, and (b) that there would be no significant differences found for each of the remaining four groupings.

The third objective of the study was to determine which sources have been most effective in providing information to psychologists about the FIPPA (1992) and appropriate handling of client records.

Response Rate

Of the 798 surveys originally sent, 336 (42%) were returned within the three-month time period allowed. Of those returned, 14 were unusable due to being incomplete. Therefore, data analysis was conducted on 322 surveys, yielding a return rate of 40%.

Representativeness of the Sample

The sample was determined to be representative of the population based on the following data. The sample included 48% Males and 53% Females, compared to 52% Males and 47% Females for the population. The sample also showed that 59% lived in Urban areas and 41% Rural, compared to 67% Urban and 33% Rural for the population. Chi-square analyses showed that the sample did not vary significantly from the population on either of these measures (Gender x^2 (1, n = 322) = 1.1, p >.05; Geographic Setting x^2 (1, n = 322) = 2.9, p > .05).

Characteristics of the Respondents

Respondents were asked to indicate the number of years spent in practice as a

registered psychologist. The responses were as follows: (a) 0-5 years, 17%; (b) 6-10 years, 17%; (c) 11-20 years, 28%; and (d) more than 20 years, 37%. Twenty-five % reported having Masters Degrees, and 75% had Doctorates. Respondents were also asked to indicate the percentage of time they spent doing different types of work as a psychologist. The results were as follows:

Table 1

Types of Work

Work Type	Frequency	Percentage
Therapy	213	66
Testing/Assessment	111	35
Research	21	7
Teaching	37	12
Administration	36	11
Consulting	18	6
Various Other	23	7

Note. n = 322 ; totals exceed 100% because respondents could spend 25% or more of their working time doing more than one type of work.

Respondents' answers were coded as mainly Public if the total percentage in the Publicly Funded work category was 55% or more. Respondents' answers were coded as mainly Private if the total percentage in the Privately Funded work category was 55% or more. One hundred seventy-seven respondents (55%) were included in the Public Setting category, and 126 (39%) were included in the Private Setting category. Nineteen (5.9%) were divided equally between the two categories (spent 50% of their time in both Public and Private Settings), and were excluded from the cross-tabulations involving this variable.

Work Setting was further divided into sub-categories of work settings, in order to further describe the sample. Respondents indicated the percentage of work done in each setting, as shown in Table 2. A minimum requirement of 25% involvement in one category was again used, for the same reasons cited earlier.

Table 2

Work Setting

Government Funded Employment/Contracts		
Work Setting	Frequency	Percentage
Mental Health	62	19
University/College	60	19
Elementary/Highschool	29	9
Medical/Hospital	55	17
Corrections	23	7
WCB/ICBC Contracts	13	4
Forensic	7	2
Ministry for Children and Families	6	2
Various Other	48	15
Privately Funded Employment/Contracts		
Work Setting	Frequency	Percentage
Fee for service	218	68
Business/Industry	55	17
Other	37	11

Note. n = 322; totals exceed 100% because respondents could spend 25% or more of their time in more than one work setting.

Results of the Information Practices Survey

This section is subdivided according to the eight CSA Model Code (1996a) principles used in the study. The following analyses are reported for each of the 69 questions in this section of the survey: (a) the frequency of responses for each question, (b) chi-square analysis of each frequency set, (c) cross-tabulations of each dependent variable. Alpha is set at .01 for all analyses, for the following reasons: (a) in order to reduce the possibility of type 2 errors, and (b) because it was not possible to interpret the cross-tabulation results with any confidence with alpha set at .05. It should be noted that although many survey questions include N/A (not applicable) and Other (written answer) options, these options were excluded from the chi-square analyses of the frequency sets and the cross-tabulations. The rationale for excluding the option 'Other' was that there was a wide variation in written comments, which are discussed in the next chapter; and the

rationale for excluding the N/A option was so that the analyses could be focussed on the answers of respondents for whom the question was applicable.

Accountability

The CSA Model Code (1996a) principle of Accountability discusses the responsibilities of organizations for the personal information collected by them. It also puts forward that organizations are responsible for information that is forwarded by them to third parties. Three survey questions were used to explore this principle. The first question was the following:

1. Many organizations that employ psychologists have information policies regarding access to and protection of clients' personal information. Are you familiar with the information policy of your place of work? (Response options: No Familiarity, Somewhat Familiar, Very Familiar, No Information Policy, Not Applicable). Table 3 shows the results for this question.

Table 3

Self-Ratings of Familiarity With the Information Policy at Place of Work

Options	Frequency	Percentage
No Familiarity	1	0
Somewhat Familiar	44	14
Very Familiar	204	64
No Information Policy	4	1
Not Applicable To My Work Setting	68	21

Note. n = 321

Chi-square analysis showed that the frequency of responses differed significantly from the expected frequency (63) for each option, x^2 (3, n = 253) = 435.84, $p < .01$.[1] The

[1] As previously stated, the Not Applicable option and any written comments in the Other category were not included in chi-square and cross-tabulation analyses; therefore, sample sizes (n) for chi-squares and cross-tabulations differ from those shown in the frequency tables.

large chi-square result reflects the large number of responses (81%)[2] for the Very Familiar option, and the small number of responses for the options No Familiarity and No Information Policy.

Cross-tabulations were performed to determine whether or not a significant relationship existed between Familiarity with Information Policy (the dependent variable) and the five independent variables. In order to avoid insufficient cell sizes, the options No Familiarity and Somewhat Familiar were combined, and the No Information Policy option was excluded. The remaining options were Somewhat Familiar and Very Familiar. One significant relationship was found, involving the independent variable Years in Practice, x^2 (3, n = 247) = 12.15, $p < .01$. The pattern of responses for this relationship was that Familiarity with Information Policy increased as the Number of Years in Practice increased (0-5 Years, 76%; 6-10 Years, 71%; 11-20 Years, 80%; and >20 Years, 93%). The pattern of responses was the opposite for the remaining option (that is, the number of responses decreased for the Somewhat Familiar option as the Number of Years in Practice increased).

The second survey question to explore Accountability was the following:

2. Do you inquire about the security measures used by third parties to protect your client's privacy before sending reports, test results, assessments, or any part of a client's file? (Response options: Never, Almost Never, Sometimes, Almost Always, Always). The results are shown in Table 4.

2

Percentages reported with chi-square results were based on the sample (n) used for the chi-square analysis (total n minus the options N/A and Other), and therefore differ from the percentages shown in the frequency tables.

Table 4

Frequency of Inquiring About Third Party Security Measures

Options	Frequency	Percentage
Never	83	26
Almost Never	83	26
Sometimes	94	29
Almost Always	35	11
Always	25	8

Note. n = 320

Chi-square analysis showed that the frequency of responses varied significantly from the expected number of responses (64) for each option, x^2 (4, n = 320) = 62.25, p < .01. This chi-square result was fairly small compared to most other results for this study, meaning that the difference between the expected and observed frequencies was not as large as for other questions. It should be noted that only 8% of respondents said they Always inquire about third party security measures before forwarding client information. Cross-tabulations did not reveal any significant relationships between the dependent and independent variables.

The third survey question for the principle Accountability was the following:

3. When sharing client information with third parties, do you request that they obtain consent from your client first before further sharing the information with other professionals? (Response options: Never, Almost Never, Sometimes, Almost Always, Always). The results are shown in Table 5.

Table 5

Frequency of Requesting that Third Parties Do Not Further Share Information Without Consent

Option	Frequency	Percentage
Never	87	28
Almost Never	66	21
Sometimes	37	12
Almost Always	48	15
Always	77	24

Note. n = 315

Chi-square analysis showed that the frequency of responses differed significantly from the expected number (63) for each option, x^2 (4, n = 315) = 26.70, p < .01. Again, this chi-square result is comparatively small. It should be noted that the largest percentage of respondents (28%) indicated that they Never request that third parties obtain their client's consent before further sharing that client's information. Cross-tabulations of the dependent variable and the five independent variables did not reveal any significant relationships.

Identifying Purposes

The CSA Model Code (1996a) principle Identifying Purposes states that the purposes for which information is being collected should be stated at or before the time of collection. There were four survey questions designed to explore this principle. The first survey question was the following:

1. Please indicate how often identifiable client information is used by you in the following situations (identifiable information includes name, address, or telephone number, or any other information that could be used to identify a client). (Response options: Supervision, Consultation, Team/Agency Meetings, Research, Teaching Purposes, Other). Table 6 shows the frequency of responses to this question.

Table 6

Frequency of Use of Identifiable Client Information in Various Settings

Setting	Never	Almost Never	Sometimes	Almost Always	Always	N/A
Supervision (n = 320)	57(18)	28(9)	50(16)	41(13)	47(15)	97(30)
Consultation (n = 321)	66(21)	50(16)	73(23)	55(17)	57(18)	20(6)
Team Meetings (n = 321)	37(12)	35(11)	53(17)	59(18)	66(21)	71(22)
Research (n = 319)	138(43)	19(6)	11(3)	4(1)	4(1)	143(45)
Teaching (n = 321)	181(56)	17(5)	9(3)	2(1)	4(1)	108(34)

Note. N/A = not applicable; the numbers shown in brackets are percentages.

For easier comparison, figure 1 shows the same data with the following changes: the options Never and Almost Never, and Always and Almost Always have been combined, and the N/A option has been left out.

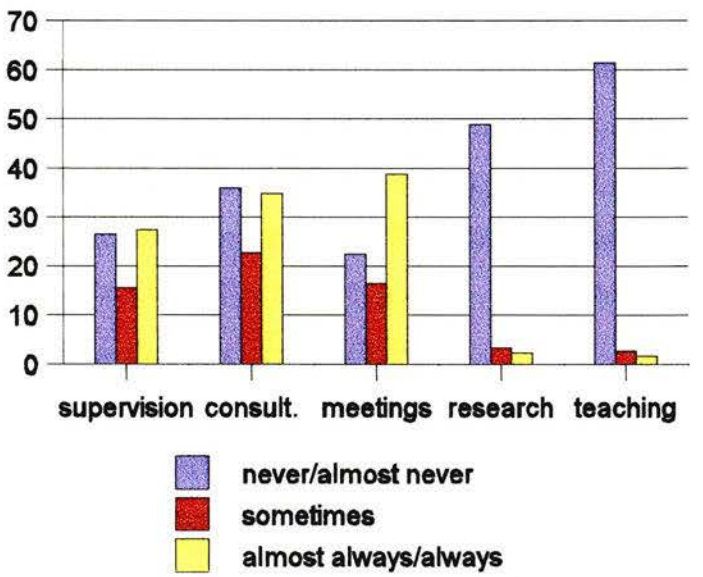

Figure 1. Frequency of use of identifiable client information, as percentages.

Chi-square analyses were performed on each dependent variable using all options (Never, Almost Never, etc.), in order to determine whether the frequency of responses differed from the expected frequencies for each option. The results were as follows:

Supervision, x^2 (4, n = 223) = 10.70, p > .01. The chi-square value in this case was not significant. This reflects the fact that the observed frequencies did not differ too greatly from the expected frequency of 45 and therefore that responses were somewhat evenly distributed across categories. It should be noted that almost the same number of respondents (39%) said they Always or Almost Always use identifiable client information in this setting compared to those who Never or Almost Never do (38%).

The second variable was Consultation, x^2 (4, n = 301) = 5.63, p >.01. Again, the frequency of responses in this category did not differ significantly from the expected frequency of 60, meaning that responses were fairly evenly distributed across all options. As well, almost the same number of respondents (37%) said they Always or Almost Always use identifiable client information in this setting compared to the number who Never or Almost Never do (39%).

The third variable was Team/Agency Meetings, x^2 (4, n = 250) = 14.80, p < .01. The frequency of responses for this variable did differ significantly from the expected value (50) across all options. It should be noted that this was the only variable for which the majority of respondents (26%) indicated that they Always use identifiable client information.

The fourth variable was Research, x^2 (4, n = 176) = 379.63, p < .01. This large chi-square result reflects that most respondents (78%) chose the Never option. The last variable was Teaching, x^2 (4, n = 213) = 565.19, p < .01. Again, the large result reflects that most respondents chose the Never option (85%).

Cross-tabulations were performed to determine whether significant relationships exist between each of the dependent variables (i.e., Supervision, Consultation, etc.), and the five independent variables. The relationships between the variables Geographic Setting and both Teaching and Research could not be analysed due to insufficient cell sizes.

Three significant relationships were found involving Work Setting. The first was Work Setting and Supervision, x^2 (4, n = 213) = 50.07, p < .01. The responses varied as

follows: (a) more Public Setting respondents (29%) said they Always use identifiable client information in Supervision, compared to Private Setting respondents (9%); (b) again, more Public than Private Setting respondents said they Almost Always use identifiable client information (24% Public, 10% Private); (c) more Public than Private Setting respondents said they Sometimes use identifiable client information in Supervision (28% Public, 13% Private); (d) more Private than Public Setting respondents said they Almost Never do (23% Private, 6% Public); and (e) more Private than Public Setting respondents said they Never use identifiable client information in Supervision (45% Private, 14% Public).

The second significant relationship involved Work Setting and Consultations, x^2 (4, n = 282) = 36.26, p < .01. The results showed again that: (a) more Public Setting respondents Always, Almost Always, and Sometimes use identifiable client information in Consultations (24%, 23%, and 27%, respectively), compared to Private Setting respondents (14%, 7%, and 19%, respectively; and (b) that more Private Setting respondents replied Never or Almost Never to this question (36% and 24%, respectively), compared to Public Setting respondents (14% and 12%, respectively).

The last significant relationship involving the Work Setting variable was the relationship with Team/Agency Meetings, x^2 (4, n = 235) = 29.73, p < .01. The results revealed the same pattern of responses as for the previous two relationships: (a) more Public Setting respondents said they Always, Almost Always, or Sometimes use identifiable client information in this situation (32%, 25%, and 24%, respectively), compared to Private Setting respondents (16%, 19%, and 16%, respectively); and (b) more Private Setting respondents replied Never or Almost Never to this question (32% and 16%, respectively), compared to Public Setting respondents (7% and 12%, respectively).

Significant relationships were found between Gender and Supervision, x^2 (3, n = 223) = 12.92, p < .01, and Gender and Consultation, x^2 (3, n = 301) = 14.48, p < .01. The relationship between Gender and Team/Agency Meetings was non-significant, and

although options were combined to increase cell sizes, cross-tabulations could not be performed for either Gender and Research or Gender and Teaching Purposes due to insufficient cell sizes.

The results of the Gender and Supervision analysis showed that: (a) more Males than Females said they Always use identifiable client information in Supervision (26% Males, 17% Females); (b) more Males than Females use identifiable client information Almost Always in this setting (23% Males, 15% Females); (c) more Males than Females chose Sometimes as well (25% Males, 20% Females); and more Females than Males chose Never or Almost Never for this question (Never: 32% Females, 17% Males; Almost Never, 16% Females, 8% Males).

The Gender and Consultation analysis showed that: (a) more Males (24%) than Females (15%) said they Always use identifiable client information in Consultation; (b) more Males (22%) than Females (15%) said they Almost Always do; (c) more Males (27%) than Females (22%) also said they Sometimes do; (d) more Females (20%) than Males (12%) said they Almost Never use identifiable client information in Consultation; and (e) more Females (28%) than Males (15%) said they Never do.

The second survey question for the CSA principle Identifying Purposes was the following:

2. If you answered 3 (Sometimes), 4 (Almost Always), or 5 (Always) to any of the items in the question above, please indicate whether or not you inform clients that their information will be used in those situations. (Response options: Never, Almost Never, Sometimes, Almost Always, Always). Table 7 shows respondents' frequency of informing clients of the use of identifiable information.

Table 7

Frequency of Informing Clients of the Use of Identifiable Information

Option	Frequency	Percentage
Never	14	4
Almost never	13	5
Sometimes	37	12
Almost always	57	18
Always	115	36
N/A	77	24

Note. N/A = not applicable (did not answer Sometimes, Almost Always, or Always to the previous question); n = 313

Chi-square analysis of this variable showed that the frequency of responses varied significantly from the expected frequency (47) across options, x^2 (4, n = 236) = 149.76, p < .01. The large result reflects that most respondents (49%) chose the Always option.

Cross-tabulations were performed to explore whether or not significant relationships exist between the dependent and independent variables. The Never and Almost Never, and Always and Almost Always options were combined to avoid insufficient cell sizes. All relationships were found to be non-significant.

The third survey question for the CSA Model Code (1996a) principle Identifying Purposes was the following:

3. Often organizations that employ or contract psychologists need to use client information (with or without identifiers such as name) for program evaluations, funding applications, etc. If asked, would you be able to explain to a client all the purposes for which their personal information is used by the organization you work for? (Response options: Never, Almost Never, Sometimes, Almost Always, Always). The responses are summarized in Table 8.

Table 8

Ability to Explain to Clients all the Purposes for which their Personal Information is Used

Option	Frequency	Percentage
Never	11	3
Almost Never	11	3
Sometimes	24	8
Almost Always	67	21
Always	108	34
N/A	99	31

Note. N/A = not applicable (respondent does not work for an organization); n = 320

Chi-square analysis showed that the frequency of responses differed significantly from the expected frequency (44) for each option, x^2 (4,n = 221) = 162.96, p < .01. The large result reflects the fact that most respondents (79%) chose the Always or Almost Always options. Cross-tabulations did not reveal any significant relationships.

The fourth and final survey question used to explore Identifying Purposes was the following:

4. Sometimes over the course of providing services to client, a new purpose arises for the use of their information that was not anticipated. This might include research, a case presentation at a conference, or a program evaluation. When a new purpose arises for using client information, do you inform clients, regardless of whether or not their name will be included? (Remember to answer according to what you would do if you have never encountered this situation.) (Response options: Never, Almost Never, Sometimes, Almost Always, Always). The frequencies are shown in Table 9.

Table 9

Frequency of Informing Clients of New Purposes for the Use of Their Personal Information

Option	Frequency	Percentage
Never	24	8
Almost Never	50	16
Sometimes	59	19
Almost Always	62	20
Always	117	38

Note. n = 312

Chi-square analysis showed that the frequency of responses differed significantly from the expected frequency (62) for each option, x^2 (4, n = 312) = 74.10, p < .01. As seen in the frequency table above, most respondents (38%) chose the Always category.

Cross-tabulations revealed one significant relationship, between the dependent variable and Gender, x^2 (4, n = 312) = 15.42, p < .01. The responses varied according to Gender in that more Females than Males said they would Always (39%), Almost Always (25%), or Sometimes (20%) explain new purposes for the use of client information to clients. Responses from Males were 36%, 15%, and 18% for the same options, respectively. More Males (24%) than Females (9%) chose the Almost Never option, and responses were the same for the Never option (8%).

Consent

Consent was broken into two different categories for exploration. The first category was Consent to a Procedure, which was comprised of 4 survey questions. The second category of Consent was Consent for the Release of Information, which was comprised of 3 survey questions.

Consent to a Procedure

For the category Consent to a Procedure, the first survey question was the following:

1. Depending on need, psychologists may provide a variety of services to clients,

such as testing, therapy, assessment, etc. Do you obtain consent from clients for the specific procedure being provided? (Response options: Never, Almost Never, Sometimes, Almost Always, Always). Table 10 summarizes these data.

Table 10

Frequency of Obtaining Consent to a Psychological Procedure

Option	Frequency	Percentage
Never	30	9
Almost Never	15	5
Sometimes	39	13
Almost Always	56	17
Always	180	56

Note. n = 320

Chi-square analysis showed that the frequency of responses differed significantly from the expected frequency (64) for all options, x^2 (4, n = 320) = 276.60, p < .01. The large result reflects that the majority of respondents (56%) chose the Always option. Cross-tabulations did not reveal any significant relationships.

The second survey question that explored Consent to a Procedure was the following:

2. In what form is consent obtained for the procedures outlined in the previous question? (Response options: Verbal, Written, Combination Verbal/Written, Other)

One hundred fourteen (37%) respondents said they obtain consent verbally only, 61 (20%) said they use written consent forms only, and 131 (41%) said they use a combination of verbal and written consent (n = 306).

Chi-square analysis showed that the frequency of responses differed significantly from the expected frequency (102) for all options, x^2 (2, n = 306) = 26.14, p < .01. This result, although significant, reflects a fairly even distribution of responses across all three options; however, the second largest number (37%) said they use verbal consent only and no written consent form, a point which will be discussed in the next chapter.

Cross-tabulations revealed only one significant relationship, between the dependent

variable and Years in Practice, x^2 (6, n = 304) = 22.54, p < .01. In all four Year categories the exclusive use of a written format garnered the smallest number of responses. All Year groups were evenly tied in their use of an exclusively Verbal format except the 6-10 Year group, which uses this format significantly less. And lastly, the >20 Years group indicated they use the Combination format less than the other Year groups.

The third survey question for Consent for Services was the following:

3. At what point is consent usually obtained for the services outlined in question #1, above? (Response options:Beginning of First Session, End of First Session, 2nd or Subsequent Sessions). The results are shown in Table 11.

Table 11

Point at Which Consent For Services is Obtained

Option	Frequency	Percentage
Beginning of First Session	213	66
End of First Session	64	20
During Second or Subsequent Session	32	10
N/A: I do not obtain consent for services	11	3

Note. n = 320

Chi-square analysis showed that the frequency of responses differed significantly from the expected responses (103) for all options, x^2 (2, n = 309) = 181.18, p < .01. The large result reflects the fact that most respondents (69%) chose the Beginning of First Session option. Cross-tabulations did not reveal any significant relationships.

The final survey question regarding Consent for Services was the following:

4. If the service being offered to a client changes (e.g., from assessment to therapy), do you obtain renewed consent for the new service? (Response options: Never, Almost Never, Sometimes, Almost Always, Always). The frequencies are shown in Table 12.

Table 12

Frequency of Obtaining Renewed Consent for New Services

Option	Frequency	Percentage
Never	55	17
Almost Never	41	13
Sometimes	46	14
Almost Always	54	17
Always	118	37
N/A	5	2

Note. N/A = not applicable (e.g., I offer one type of service only); n = 319

Chi-square analyses showed that the frequency of responses differed significantly from the expected frequency (63) for each option, x^2 (4, n = 314) = 62.78, $p < .01$. Again, most respondents chose the Always category (38%). Cross-tabulations did not reveal any significant relationships.

Consent For the Release of Information

The second category of the CSA Model Code (1996a) principle Consent was Consent for the Release of Information. The first question for this topic was the following:

1. In order to provide quality health care, psychologists often need to share client information with third parties such as other health care providers. Do you obtain consent from clients before sharing their information with third parties? (Response options: Never, Almost Never, Sometimes, Almost Always, Always). The frequencies are shown in Table 13.

Table 13

Frequency of Obtaining Consent Before Sharing Client Information

Option	Frequency	Percentage
Never	3	1
Almost Never	3	1
Sometimes	14	4
Almost Always	77	24
Always	224	70

Note. n = 321

Chi-square analysis showed that the frequency of responses differed significantly from the expected frequency (64) for all options, x^2 (4, n = 321) = 556.24, p < .01. The large result reflects that most respondents (70%) chose the Always option for this question.

The options Never, Almost Never, and Sometimes were combined before performing cross-tabulations (the new option was renamed Almost Never). The analysis revealed one significant relationship, involving the variable Public/Private Work Setting, x^2 (2, n = 302) = 14.12, p < .01. The responses varied according to Work Setting as follows: (a) more Private Setting respondents (82%) said they Always obtain consent before sharing client information compared to Public Setting respondents (62%); (b) more Public Setting respondents (29%) said they Almost Always obtain consent compared to Private Setting respondents (15%); and (c) more Public Setting respondents (9%) said they Almost Never obtain consent before sharing client information compared to Private Setting respondents (3%).

The second survey question used to explore Consent for the Release of Information was the following:

2. If you obtain consent, in what form is it obtained? (Response options: Written, Verbal, Combination).

One hundred thirty-eight respondents (43%) indicated that they use written consent forms; 8 (3%) obtain consent verbally only, and 175 (54%) use a combination of

written and verbal consent before releasing client information (n = 321). Chi-square analysis showed that the responses varied significantly from the expected frequency (107) for each option, x^2 (2, n = 321) = 143.79, p < .01. The large result reflects that very few respondents (3%) chose the Verbal Format option. Cross-tabulations could not be performed due to the small number of responses to the Verbal option. Conceptually, this option could not be combined with one of the others. It was also decided that performing cross-tabulations using only the Written and Combination options would not yield useful information because the two are not sufficiently distinct categories.

The final survey question used to explore Consent for Release of Information was the following:

3. If you use a written consent form, please indicate which of the following elements it contains: (Response options: Who the records are being released to, The records to be released, The purpose or intended use of the information, The date the form was signed, An expiry date, Any limitation on the data to be provided, Signature of the client, or Signature of the person authorizing the release, Other). The frequency of responses is shown in Table 14.

Table 14

Elements of Written Consent Forms

Element	Frequency	Percentage
Who records are being released to	309	17
Records to be released	266	14
Purpose/intended use of the information	202	11
Date consent form was signed	308	16
Expiry date	146	8
Other limitations on the data (e.g., limiting further disclosure)	87	5
Signature of client	305	16
Signature of parent or guardian, if required	207	11
Other	39	2
N/A: I do not use written consent forms	7	0

Note. Respondents could choose more than one answer; total responses = 1876;

percentages are based on total number of responses.

Figure 2 displays the percentages from the previous table in a pie chart for easier comparison.

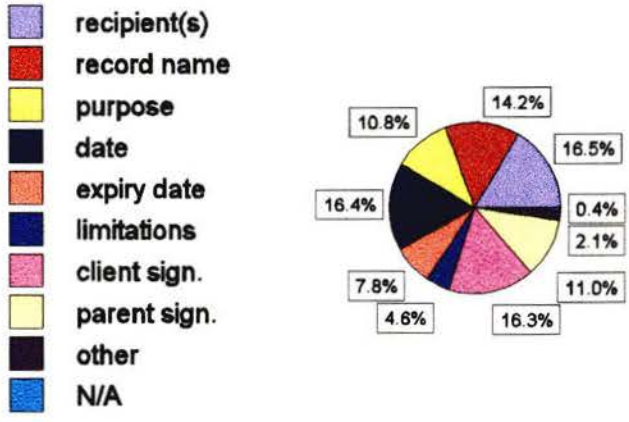

Figure 2. Frequency of use of elements of consent forms, as percentages.

Two different sets of chi-square analyses were performed. First, each option was analysed to determine whether the number of respondents who chose that option differed significantly from the number who did not choose it. Second, chi-square analysis was used to compare all options, to determine whether the response rate differed significantly between them. The analysis of each individual option is given in Table 15.

Table 15

Chi-square Results For Each Element of Written Consent Forms

Option	x^2
Who records are being released to	274.79, $p < .01$
Records to be released	138.70, $p < .01$
Purpose/intended use of the information	21.46, $p < .01$
Date signed	271.12, $p < .01$
Expiry date for the use of the information	2.62, $p > .01$*
Limitations on the information	67.32, $p < .01$
Client signature	260.19, $p < .01$
Parent signature	26.94, $p < .01$
N/A: I do not use consent forms	293.61, $p < .01$

Note. n = 321 and degrees of freedom = 1 for each variable; *indicates non-significant relationships.

As seen in the Table 15, most of the analyses yielded a large, significant chi-square result, reflecting the fact that more respondents said they do include that option on their written consent forms than those who do not. However, there were some exceptions. One option yielded a non-significant result (Expiry date for the use of the information), meaning that the number of those who indicated they do include this element was not significantly different from the number who do not include it. In fact, more respondents (175) said they do not include this element compared to those who do (146). As well, one other analysis showed that a significantly greater number of respondents said they do not include this element compared to those who do. This was the Limitations on Information option (234 did not select this option compared to 87 who did). Finally, the option N/A: I do not use consent forms was also significant for the same reason (more respondents did not choose this option compared to those who did), but that result was to be expected given the data cited above on use of consent forms.

The second chi-square analysis compared the frequency of responses across all options, x^2 (7, n = 1876) = 204.55, $p < .01$. The large chi-square result reflects the difference between the expected frequency, which was 244 for each option, and the

observed frequencies. It also reflects the range in number of responses across options (from 17% for Who Records Are Released to, to 5% for Limitations On the Information).

The total number of cross-tabulation analyses for this question was forty (8 dependent variables multiplied by the five independent variables). For easier interpretation, the forty analyses have been divided into two sets: (a) where the majority of respondents indicated they do include this element on their written consent forms (total of 29 sets); and (b) where the majority of respondents indicated they do not include this element on their written consent forms (11 sets).

Starting with set (a), cross-tabulations revealed three significant relationships. The first significant relationship involved Gender and Recipient of Records, x^2 (1, n = 321) = 6.59, $p < .01$. More Female respondents (99%) than Male respondents (93%) include this element on their consent forms. The second significant relationship involved Gender and Date Signed, x^2 (1, n = 321) = 7.68, $p < .01$. More Female respondents (99%) than Male respondents (93%) include this element on their consent forms. The third significant relationship in this set involved Work Setting and Parent Signature, x^2 (1, n = 302) = 11.71, $p < .01$. It appears that a greater number of respondents from the Public Work Setting category (73%) include this element on their consent forms than those in the Private Work Setting category (55%).

Set (b) contained 8 sets of analyses. The pattern of responses for these relationships was that more respondents indicated they do not include the element on their consent forms than those who do. There was one significant relationship in this set, which involved the variables Expiry Date and Geographic Setting, x^2 (1, n = 320) = 8.25, $p < .01$. More Rural respondents (76%) said they do not include this element compared to Urban respondents (70%).

Limiting Collection

There were two survey questions used to explore the principle of Limiting Collection. The first survey question asked the following:

1. When recording client information, do you generally: (a) Record as much detail

as possible, excluding nothing; (b) Record as much detail as possible, intentionally excluding some information; (c) Record the minimum amount of information needed to ensure accurate recall; (d) Keep no records at all; or (e) Keep two sets of records, one for yourself and one for the client's file. The data are shown in Table 16.

Table 16

Information Recording Practices

Option	Frequency	Percentage
No information excluded	40	13
Exclude some information	67	21
Record minimum information only	195	61
Keep no records at all	3	1
Keep two sets of records	14	4

Note. n = 319

Chi-square analysis showed that the frequency of responses differed significantly from the expected frequency (64) for each option, x^2 (4, n = 319) = 375.66, $p < .01$. The large result reflects the fact that most respondents (61%) chose the option Record Minimum Information Only, and only 3 (1%) chose Keep No Records At All.

The option Keep No Records At All was excluded from the cross-tabulations because it would have generated insufficient cell sizes. The analysis did not reveal any significant relationships.

The second survey question used to explore Limiting Collection was the following:

2. If you intentionally exclude some information from a client's record, please indicate what it is (circle as many as apply). (Response options: Illegal behaviour, Sexual practices, Your hunches, speculations, or guesses, Your value judgments, Your emotional reactions/responses, Your personal opinions, Other, N/A: I do not intentionally exclude any information). Table 17 shows the frequency data.

Table 17

Information Routinely Excluded From Client Records

Option	Frequency	Percentage
Illegal behaviour	70	8
Sexual practices	66	7
Hunches, speculations, and guesses	136	15
Value judgments	195	21
Emotional reactions	177	19
Personal opinions	138	15
Other	52	6
N/A: I do not exclude any information	79	9

Note. Respondents could choose more than one answer; total number of responses = 913; percentages are based on total number of responses.

Two different sets of chi-square analyses were performed. First, each option was analysed to determine whether the number of respondents who chose that option (i.e., exclude that information from their records) differed significantly from the number who did not choose it (i.e., include that information in their records). Second, chi-square analysis was used to compare all options, to determine whether the response rate differed significantly between them. The result for each individual option is given in Table 18.

Table 18

Chi-square Results of Each Item of Information Excluded From Records

Option	x^2
Illegal behaviour	102.10, $p < .01$
Sexual practices	111.28, $p < .01$
Hunches, speculations, guesses	7.48, $p < .01$
Value judgments	14.83, $p < .01$
Emotional reactions/responses	3.61, $p = .057$*
Personal opinions	6.31, $p < .01$
Do not exclude any information	82.77, $p < .01$

Note. n = 321; degrees of freedom = 1; *indicates non-significant relationships.

Of the seven analyses above, six were significant and one was not (Emotional

Reactions/Responses), meaning that the number of respondents who chose that option (177) was not significantly different from the number who did not (143). As well, only one option was significant because the number of respondents who chose that option was significantly greater than the number who did not (Value Judgments); the remaining options were significant because the number of respondents who chose it was significantly less than the number who did not.

The chi-square result of the frequency of responses across all options was x^2 (6, n = 913) = 130.27, p < .01. The large result reflects that the frequency of responses differed significantly from the expected frequency of 128 for each option.

Cross-tabulations of each option (dependent variables) and the five independent variables revealed two significant relationships: (a) Gender and Value Judgments, x^2 (n = 321) = 11.38, p < .01, in which more Females (69%) chose to exclude Value Judgments than Males (51%); and (b) Gender and Personal Opinions, x^2 (n = 321) = 9.88, p < .01, in which again more Females (52%) chose to exclude their Personal Opinions than Males (34%).

Limiting Use, Disclosure, and Retention

The topics explored under this principle were Limits of Confidentiality, Third Party Access, and Retention of Records.

Limits of Confidentiality

There were five survey questions designed to explore Limits of Confidentiality. The first survey question for this topic was the following:

1. Do you inform clients of the limits to confidentiality? (Response options: Never, Almost Never, Sometimes, Almost Always, Always). The frequencies are shown in Table 19.

Table 19

Frequency of Informing Clients of Limits of Confidentiality

Option	Frequency	Percentage
Never	2	1
Almost Never	7	2
Sometimes	26	8
Almost Always	65	20
Always	219	69

Note. n = 319

Chi-square analysis showed that the frequency of responses differed significantly from the expected frequency (64) for each option, x^2 (4, n = 319) = 510.39, p < .01. The large result reflects the fact that the majority of respondents (69%) chose the Always option.

In order to avoid insufficient cell sizes, the options Never and Almost Never, and Always and Almost Always were combined before performing cross-tabulations, and no significant relationships were found.

The second survey question that explored limits of confidentiality was the following:

2. Please indicate if any of the following are limits you place on the confidentiality of client information (in other words, would you break confidentiality under any of the following circumstances?) (Response options: Never, Almost Never, Sometimes, Almost Always, Always). The data are shown in Table 20.

Table 20

Willingness to Break Confidentiality Under Specified Conditions (in percentages)

Option	Never	Almost Never	Sometimes	Almost Always	Always
Child in Danger (n = 321)	0(0)	3(1)	3(1)	36(11)	279(87)
Client Danger to Self (n = 321)	0(0)	7(2)	17(5)	75(23)	222(69)
Client Danger to Others (n = 321)	0(0)	4(1)	12(4)	57(18)	248(77)
Subpoena (n = 307)	0(0)	12(4)	44(14)	63(21)	188(61)
Reportable Disease (n = 291)	0(0)	91(31)	57(20)	61(21)	82(28)
Unsafe Driver (n = 302)	0(0)	39(13)	51(17)	67(22)	145(48)

Note. Figures in brackets are percentages.

The data are also shown in figure 3 for easier comparison.

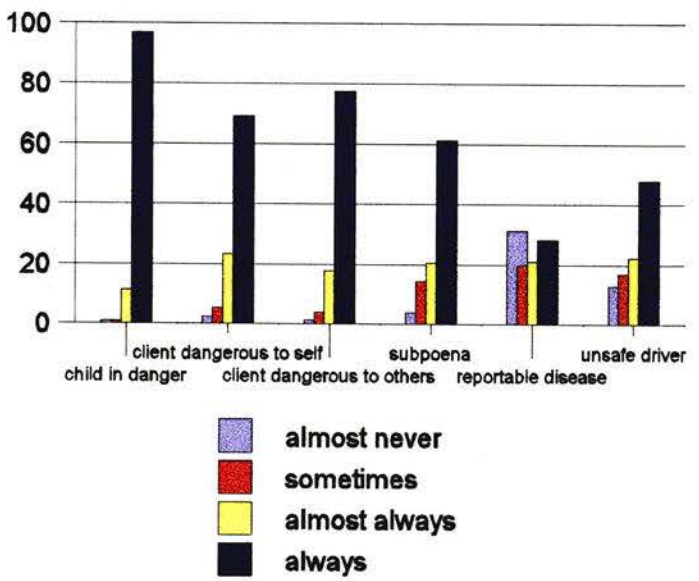

Figure 3. Willingness to break confidentiality under specified conditions, as percentages.

As can be seen from the frequency charts, there was only one option for which more respondents chose the Almost Never category more often than the Always category, which was Reportable Disease. Chi-square analyses of each dependent variable gave the

following results:

(a) Child in Danger, x^2 (3, n = 321) = 665.36, p < .01-- the large result reflects the large number of responses in the Always category.

(b) Client Dangerous to Self, x^2 (3, n = 321) = 367.44, p < .01-- again, the large result reflects the large number of responses in the Always category.

(c) Client Dangerous to Others, x^2 (3, n = 321) = 487.89, p < .01-- the large result reflects large number of responses in the Always category.

(d) Subpoena, x^2 (3, n = 307) = 232.32, p < .01-- the large result reflects large number of responses in the Always category.

(e) Reportable Disease, x^2 (3, n = 291) = 11.06, p < .05-- the smaller result reflects a more even distribution of responses. Compared to the other variables, the largest number of respondents (31%) said they would Never or Almost Never break confidentiality in this circumstance.

(f) Unsafe Driver Due to Medical Condition, x^2 (3, n = 302) = 90.53, p < .01-- the largest number of responses occurred in the Always category.

(g) I Never Break Confidentiality For Any Reason, x^2 (1, n = 322) = 314.05, p < .01-- the large result reflects the fact that only 2 respondents chose this option.

There were also 12 (4%) written responses in the 'Other' category, which will be discussed in the next chapter.

There were 35 possible sets of cross-tabulations to be performed (7 dependent variables multiplied by 5 independent variables). Of these, 15 could not be performed due to insufficient cell sizes. Of the remaining 20, none were significant.

The third survey question that explored limits of confidentiality was the following:

3. In what format do you provide information about the limits of confidentiality? (Response options: Written, Verbal, Combination, N/A: I do not inform clients of any limits).

Thirty-one respondents (10%) said they use a Written Format only; 171 (53%) said they use a Verbal Format only; 115 (36%) said they use a Combination Written and

Verbal Format; and 4 (1%) said they do not inform clients of the limits of confidentiality (n = 321).

The results showed that the frequency of responses differed significantly from the expected frequency (106) for all options, x^2 (2, n = 317) = 93.98, p < .01. The large result reflects the large number of responses for the Verbal Format (36%), and the small number who said they do not inform clients of the limits of confidentiality (1%).

Cross-tabulations did not reveal any significant relationships between the dependent and independent variables.

The fourth survey question used to explore limits of confidentiality was the following:

4. At what point are clients informed about the limits to confidentiality? (Response options: Beginning of First Session, End of First Session, 2nd or Subsequent Sessions, When and If the Need Arises, N/A: I Do Not Inform Clients of Any Limits). Table 21 shows the data.

Table 21

Point at which Information about the Limits of Confidentiality is Given

Option	Frequency	Percentage
Beginning of First Session	230	72
End of First Session	30	9
Second Session or Later	2	1
When and If Need Arises	55	17
N/A: I do not inform clients	4	1

Note. n = 321

Chi-square analysis was performed after excluding the N/A option. The analysis showed that the frequency of responses varied significantly from the expected frequency (79) for each option, x^2 (3, n = 317) = 400.10, p < .01. The large result reflects that most respondents (72%) chose the first option, and very few (1%) chose the third option.

Cross-tabulations were performed after excluding the Second Session or Later option, because it generated cell sizes that were too small for the analysis. As well, this

option was not combined with another, such as the End of First Session option, because all options are conceptually distinct. The cross-tabulation results revealed one significant relationship, involving the Years in Practice variable, x^2 (6, n = 312) = 18.76, p < .01. The frequency of responses varied according to number of Years in Practice as follows: (a) the number of respondents who said that they inform clients of the limits of confidentiality When and If the Need Arises increased as the number of Years in Practice increased (0-5 Years, 6%; 6-10 Years, 11%; 11-20 Years, 22%; and >20 Years, 24%); (b) the number of respondents who said they inform clients of the limits of confidentiality at the End of the First Session increased as the number of Years in Practice increased (0-5 Years, 4%; 6-10 Years, 6%; 11-20 Years, 10%; and >20 Years, 13%); (c) lastly, the number of respondents who said they inform clients at the Beginning of the First Session decreased as the number of Years in Practice increased (0-5 Years, 91%; 6-10 Years, 84%; 11-20 Years, 68%; >20 Years, 64%).

The final survey question used to explore limits of confidentiality was the following:

5. If/When the need arises for you to break confidentiality, do you attempt to obtain consent first? (Response options: Never, Almost Never, Sometimes, Almost Always, Always). The frequencies are shown in Table 22.

Table 22

Frequency of Obtaining Consent Before Breaking Confidentiality

Option	Frequency	Percentage
Never	13	4
Almost Never	13	4
Sometimes	58	18
Almost Always	101	32
Always	130	41

Note. n = 315

Chi-square analysis showed that the frequency of responses differed significantly from the expected frequency (63) for all options, x^2 (4, n = 315) = 173.94, p < .01. The

large result reflects that most respondents chose the Almost Always and Always options (73% combined). Cross-tabulations did not reveal any significant relationships.

Third Party Access

The second topic explored under Limiting Use, Disclosure, and Retention was Third Party Access. Third Party Access is the process whereby someone other than the client requests access to the information in the client's record. Third Party Access was further subdivided into sections: Parental Access, requests for access to records of Deceased Clients, and the Subpoena of records by courts of law.

There were ten survey questions created to explore Parental Access. The first survey question was the following:

1. How often have you had requests by parents/guardians for access to the file of a minor client? (Response options: Never, A few times, A moderate number of times, Many times, N/A: I do not work with minors). The data are shown in Table 23.

Table 23

Frequency of Requests For Access By Parents of Minor Clients

Option	Frequency	Percentage
Never	137	43
A few times	105	33
Moderate number of times	24	7
Many times	10	3
N/A: I do not work with minors	45	14

Note. n = 321

Chi-square analysis showed that the frequency of responses differed significantly from the expected frequency (69) for each option , x^2 (3, n = 276) = 165.60, $p < .01$. The large result reflects the large number of respondents who chose the options Never and A Few Times (88% combined).

In order to avoid insufficient cell sizes in the cross-tabulations, the categories Many times and Moderate number of times were combined. Cross-tabulations did not reveal any significant relationships. The second survey question used to explore Parental Access was the following:

2. Please indicate how you handled or would handle the situation in the previous question: (a) Deny access out of respect for the child's right to privacy, regardless of the child's age; (b) Grant access to parents/guardians of children you do not consider to be 'mature minors,' but obtain consent first from children who you do consider to be mature minors; (c) Grant access with or without the consent of the child, regardless of age; (d) Other. The frequencies are shown in Table 24.

Table 24

Frequency of Responses to Options For Handling Parental Requests For Access

Option	Frequency	Percentage
Deny access out of respect for child's privacy, regardless of age of child	31	12
Grant access to parents of children who are not mature minors, obtain consent from children who are mature minors	214	82
Grant access without consent, regardless of age	17	7
Other	39	12

Note. n = 301

Chi-square analysis showed that the frequency of responses differed significantly from the expected frequency (87) for each option, x^2 (2, n = 262) = 276.70, p < .01. The large chi-square result reflects the large number of responses for the second option (82%).

Cross-tabulations revealed one significant relationship, between the dependent variable and Work Setting, x^2 (2, n = 246) = 19.15, p < .01. The responses varied as follows: (a) more Public Setting respondents (9%) chose the first option (deny access) compared to Private Setting respondents (2%); for the second option (deciding to grant access based on whether or not the client is a mature minor), again more Public Setting respondents (86%) chose this option compared to Private Setting respondents (77%); and (c) more Private Setting respondents (21%) chose the third option (grant access to parents regardless of child's age) compared to Public Setting respondents (5%).

The third survey question regarding Parental Access was the following:

3. How often have you had requests to access a mature minor's record by the parents/guardians, against the minor's wishes? (Response options: Never, A Few Times, A Moderate Number of Times, Many Times, N/A: I do not work with minors). The frequencies are shown in Table 25.

Table 25

Frequency of Requests for Access to Minor's Record By Parents/Guardian Against Minor's Wishes

Option	Frequency	Percentage
Never	213	66
A Few Times	57	18
A Moderate Number of Times	1	0
Many Times	0	0
N/A: I do not work with minors	51	18

Note. n = 322

The frequency of responses differed significantly from the expected frequency (90) for each option, x^2 (2, n = 271) = 267.23, p < .01. The large result reflects the large number of responses for the Never option (79%), and the small number for the options Moderate and Many Times (0.4% combined).

The categories A Few Times, A Moderate Number of Times, and Many Times were combined before performing cross-tabulations. Cross-tabulations revealed one significant relationship, between the dependent variable and Gender, x^2 (1, n = 271) = 10.98, p < .01. It appears that more males (30%) than females (14%) receive requests for access by parents of minor clients, against the minors' wishes.

The next survey question regarding Parental Access was the following:

4. Please indicate how you handled or how you would handle the situation in the previous question: (a) Deny access out of respect for the child's right to privacy; (b) Grant access without the minors' consent; (c) Try to convince the minor to consent to parental/guardian access; (d) Try to obtain consent from the minor to release part of the record only; (e) Other. The data are shown in table 26.

Table 26

Responses To Requests For Access By Parents of Mature Minor Clients, Against the Clients' Wishes

Option	Frequency	Percentage
Deny access out of respect for minor's right to privacy	91	32
Grant access without minor's consent	9	3
Try to convince minor to consent to parents' request	40	14
Try to obtain consent from the minor for release of part of the record	91	32
Other	56	20

Note. n = 287

Chi-square analysis showed that the responses differed significantly from the expected frequency of 58, x^2 (3, n = 231) = 84.90, p < .01. The result reflects the fact that most respondents chose options (a) and (d) (39% each), while only nine chose option (b). Also note that there were quite a few written responses to the Other option, which will be discussed in the next chapter.

Cross tabulations were performed after eliminating option (b) Grant Access Without Minor's Consent, because of the low number of responses. Because the options for this variable are discrete, option (b) could not be combined with other options. One significant relationship was found, involving the dependent variable and Work Setting, x^2 (2, n = 208) = 13.92, p < .01. The responses differed according to Public or Private Work Setting as follows: for option (a) (Deny Access), more Private Setting respondents (47%)chose this option compared to Public Setting respondents (36%); for option (b) (Convince Minor to Grant Access), more Public Setting respondents (27%)chose this option compared to Private Setting respondents (7%); and for option (c) (Release Part of Record), more Private Setting respondents (46%) chose this option compared to Public Setting respondents (38%).

The fifth survey question regarding Parental Access was the following:

5. How often have you had requests to access a minor's record by a non-custodial parent? (Response options: Never, A Few Times, Moderate Number of Times, Many Times, N/A: I do not work with minors). The frequencies are shown in Table 27.

Table 27

Frequency of Request for Access to Minor's Record By Non-Custodial Parent

Option	Frequency	Percentage
Never	182	57
A Few Times	79	25
Moderate Number of Times	2	1
Many Times	1	0
N/A: I do not work with minors	57	18

Note. n = 321

Chi-square analysis showed that the frequency of responses differed significantly from the expected frequency (66) for each option, x^2 (3, n = 264) = 332.52, p < .01. The large result reflects the large number of responses for the options Never and A Few Times (98% combined).

Cross-tabulations were performed after combining the categories Many Times, Moderate Number of Times, and A Few Times (the category was renamed A Few Times). A significant relationship was found between the dependent variable and Work Setting, x^2 (1, n = 249) = 11.56, p < . 01. The response rate varied as follows: more Public Setting respondents (40%) have received requests for access from non-custodial parents than Private Setting respondents (20%). Conversely, more Private Setting respondents (80%) have Never received this type of request than Public Setting respondents (60%).

The next survey question that explored Parental Access was the following:

6. Please indicate how you handled or would handle the situation in the previous question: (a) Grant access, because the non-custodial parent has that right; (b) Obtain consent from both the non-custodial parent and the minor first; (c) Obtain consent first from the custodial parent only; (d) Deny access and inform the non-custodial parent that he/she will require a court order to obtain access to the records; (e) Other. The data are

shown in Table 28.

Table 28

Responses To Request For Access To Minor Clients' Records By Non-Custodial Parents

Option	Frequency	Percentage
Grant access, because the non-custodial parent has that right	3	1
Obtain consent from both the custodial parent and the minor first	185	66
Obtain consent first from the custodial parent only	39	14
Deny access and inform the non-custodial parent he/she will require a court order to obtain access	51	18
Other	3	1

Note. n = 281

Chi-square analysis showed that the responses differed significantly from the expected frequency (70) for each option, x^2 (3, n = 278) = 273.89, $p < .01$. The large chi-result reflects the large number of responses for option (b) (67%), and the small number for option (a) (1%).

In order to perform cross-tabulations, the first option was suppressed to avoid insufficient cell sizes. No significant relationships were found.

The seventh survey question regarding Parental Access was the following:

7. How often have you had requests for access to a minors' record by a parent who has joint custody, but who does not live with the minor? (Response options: Never, a Few Times, a Moderate Number of Times, Man Times, N/A: I do not work with minors). The frequencies are shown in Table 29.

Table 29

Frequency of Requests for Access to a Minor Client's Record From a Joint-Custodial Parent With Whom the Child Does Not Reside

Option	Frequency	Percentage
Never	177	55
A Few Times	75	23
Moderate Number of Times	9	3
Many Times	1	0
N/A: I do not work with minors	58	18

Note. n = 320

Chi-square analysis showed that the frequency of responses differed significantly from the expected frequency of 66, x^2 (3, n = 262) = 303.44, p < .01. The large chi-square result reflects the large number of responses for the Never option (66%), and the small numbers for the options Moderate and Many Times (4% combined).

The options A Few Times, Moderate, and Many Times were combined before performing cross-tabulations in order to avoid insufficient cell sizes. The analyses revealed one significant relationship, involving the dependent variable and Work Setting, x^2 (1, n = 247) = 9.83, p < .01. For this relationship, the responses differed in the following way: (a) more Public Setting respondents (41%) than Private Setting respondents (22%) said they have received requests for access to minors' records from joint-custody parents a Few Times; and (b) more Private Setting respondents (78%) than Public Setting respondents (59%) said they have Never received this type of request.

The next survey question that explored Parental Access was the following:

8. Please indicate how you handled or would handle the situation in the previous question: (a) Grant access, because each parent in a joint custody agreement has that right; (b) Obtain consent from the minor and parent with whom the minor resides first; (c) Obtain consent from the parent with whom the minor resides first; (d) Deny access and inform the parent that he/she will need a court order to obtain access. The data are shown in Table 30.

Table 30

Responses to Requests For Access to Minor Clients By Joint Custody Parent

Option	Frequency	Percentage
Grant access, because each parent in a joint custody agreement has that right	78	29
Obtain consent from the minor and the parent with whom the minor resides first	160	58
Obtain consent only from the parent with whom the minor resides first	18	7
Deny access and inform the parent that he/she will need a court order to obtain access	13	5
Other	5	2

Note. n = 274

Chi-square showed that the frequency of responses differed significantly from the expected frequency of 67.3 for all options, x^2 (3, n = 269) = 209.47, p < .01. The large chi-square result reflects the large number of responses for option (b) (59%), and the small numbers for options (c) and (d) (7% combined). Due to insufficient response rates for options (c) and (d), and because the options for this variable are discrete and therefore not suitable for combining, cross-tabulations could not be performed.

The ninth survey question regarding Parental Access was the following:

9. How often have you had requests for access to a minor client's record by one parent/guardian against the wishes of the other parent/guardian? (Response options: Never, A Few Times, Moderate Number of Times, Many Times, N/A: I do not work with minor clients). The frequencies are shown in Table 31.

Table 31

Frequency of Requests for Access To Minor Client's Record By One Parent Against the Wishes of the Other Parent

Option	Frequency	Percentage
Never	215	68
A Few Times	49	15
Moderate Number of Times	0	0
Many Times	0	0
N/A: I do not work with minors	54	17

Note. n = 318

Chi-square analysis showed that the frequency of responses differed significantly from the expected frequency of 132 for all options, x^2 (1, n = 264) = 104.38, p < .01. The large chi-square result reflects the large number of responses for the Never option (81%), and the absence of responses for the options Moderate and Many Times.

Cross-tabulations revealed one significant relationship, involving the variable Level of Degree, x^2 (1, n = 263) = 6.82, p < .01. Responses differed according to Level of Degree in that more Masters Level respondents (30%) compared to Doctorate Level respondents (15%) said they receive requests for access to minor clients' records by one parent against the wishes of the other. Similarly, more Doctorate Level respondents (85%) compared to Masters Level respondents (70%) said they have Never received a request of this type.

The tenth and final survey question regarding Parental Access was the following:

10. Please indicate how you handled or would handle the situation in the previous question: (a) Grant access if the minor agrees; (b) Deny access unless both parents agree; (c) Deny access unless a court orders the records released; (d) Other. The data are shown in Table 32.

Table 32

Responses to Requests For Access to Minor Clients' Records By One Parent Against the Wishes of the Other Parent

Option	Frequency	Percentage
Grant access if minor client agrees	87	32
Deny access unless both parents agree	61	23
Deny access unless a court orders the release of the records	67	25
Other	54	20

Note. n = 269

Chi-square analysis showed that the frequency of responses differed significantly from the expected frequency of 71 for all options, x^2 (2, n = 215) = 5.17, $p < .05$. This relatively low chi-square value (in comparison to previous frequency results) means the responses were more evenly distributed across the options. Again, there were a large number of written responses in the Other category, which will be discussed in the next chapter. Cross-tabulations did not reveal any significant relationships.

The second sub-category of Third Party Access explores requests for Access to the Records of Deceased Clients. Three survey questions were created to look at this situation. The first survey question was the following:

1. How often have you had requests by family or others for access to the records of a deceased clients? (Response options: Never, A Few Times, Moderate Numbers of Times, Many Times, N/A: I do not work directly with clients). The frequencies are shown in Table 33.

Table 33

Frequency of Requests for Access to Records of Deceased Clients

Option	Frequency	Percentage
Never	286	89
A Few Times	32	10
Moderate Number of Times	0	0
Many Times	0	0
N/A: I do not work directly with clients	4	1

Note. n = 322

Chi-square analysis showed that the frequency of responses differed significantly from the expected frequency (159) for each option, x^2 (1, n = 318) = 202.88, p < .01. The large chi-square result is due to the significant difference between the number of respondents who have Never received a request of this type (90%) and those who have. Cross-tabulations did not reveal any significant relationships.

The second survey question regarding Access to the Records of Deceased Clients was the following:

2. If you have granted access as in the previous question, please indicate the shortest period between the time the client passed away and the time access was granted. (Response options: Less than one year, 1-5 Years, 6-20 Years, More than 20 Years, N/A). The frequencies are shown in Table 34.

Table 34

Length of Time Between Death of Client and Release of Client Records to Third Party

Option	Frequency	Percentage
Less than one year after death of client	19	6
1 to 5 years later	11	3
6 to 20 years later	4	1
More than 20 years later	0	0
Access was denied	2	1
N/A: I have never granted access in this situation	283	89

Note. n = 319

Because of excluding the large number of responses for the N/A option, the following changes should be noted: (a) 53% of respondents said they released records Less Than One Year After the Death of the Client; (b) 31% said they released records 1-5 Years later; (c)11% said they released records 6-20 Years later; and (d) 6% said they denied access. The chi-square result was x^2 (3, n = 36) = 19.78, $p < .01$, with an expected frequency of 9. Cross-tabulations could not be performed because too many options contained insufficient numbers.

The final survey question created to explore the topic of Access to the Records of Deceased Clients was the following:

3. If access to the records of a deceased client was requested as in question #1, above, and denied by you, please indicate your reason(s) why: (a) I felt it was a violation of the deceased client's privacy rights; (b) Fear that the information might be harmful to the person(s) requesting access; (c) Fear that the information might lead to a lawsuit; (d) Other; (e) N/A. The data are shown in Table 35.

Table 35

Reasons For Denying Access to Request For Records of Deceased Client

Option	Frequency	Percentage
felt it was a violation of the deceased's privacy rights	41	13
Fear that the information might be harmful to the person(s) requesting access	11	4
Fear that the information might lead to a lawsuit	2	1
Other	5	2
N/A	259	81

Note. n = 318

Because of excluding the large number of responses for the N/A option, the following changes should be noted: (a) 70% said they denied access because it was a Violation of the Deceased's Privacy Rights; (b) 19% said they denied access out of Fear That the Information Would Be Harmful; (c) 3% said they denied access because of Fear of a Lawsuit; and (d) 9% gave a written reason in the Other category (n = 59). Chi-square

analysis showed that the frequency of responses differed significantly from the expected frequency (15) for each option, x^2 (3, n = 59) = 65.14, p < .01. As seen from the percentages cited above, a significant number of respondents said they denied access because they thought it would be a Violation of the Deceased's Privacy Rights. Cross-tabulations could not be performed due to insufficient responses.

The last sub-category of Third Party Access explores the issue of the subpoena of psychologists' records. Five survey questions were created to explore this topic. The first survey question was the following:

1. Have you ever received a subpoena asking you to release client records for legal purposes? (Response options: Never, A Few Times, Moderate Number of Times, Many Times, N/A: I do not work directly with clients). The data are shown in Table 36.

Table 36

Frequency of Subpoena of Records

Option	Frequency	Percentage
Never	97	30
A Few Times	161	50
Moderate Number of Times	39	12
Many Times	24	8
N/A: I do not work directly with clients	1	0

Note. n = 321

Chi-square analyses showed that the frequency of responses differed significantly from the expected frequency (80) for each option, x^2 (3, n = 320) = 145.38, p < .01. The large chi-square result reflects the large number of responses for the A Few Times option (50%), and the small number for the Many Times option (8%). Cross-tabulations did not reveal any significant relationships.

The second survey question created to explore Subpoena of Records was the following:

2. Do you or would you inform the client before releasing records under subpoena? (Response options: Never, Almost Never, Sometimes, Almost Always,

Always). The data are shown in Table 37.

Table 37

Frequency of Informing Clients Before Releasing Records Under Subpoena

Option	Frequency	Percentage
Never	11	3
Almost Never	13	4
Sometimes	35	11
Almost Always	63	20
Always	198	62

Note. n = 320

Chi-square analysis showed that the frequency of responses differed significantly from the expected frequency (64) for each option, x^2 (4, n = 320) = 378.25, p < .01. The large chi-square result reflects the large number of responses for the Always option (62%), and the small numbers for the options Never and Almost Never (7% combined).

Cross-tabulations were performed after combining the categories Never and Almost Never (the new category was renamed Almost Never). One significant relationship was found, between the dependent variable and Gender, x^2 (3, n = 320) = 12.13, p < .01. The response rate varied as follows: (a) more Females (68%) than Males (55%) said they Always inform clients before releasing records under subpoena; (b) the response rate for Males and Females in the Almost Always category was evenly matched (20% Females, 19% Males); (c) more Males (17%) than Females (6%) said they Sometimes inform clients when records are under subpoena; and (d) more Males (9%) than Females (6%) said they Almost Never inform clients in this situation.

The third survey question that explored Subpoena of Records was the following:

3. In the event of the subpoena of your records, did you or would you seek legal advice before releasing the records? (Response options: Never, Almost Never, Sometimes, Almost Always). The data are shown in Table 38.

Table 38

Frequency of Seeking Legal Advice Before Releasing Records Under Subpoena

Option	Frequency	Percentage
Never	27	9
Almost Never	25	8
Sometimes	84	26
Almost Always	49	15
Always	133	42

Note. n = 318

Chi-square analysis showed that the frequency of responses differed significantly from the expected frequency (64) for each option, x^2 (4, n = 318) = 130.11, p < .01. The large chi-square result reflects the large number of responses for the options Always and Almost Always (57% combined).

Cross-tabulations revealed one significant relationship, between the dependent variable and Gender, x^2 (4, n = 318) = 15.15, p < .01. The responses varied according to Gender as follows: (a) more Females (51%) than Males (32%) said they would Always seek legal advice before releasing records under subpoena; (b) Males and Females were closely matched in the Almost Always category (17% Males, 14% Females); (c) more Males (30%) than Females (23%) said they would Sometimes seek legal advice first;(d) more Males (12%) than Females (4%) said they would Almost Never seek legal advice; (e) and Males and Females were again closely matched in the Never category (10% Males, 7% Females). Overall, the greatest difference between the two genders was in the Always category.

The final survey question that explored subpoena of records was the following:

4. Have you ever or would you attempt to resist a subpoena for client records? (Response options: Never, Almost Never, Sometimes, Almost Always, Always). The data are shown in Table 39.

Table 39

Frequency of Resisting Subpoena of Client Records

Option	Frequency	Percentage
Never	90	29
Almost Never	73	23
Sometimes	120	38
Almost Always	10	3
Always	22	7

Note. n = 315

Chi-square analysis showed that the frequency of responses differed significantly from the expected frequency (63) for each option, x^2 (4, n = 315) = 136, p < .01. The large chi-square result reflects the small number of responses for the options Almost Always and Always (10% combined).

The options Almost Always and Always were combined before performing cross-tabulations in order to avoid insufficient cell sizes (the new option was renamed Almost Always). No significant relationships were found.

Retention of Records

1. How long do you keep adult client records after termination of services? (Response options: Destroyed immediately after work with the client is finished, Kept 1-3 years, Kept 4-7 years, Kept 8-20 years, Kept more than 20 years, No specific policy). The data are shown in Table 40.

Table 40

Record Retention Policy, Adult Client Records

Option	Frequency	Percentage
Destroyed immediately	1	0
Kept 1-3 years	16	5
Kept 4-7 years	156	49
Kept 8-20 years	84	26
Kept > 20 years	21	7
No Specific Policy	34	11
N/A	7	2

Note. n = 319

Chi-square analysis showed that the frequency of responses differed significantly from the expected frequency (52) for each option, x^2 (5, n = 312) = 327.35, p < .01. The large chi-square result reflects the small response for the Destroyed Immediately option (.3%), and the large number of responses (50%) for the Kept 4-7 Years option. Cross-tabulations did not reveal any significant relationships. The option 'Destroyed immediately' was excluded from the chi-square analyses because there was only one response in that category, creating insufficient cell sizes for analysis; the variable Years in Practice could not be included either, due to insufficient cell sizes.

The second survey question used to explore Record Retention was the following:

2. How long do you keep child/youth client records after termination of services? (Response options: Destroyed immediately after work with the client is finished; Kept until the client reaches age 19; Same policy as for adults; Other). The data are shown in Table 41.

Table 41

Record Retention Policy, Minor Client Records

Option	Frequency	Percentage
Destroyed immediately	3	1
Kept until minor is19 years of age	23	7
Same policy as for adults	213	67
Other	32	10
N/A: I do not work with minors	37	12
No specific policy	10	3

Note. n = 318

Chi-square analysis showed that the frequency of responses varied significantly from the expected responses (56) for each option, x^2 (4, n = 281) = 555.85, p < .01. The large result reflects the large number of responses (76%) for the Same as For Adults option, and the small number of responses (.01%) for the Destroyed Immediately option.

Cross-tabulations were performed, excluding the option Destroyed Immediately due to the small number of responses. There were no significant relationships found.

The third survey question for Record Retention was the following:

3. If you contract your services, do you indicate in each contract how long client records will be kept after the contract is finished? (Response options: Never, Almost Never, Sometimes, Almost Always, Always). The data are shown in Table 42.

Table 42

Record Retention Policy Specified in Contract

Option	Frequency	Percentage
Never	167	52
Almost never	37	12
Sometimes	19	6
Almost always	19	6
Always	26	8
N/A: I do not have a record retention policy and/or I do not work on contract	52	16

Note. n = 320

Chi-square analysis showed that the frequency of responses varied significantly from the expected frequency (53) for each option, x^2 (5, n = 320) = 305.50, p < .01. The large result reflects the large number of responses (52%) for the Never option.

Cross-tabulations revealed one significant relationship, between the dependent variable and Work Setting, x^2 (5, n = 301) = 17.68, p < .01. More respondents in the Private Work Setting category (63%) compared to the Public Work Setting category (43%) said they Never specify their record retention policy in contracts, while the reverse was true for the Almost Never category (15% Public Work Setting said they Almost Never do, versus 6% in the Private Work Setting category). More than twice as many respondents in the Public Work Setting category (22%) chose the N/A (I do not have a record retention policy and/or I do not do contract work) versus 10% in the Private Work Setting category. All other pairs of Public/Private Work Setting were almost evenly matched.

The final survey question regarding Record Retention was the following:

4. Are client records retained with personal identifiers? (Response options: Never, Almost Never, Sometimes, Almost Always, Always). The data are shown in Table 43.

Table 43

Records Retained With Personal Identifiers

Option	Frequency	Percentage
Never	14	4
Almost Never	4	1
Sometimes	13	4
Almost Always	44	14
Always	243	76

Note. n = 318

Chi-square analysis revealed that the frequency of responses differed significantly from the expected frequency (64) for each option, x^2 (4, n = 318) = 646.87, p < .01. The large chi-square result reflects the large number of responses (76%) for the Always option.

Cross-tabulations were performed after combining the options Never, Almost Never, and Sometimes in order to avoid insufficient cell sizes. There were no significant relationships found.

Accuracy

The CSA Model Code (1996a) principle Accuracy was explored via two survey questions. The first survey question was the following

1. Please indicate at what point you usually update client records. (Response options: During the session; Immediately after each session; Within 24 hours of a session; Within one week of a session; More than one week after a session). The data are shown in Table 44.

Table 44

Updating Records

Option	Frequency	Percentage
During session	64	20
Right after session	111	35
Within 24 hours	90	28
Within one week	45	14
More than one week later	9	3

Note. n = 319

Chi-square analysis showed that the frequency of responses differed significantly from the expected frequency (64) for each option, x^2 (4, n = 319) = 98.29, p < .01. This result is smaller than most of the previous analyses, reflecting a more even distribution of responses across all options. It should be noted that fully 83% of respondents update their records During, Right After, or Within 24 Hours of a session.

Cross-tabulations revealed one significant relationship involving the variable Level of Degree, x^2 (3, n = 309) = 8.22, p < .05. (The category 'More than one week after a session' was excluded because it created insufficient cell sizes). The analysis showed that responses varied according to Level of Degree as follows: (a) slightly more Masters Level respondents (22%) update records during sessions compared to Doctorate Level

respondents (20%)' (b) more Masters Level respondents (40%) update client records Right After Each Session compared to Doctorate Level respondents (34%); (c) more Masters Level respondents (33%) update client records Within 24 Hours of a session compared to Doctorate Level respondents (28%); (d) more Doctorate Level (18%) respondents update client records Within One Week of sessions compared to Masters Level respondents (4%).

The second survey question was the following:

2. When forwarding outdated client information to third parties, do you warn them that it is outdated? (Response options: Never, Almost Never, Sometimes, Almost Always, Always). The frequency data are shown in Table 45.

Table 45

Warning Third Parties of Outdated Client Information

Option	Frequency	Percentage
Never	17	5
Almost Never	19	6
Sometimes	38	12
Almost Always	54	17
Always	178	57
I do not forward outdated records	8	3

Note. n = 314

Chi-square analysis showed that the frequency of responses differed significantly from the expected frequency (52) for each option, x^2 (5, n = 314) = 388.38, $p < .01$. The large result reflects the large number of responses (57%) for the Always option, and the small number (3%) for the I Do Not Forward Outdated Records option.

The options Never and Almost Never were combined to avoid insufficient cell sizes; however, cross-tabulations did not reveal any significant relationships.

Safeguards

The survey looked at the following aspects of the principle Safeguards: (a) format used to record client information; (b) the storage of records; (c) the safeguards used for

stored records; (d) the use and safeguards of electronically transmitted client information; and (e) written plans for the continued security of records in event of death, incapacity, or withdrawal from practice.

Two survey questions were used to explore the format psychologists use to record client information. The first question was the following:

1. Please indicate the format used by you for recording client information. (Response options: Paper, Electronic (i.e., type notes directly into computer file), Audio/video recording, Combination (please specify). The data are shown in Table 46.

Table 46

Format Used to Record Information

Option	Frequency	Percentage
Paper	218	68
Electronic	15	5
Audio/Video	1	1
Paper and Electronic	61	19
Paper, Electronic and Video	12	4
Paper and Video	15	5

Note. n = 322

Chi-square analysis showed that the frequency of responses differed significantly from the expected frequency (54) for each option, x^2 (5, n = 322) = 643.96, $p < .01$. The large chi-square result reflects the fact that most respondents (68%) chose the Paper option.

It was necessary to combine some categories before performing cross-tabulations in order to avoid insufficient cell sizes. The 'Audio/video' category was combined with 'Electronic', and the 'Paper, electronic, and video' category was combined with the 'Paper and video' category. No significant relationships were found.

The second survey question used to explore format and storage of records was the following:

2. If you record client information on paper, is that information later entered onto

a computer database? (Response options: Never, Almost Never, Sometimes, Almost Always, Always). The data are shown in Table 47.

Table 47

Frequency of Paper Records Transferred To Computer

Option	Frequency	Percentage
Never	145	45
Almost Never	34	11
Sometimes	77	24
Almost Always	27	8
Always	37	12

Note. n = 320

Chi-square analysis showed that the frequency of responses differed significantly from the expected frequency (64) for each option, x^2 (4, n = 320) = 152, p < . 01. The large chi-square result reflects the large number of responses (45%) for the Never option.

Cross-tabulations revealed two significant relationships, between the dependent variable and Gender, x^2 (4, n = 320) = 18.18, p < .01; and Years in Practice, x^2 (4, n = 301) = 13.81, p < .01. For the relationship involving Gender, cross-tabulations showed that more Females (56%) than Males (33%) Never transfer paper records to a computer. However, more Males than Females Almost Never transfer paper records to computer (14% versus 8%). The same was true for the category Sometimes (31% males, 18% females). The categories Almost Always and Always were closely matched (within 3%).

The second significant relationship involved Work Setting. Cross-tabulations showed that (a) more respondents in the Private Setting category (57%) said they Never transfer paper records to a computer compared to respondents in the Public Setting category (36%); (b) more respondents in the Public Setting category (28%) said they Sometimes transfer paper records compared to those in the Private Setting category (18%); (c) more than twice as many respondents in the Public Setting category (15%) said they Always transfer paper records to a computer compared to those in the Private Setting category (7%); responses in the remaining two categories (Almost Never and Almost

Always) were closely matched (within 2%).

Two survey questions were used to explore storage of records. The first was the following:

1. Please indicate how records are stored. (Response options: Paper files, Electronic files, Combination paper/electronic, Other).

The frequency of responses was as follows: 191 (59 %) indicated that they store records in paper files, 7 (2%) chose electronic files, 123 (38 %) chose combination paper and electronic, and 1 (.3%) indicated 'Other' (n = 322). Chi-square analysis showed that the frequency of responses differed significantly from the expected frequency (107) for each option, x^2 (2, n = 321) = 161.79, $p < .01$. The large result reflects the small number of responses for the Electronic Files option (2%).

Cross-tabulations were not performed for this variable because of the small number of responses for the Electronic Files option. It was decided that excluding this option and using only the Paper Files and Combination options would not yield useful information.

The second survey question that explored storage of records was the following:

2. Please indicate where client records are stored. (Response options: Office, Home, Other, Home and office).

Two hundred and one respondents (62%) store their records at the office, 27 (8%) store records at home, 18 (6%) indicated 'other', and 76 (24%) store records at both home and the office. Chi-square analysis showed that the frequency of responses differed significantly from the expected frequency (101) for each option, x^2 (2, n = 304) = 158.89, $p < .01$. The large result reflects the large number of responses (62%) for the Office option. Cross-tabulations did not reveal any significant relationships.

Two survey questions were used to explore security of paper records. The first survey question was the following:

1. If you store information in paper files, please indicate whether any of the following security measures are used. (Response options: Locked filing cabinets, Restricted access, Other, No safety measures used, N/A: I do not use paper files). The

data are shown in Table 48.

Table 48

Security Measures For Paper Files

Option	Frequency	Percentage
Locked filing cabinets	96	30
Restricted access	63	20
Other	7	2
No security measures used	7	2
Combination locked filing cabinets and restricted access	143	45
N/A: I do not use paper files	2	1

Note. n = 316;

Chi-square analysis showed that the frequency of responses differed significantly from the expected frequency (77) for each option, x^2 (3, n = 309) = 127.03, p < .01. The large result reflects the large number of responses (46%) for the Combination option.

The option 'No security measures used' was excluded from the cross-tabulations in order to avoid insufficient cell sizes. One significant relationship was found, involving the dependent variable and Work Setting, x^2 (2, n = 282) = 9.87, p < .01. The analysis showed that (a) more respondents in the Private Work Setting category (39%) use Locked Filing Cabinets as security compared to respondents in the Public Work Setting category (26%); (b) more respondents in the Private Work Setting category (25%) have Restricted Access to paper records than those in the Public Work Setting category (19%); and (c) more respondents in the Public Work Setting category (55%) use a Combination of Locked Filing Cabinets and Restricted Access to paper records than those in the Private Work Setting category (36%).

The second survey question used to explore security of paper records was the following:

2. Please indicate the method used to destroy outdated paper records. (Response options: Shredding, Burning, Recycling bin, Garbage bin, Other). The data are shown in Table 49.

Table 49

Methods Used to Destroy Paper Records

Option	Frequency	Percentage
Shredding	258	81
Burning	28	9
Recycling Bin	6	2
Garbage Bin	10	3
Other	12	4
Don't Know	6	2

Note. n = 320; the 'Don't know' option was added to the frequency table after 6 respondents wrote it in the space provided for 'Other.'

Chi-square analysis showed that the frequency of responses differed significantly from the expected frequency (61) for each option, x^2 (4, n = 308) = 788.10, $p < .01$. The large result reflects the large number of responses (84%) for the Shredding option.

The categories 'Recycling bin' and 'Don't know' were excluded from the cross-tabulations in order to avoid insufficient cell sizes, but the tests could still not be run because cell sizes were too small.

Two survey questions were used to explore the security of electronic client records. The first survey question was the following:

1. If you store client information on computer, please indicate whether any of the following security measures are used: (response options: Passwords, Encryption, Audit trails, No security measures used, N/A: I do not use computer files). The data are shown in Table 50.

Table 50

Security Measures For Electronic Records

Option	Frequency	Percentage
Passwords	97	53
Encryption	9	5
Audit Trails	9	5
Other	14	8
No security measures used	54	30
N/A: I do not use computer files	137	43

Note. n = 320

Chi-square analysis showed that the frequency of responses differed significantly from the expected number of frequencies (42) for each option, x^2 (3, n = 169) = 126.55, p < .01. The large result reflects the small number of responses (5% each) for the options Encryption and Audit Trails.

In order to avoid insufficient cell sizes, the Passwords, Encryption, and Audit Trails options were combined to become a Security Measures option. The option 'N/A: I do not use computer files' was also excluded in order to clarify the relationships between the five independent variables and the responses of those who do use computer files. Therefore, chi-square analyses were performed using the two options Security Measures and No Security Measures Used. No significant relationships were found.

The second survey question used to explore security of electronic files was the following:

2. What security measures do you use when having your computer repaired, upgraded, or replaced? (Response options: Repairs done by in-house personnel, Security clearance for repair persons, Erasing computer hard drive or files, Low level reformatting of hard drive before repair or recycling, Other, N/A: I do not record any client information on computer). The data are shown in Table 51.

Table 51

Security Measures Used When Having Computer Repaired, Upgraded, or Replaced

Option	Frequency	Percentage
Repairs done 'in house'	80	43
Security clearance required for Repair persons	16	9
Erasing hard drive or files	40	22
Low level reformat of hard drive	9	5
Other	40	22
N/A: I do not use computer files	129	40

Note. n = 314

Chi-square analysis showed that the frequency of responses differed significantly from the expected frequency (36) for each option, x^2 (3, n = 145) = 84.99, p < .01. The large result reflects the small number of responses (11%) for the Low Level Reformat of Hard Drive option.

The option Low Level Reformat of Hard Drive was excluded from the cross-tabulations to avoid insufficient cell sizes. One significant relationship was found, between the dependent variable and Work Setting, x^2 (2, n = 130) = 9.46, p < .01. The analysis showed that the frequency of responses varied as follows: (a) more Public Setting respondents (33%) said they Erase Computer Hard Drive or Files as a security measure compared to Private Setting respondents (24%); (b) more Private Setting respondents (24%) said they use Security Clearance for Repair Personnel as a security measure compared to Public Setting respondents (6%); and more Public Setting respondents (61%) said they have Repairs Done In-house as a security measure, compared to Private Setting respondent (51%).

The survey question used to explore organizational security measures was the following:

1. If you work for an organization, please indicate whether any of the following security measures are used: (response options: Security clearance for access to files, Access limited to 'need to know' basis, No security measures used, Other, N/A: I do not

work for an organization). The data are shown in Table 52.

Table 52

Organizational Security Measures

Option	Frequency	Percentage
Clearance for access	76	37
Need-to-know access only	76	37
No security measures used	20	10
Other	18	9
A and B	14	7
N/A: I do not work for an organization	114	35

Note. n = 318

Chi-square analysis showed that the frequency of responses differed significantly from the expected frequency (47) for each option, x^2 (3, n = 186) = 75.25, p < .01. The large result in this case is due to the small number of responses for the A and B combination option (8%), and the No Security Measures Used option (11%).

The A and B option was excluded to avoid insufficient cell sizes in the cross-tabulations. This left the options Clearance For Access, Need-to-know Basis, and No Security Measures Used as the dependent variable. One significant relationship was found, involving the variable Work Setting, x^2 (2, n = 160) = 9.21, p < .01. The analysis showed that more respondents in the Public Work Setting category (49%) use clearance for access compared to respondents in the Private Work Setting category (27%). Slightly more respondents in the Private Work Setting category (50%) said they allow access on a need-to-know basis only, compared to 43% in the Public Work Setting category. Finally, 24% of respondents in the Private Work Setting category said they do not use organizational security measures, compared to 8% in the Public Work Setting category.

There were six survey questions used to explore how extensively electronic modes are used by psychologists to transmit client information, and the safeguards involved. The first survey question for this topic was the following:

1. Please indicate how often you use each of the following modes to transmit or

receive client information: Fax, E-mail, Voice mail/answering machine, Cordless phone, Cell phone, Video/computer conference. (Response options: Never, Almost Never, Sometimes, Almost Always, Always, N/A: this mode is not available to me). The frequencies are given in Table 53.

Table 53

Use of Electronic Modes to Transmit/Receive Client Information

Option	Mode: Frequency and (Percentage)					
	(A)	(B)	(C)	(D)	(E)	(F)
Never	45(14)	178(56)	105(33)	166(52)	181(56)	187(59)
Almost Never	52(16)	27(8)	48(15)	20(6)	27(8)	9(3)
Sometimes	176(55)	45(14)	121(38)	46(14)	21(7)	3(1)
Almost Always	23(7)	5(2)	14(4)	2(1)	3(1)	0(0)
Always	17(5)	8(3)	15(5)	3(1)	88(27)	3(1)
N/A	9(3)	57(18)	19(6)	82(26)	88(27)	115(36)

Note. n = 322; A = Fax; B = E-mail; C = Voice mail/Answering machine; D = Cordless phone; E = Cell phone; F = Video/Computer conference; respondents were asked to choose 'N/A' if this mode is not available to them, and 'Never' if they choose not to use this mode.

Figure 4 shows the data graphically for easier interpretation.

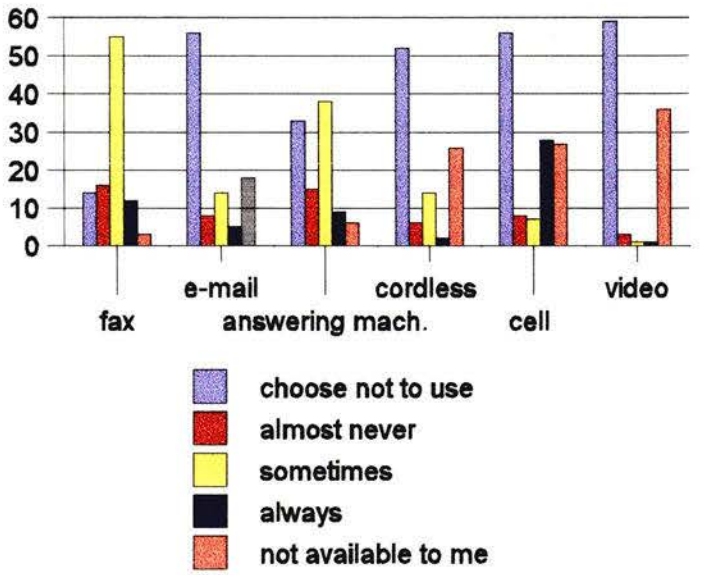

Figure 4. Frequency of use of electronic modes to transmit/receive client information, as percentages. Note that the categories 'Almost Always' and 'Always' have been combined due to low response rates.

Chi-square analysis was performed for each mode of transmitting information. The results are shown in the table below.

Table 54

Chi-square Results For Use of Electronic Modes of Communication Frequencies

Option	x^2
Fax (n = 313)	270.44, p < .01
E-mail (n = 263)	393.41, p < .01
Voice Mail/Answering Machine (n = 303)	165.50, p < .01
Cordless Phone (n = 237)	397.71, p < .01
Cell Phone (n = 233)	495.35, p < .01
Video/Computer Conferencing (n = 202)	492.42, p < .01

Note. Degrees of freedom = 4 for all sets of analysis.

As shown, all chi-square results of the frequency of responses were significant, but the pattern of responses varied. Beginning with Fax, the large result reflects the large

number of respondents (56%) who said they Sometimes transmit/receive client information via this mode. For E-mail, a significantly greater number of respondents (67%) said they Never use this mode to transmit/receive client information. The majority of respondents said they Sometimes (40%) or Never (35%) use Voice Mail/Answering Machines to transmit/receive client information. A significant number of respondents (69%) said they Never transmit/receive client information via Cordless Phone. Although the majority of respondents (77%) said they Never use a Cell Phone for transmitting/receiving client information, 38% also indicated they Always do. And finally, a clear majority (90%) said they Never use Video/Computer Conferencing to transmit/receive client information.

Cross-tabulations were performed after combining the categories Sometimes, Almost Always, and Always to avoid insufficient cell sizes. The resulting category was named Almost Always. There were four significant relationships identified, which are shown in the table below.

Table 55

Chi-square Analyses: Electronic Modes of Transmitting Client Information

Dependent Variable	Independent Variable	x^2
Fax (n=313, df=2)	Gender	10.38, $p < .01$
Answering machine/Voice mail (n=303, df=2)	Gender	9.59, $p < .01$
Answering machine/Voice mail (n=302, df=2)	Level of Degree	9.84, $p < .01$
Answering machine/Voice mail (n=300, df=6)	Years in Practice	24.05, $p < .01$

Note. df = degrees of freedom.

For the first analysis shown (Fax and Gender), cross-tabulations showed that more Males than Females Almost Always use a Fax Machine to transmit or receive client information (77% Males, 62% Females). Conversely, more Females than Males Choose Not To Use a Fax Machine (20% females, 8% males), and more Females than Males choose to Almost Never use a Fax Machine (18% females, 15% males).

For the relationship involving use of Voice mail/Answering Machines and Gender, cross-tabulations showed that more Males than Females Choose Not To Use this mode to transmit or receive client information (40% Males, 30% Females). Again, more Males than Females choose to Almost Never use Voice mail/Answering Machines (20% Males, 12% Females), and more Females than Males choose to Almost Always use this mode (58% females, 40% males).

For the relationship involving use of Voice mail/Answering Machine and Level of Degree, cross-tabulations showed that more Masters Level respondents (51%) choose not to use this mode compared to Doctorate Level respondents (30%), while the percentage of responses to the Almost Never option was almost the same (13% Masters Level, 17% Doctorate Level). Finally, more Doctorate Level respondents (53%) choose to Almost Always use Voice mail/Answering Machines compared to Masters Level respondents (36%).

For the relationship involving use of Voice mail/Answering Machines and Years in Practice, cross-tabulations showed that more respondents in the >20 Years in Practice (51%) category Choose Not To Use this mode, with the lowest response in the 6-10 Years in Practice category (20%). The percentages of responses in the Almost Never category were very close (ranging from 19% for 0-5 years, to 14% for >20 years). Finally, the responses in the Almost Always category showed the highest percentage of responses in the 6-10 years (66%) and 0-5 years (59%) categories, with the lowest in the >20 years category (34%).

The next five survey questions asked the same question, which was the following:

1-5. Please indicate how often you use each of the following security measures for the following modes of transmitting/receiving client information. (Response options: Fax, E-mail, Voice mail/Answering machine, Cell phone, Video/Computer conference). The frequencies for the use of security measures for Fax are shown in Table 56.

Table 56

Use of Security Measures When Transmitting/Receiving Client Information by Fax Machine

Security Method	Never	Almost Never	Sometimes	Almost Always	Always
Cover sheet (n = 264)	16(6)	3(1)	22(8)	30 (11)	193(73)
Removal of identifiers (n = 260)	105(40)	47(18)	44(17)	23(9)	41(16)
Check accuracy of recipient's number (n = 257)	4 (19)	8(3)	17(7)	44(17)	140(54)
Phone ahead (n= 262)	45 (17)	16 (6)	73 (28)	41 (16)	87 (33)
Key locks/Mailboxes (n = 224)	164(73)	7(3)	10(5)	14(6)	29(13)
Restricted access to fax (n = 256)	85(33)	7(3)	23(9)	2(16)	99(39)

Note. Figures in brackets are percentages.

Chi-square analysis of each of the above frequencies was significant, as shown in the table below.

Table 57

Chi-square Results for Fax Security Methods

Security Method	x^2
Cover Sheet (n = 264)	472.70, $p < .01$
Removal of Identifiers (n = 260)	74.23, $p < .01$
Check Accuracy of Number to be Dialled (n = 257)	213.68, $p < .01$
Phone Ahead (n = 262)	59.76, $p < .01$
Keylocks/Mailboxes (n = 224)	402.83, $p < .01$
Restricted Access to Machine (n = 256)	122.28, $p < .01$

Note. degrees of freedom = 4 for all sets of analysis

Beginning with use of a Cover Sheet, most respondents (73%) indicated they Always use this as a security method. Conversely, the majority of respondents (40%) indicated they Never use Removal of Identifiers when sending client information by Fax. A significant number of respondents (54%) said they Always Check the Accuracy of the

Recipient's Number; but only 33%) said they Always Phone Ahead (this was the smallest chi-square result, reflecting a more even distribution of responses). The majority of respondents (73%) said they Never use Key Locks or Mailboxes as a security measure for Fax. And finally, the use of Restricted Access to the Fax Machine as a security measure gained an almost equal majority for both the Always (39%) and Never (33%) options.

The five Fax security methods were analysed with the five independent variables using cross-tabulations. The significant relationships are reported in Table 58.

Table 58

Cross-tabulation Results of Fax Security Methods and Independent Variables

Dependent Variable	Independent Variable	x^2
Cover Sheet (n=263	Level of Degree	11.76, $p < .01$
Cover Sheet (n=249)	Work Setting	11.71, $p < .01$
Key Locks/Mailboxes (n=224)	Gender	16.67, $p < .01$
Restricted Access to Fax (n=256)	Gender	19.31, $p < .01$

Note. Degrees of freedom = 3 for all sets of analyses.

The first significant relationship involved Cover Sheet and Level of Degree. The cross-tabulations showed that more Doctorate Level respondents (76%) said they Always use Cover Sheets compared to Masters Level respondents (63%); and more Masters Level respondents (18%) said they Almost Never use Cover Sheets compared to Doctorate Level respondents (4%). For the relationship involving Cover Sheets and Work Setting, more Public Setting respondents (78%) said they Always use Cover Sheets when sending Faxes compared to Private Setting respondents (65%); more Private Setting respondents said they Almost Always do (17%) compared to Public Setting respondents (8%); the responses for the Sometimes option was very close (10% Public, 7% Private); and more Private Setting respondents (12%) said they Almost Never use Cover Sheets compared to Public Setting respondents (4%).

For the relationship between Gender and use of Key locks/Mailboxes, more Females than Males indicated they Always use this security method (22% Females, 4% Males), and more Males than Females said they Almost Never use it (82% Males, 71%

Females). The same pattern was found again for Gender and Restricted Access to Fax Machine: 52% of Females versus 25% of Males said they Always use this security method, while again more Males (44%) compared to Females (29%) said they Almost Never do.

Table 59 shows the frequency of use of various security measures when transmitting information by E-mail.

Table 59

Frequency of Use of Security Measures When Transmitting/Receiving Information by E-mail

Security Method	Never	Almost Never	Sometimes	Almost Always	Always
Removal of identifiers (n = 66)	12(18)	14(21)	15(23)	9(14)	16(24)
Encryption (n = 65)	54(83)	5(8)	3(5)	0	3(5)

Note. Figures in brackets are percentages.

Chi-square analysis showed that the responses for Removal of Identifiers was non-significant. This meant that the responses were almost equally distributed among all options, and that only slightly more respondents said they Always or Almost Always use this security method (38%) compared to those who Never or Almost Never do (37%). The responses for use of Encryption was significant, x^2 (3, n = 65) = 117.09, $p < .01$, with the majority (83%) indicating they Never use this security method.

Cross-tabulations could not be performed using the Encryption or Removal of Identifiers variables due to insufficient cell sizes, even after combining options.

Table 60 shows the frequency of use of various security measures when transmitting information by Answering machine/Voice mail.

Table 60

Frequency of Use of Security Measures When Transmitting/Receiving Information by Answering Machine/Voice Mail

Security Method	Never	Almost Never	Sometimes	Almost Always	Always
Do Not Use Personal Identifiers (n = 204)	22(11)	11(5)	52 (26)	47(23)	72(36)
Restricted Access to Answering Machine (n = 198)	31(16)	8(4)	11(6)	24(12)	124(63)
Restricted Access to Voice Mail (n = 183)	23(13)	3(2)	9(5)	23(13)	125(68)

Note. Figures shown in brackets are percentages.

Chi-square analyses revealed that all three sets of frequencies were significant, with the majority of respondents indicating they Always use these security methods when transmitting or receiving information by Answering Machine or Voice Mail. The results were as follows: (a) Do Not Use Personal Identifiers, x^2 (4, n = 204) = 58.3, $p < .01$; (b) Restricted Access to Answering Machine, x^2 (4, n = 198) = 233.77, $p < .01$; and (c) Restricted Access to Voice Mail, x^2 (4 n = 183) = 275.28, $p < .01$.

Cross-tabulations were performed after combining the categories Never, Almost Never, and Sometimes into a category (renamed Almost Never), and Always and Almost Always into another category (renamed Almost Always) in order to avoid insufficient cell sizes. There were no significant relationships found.

Table 61 shows the frequency of use of one security measure when transmitting information by Cell Phone.

Table 61

Frequency of Use of Security Measures When Transmitting/Receiving Information by Cell Phone

Security Method	Never	Almost Never	Sometimes	Almost Always	Always
Do not use personal identifiers	6(12)	6(12)	13(26)	10(20)	16(31)

Note. n = 51; numbers shown in brackets are percentages

Chi-square analysis showed that this frequency was not significant, meaning that the number of responses did not differ significantly from the expected frequency (10) for each option. Cross-tabulations were performed after combining the categories Never, Almost Never, and Sometimes into one category (renamed Almost Never), and Always and Almost Always into one category (renamed Almost Always). There were no significant relationships found.

Table 62 shows the frequency of use of various security measures when transmitting client information by Video/Computer Conference.

Table 62

Frequency of Use of Security Measures When Transmitting/Receiving Information by Video/Computer Conference

Security Measure	Never	Almost Never	Sometimes	Almost Always	Always
Do Not Use Personal Identifiers	3(21)	3(21)	3(21)	0	5(36)
Restricted Access	5(36)	1(7)	2(14)	1(7)	5(36)

Note. n = 14; numbers shown in brackets are percentages

Neither chi-square analyses nor cross-tabulations could be performed due to insufficient cell sizes, even after combining options.

The final survey question used to explore the principle Safeguards was the following:

1. If you have client records in your personal safekeeping, do you have a written plan for the continued safekeeping of those records in the event of death, incapacity, or withdrawal from practice? (Response options: Yes; No; N/A: I do not have records in my safekeeping).

Sixty-two (19%) indicated that they do not have records in their safekeeping. Of the remaining, 43 (17%) said they do have a written plan, and 215 (83%) said they do not (n = 258). Chi-square analysis showed a significant difference between these two groups, x^2 (1, n = 258) = 114.67, p < .01. Cross-tabulations did not reveal any significant relationships between this variable and the five independent variables.

Individual Access

For psychologists, Individual Access refers to the process of clients requesting access to the information about themselves in their psychologist's files. The first survey question used to explore Individual Access was the following:

1. How often have you had requests from clients for access to the information about them on file? (Response options: Never, A Few Times, A Moderate Number of Times, Many Time, N/A: I do not work directly with clients). The frequencies are shown in Table 63.

Table 63

Frequency of Client Requests for Access

Option	Frequency	Percentage
Never	39	12
A Few Times	201	62
a Moderate Number of Times	52	16
Many Times	30	9

Note. n = 322

Chi-square analysis showed that the frequency differed significantly from the expected frequency (81) for each option, x^2 (3, n = 322) = 243.54, $p < .01$. The large chi-square result reflects the large number of responses for the A Few Times option. Cross-tabulations did not reveal any significant relationships between the dependent and independent variables.

The second survey question that addressed Individual Access was the following:

2. Do you allow clients to have access to the information about them on file if they request it? (Response options: Never, Almost Never, Sometimes, Almost Always, Always). The data are shown in Table 64.

Table 64

Frequency of Allowing Client Access to Records

Option	Frequency	Percentage
Never	3	1
Almost Never	9	3
Sometimes	29	9
Almost Always	112	35
Always	167	52

Note. n = 320

Chi-square analysis showed that the frequency of responses differed significantly from the expected frequency (64) for each option, x^2 (4, n = 320) = 326.31, p < .01. (The options Never and Almost Never were combined to avoid insufficient cell sizes, and the variable Years in Practice could not be analysed due to insufficient cell sizes). The large result reflects the large number of responses for the options Always and Almost Always (87% combined).

Cross-tabulations revealed one significant relationship, between the dependent variable and Level of Degree,x^2 (3, n = 319) = 13.95, p < .01. The pattern of responses showed that more Masters Level psychologists (67%) Always allow clients access to their recorded information if they request it compared to Doctorate Level psychologists (48%). However, more Doctorate Level respondents (40%) said they Almost Always allow client access compared to Masters Level respondents (17%). The frequency of responses in the Sometimes and Almost Always categories were very evenly matched (within 2%).

The third survey question used to explore Individual Access was the following:

3. Do you routinely inform clients that they may have access to the information on file if they request it? (Response options: Never, Almost Never, Sometimes, Almost Always, Always). The data are shown in Table 65.

Table 65

Frequency of Informing Clients of Right to Access

Option	Frequency	Percentage
Never	55	17
Almost Never	57	18
Sometimes	75	23
Almost Always	52	16
Always	81	25

Note. n = 320

Chi-square analysis showed that the frequency of responses differed significantly from the expected frequency (64) for each option, x^2 (4, n = 320) = 10.69, $p < .05$. The relatively small result reflects the fairly even distribution of responses across all options. It should be noted that fully 58% of respondents Never, Almost Never, or Sometimes inform clients that they may have access to the information in their files if they request it. Cross-tabulations did not reveal any significant relationships.

The fourth survey question used to explore Individual Access was the following:

4. If allowing clients access to the record, how would you prefer it is done? (Response options: Copy the record and give it to the client; Review the record on the premises with the client; Give the client a written summary of the record; Give the client an oral summary of the record; Combination options; Other). The data are shown in Table 66.

Table 66

Preferred Method of Allowing Clients To Access Records

Option	Frequency	Percentage
Copy record and give it to client	17	5
Review record on premises with client	216	68
Give the client a written summary	13	4
Give the client an oral summary	26	8
Combination (a) and (b)	23	7
Combination (a) and (d)	2	1
Combination (b) and (c)	17	5
Combination (c) and (d)	4	1
Other	2	1

Note. n = 320

Chi-square analysis showed that the frequency of responses differed significantly from the expected frequency (40) for each option, x^2 (7, n = 318) = 905.35, p < .01. The large result reflects the large number of responses for the Review With Client On Site option (68%), and the small numbers for the remaining options.

In order to avoid insufficient cell sizes, the options (e) and (f) were combined, and (g) and (h) were combined. Cross-tabulations did not reveal any significant relationships between the dependent and five independent variables.

The fifth survey question used to explore Individual Access was the following:

5. If you have ever or would deny a client access to the information about them on file, please indicate your reason(s) why (circle as many as apply). (Response options: They are my records and the client does not have the right to see them; Fear that the information may bring harm to the client or to someone else as a result of the client having access; Fear that the information would be misunderstood or misinterpreted; Copyright infringement re: test protocols; No reason to deny access; Other). The data are shown in Table 67.

Table 67

Reasons For Denying Client Access to Records

Option	Frequency	Percentage
They are my records, and the client does not have the right to see them	2	0
Fear that the information may bring harm to the client or someone else	184	33
Fear that the information would be misunderstood or misinterpreted	174	31
Copyright infringement re: test protocols	106	19
No reason to deny access	64	12
Other	25	8

Note. Respondents could choose more than one response, so total responses = 555; percentages are based on total number of responses.

Two different sets of chi-square analyses were performed. The first looked at whether or not the number of respondents who chose that option differed significantly from the number who did not, and the second compared the frequency of responses across all options. Table 68 shows the data for the first set of analyses.

Table 68

Chi-square Results for Each Option: Reasons To Deny Access

Option	x^2
They are my records, and the client has no right to see them (n = 321)	313.05, $p < .01$
Fear that the information may bring harm to someone (321)	6.88, $p < .01$
Fear that the information may be misunderstood (n = 321)	2.27, $p > .01$*
Copyright infringement re: test protocols (n = 321)	37.01, $p < .01$
No reason to deny access (n = 321)	116.14, $p < .01$

Note. degrees of freedom = 1 for each analysis; expected frequency = 161 for each analysis; *indicates non-significant relationships.

The first analysis differed significantly from the expected frequency, with very few respondents choosing this option. The second analysis was also significant, but this time more respondents chose this option compared to those who did not. The third analysis was not significant, meaning that the number of respondents who both chose and did not choose this option did not differ significantly from the expected frequency of 161. Conceptually, it also means that the sample was almost evenly divided between those who indicated this was a reason to deny access, and those who did not.

The fourth analysis was significant, with the larger number of respondents not having chosen this option. And finally, the last analysis was significant, again with the larger number of respondents not having chosen this option.

The second chi-square analysis compared the distribution of responses across all options. This analysis showed that the frequency of responses differed significantly from the expected frequency (106) for each option, x^2 (4, n = 530) = 219.69, $p < .01$. The large chi-square result reflects the large number of responses for the option Fear That the Information May Bring Harm to the Client or Someone Else, and the small number of responses for the options Client Has No Right To See the Records and No Reason To Deny Access.

Table 69 shows the significant results of cross-tabulations between each possible response and the five independent variables.

Table 69

Significant Cross-tabulation Results Between Reasons To Deny Access and Independent Variables

Dependent Variable	Independent Variable	x^2
Information may bring harm (n=320, df=1)	Level of Degree	7.39, $p < .01$
Copyright infringement (n=320, df=1)	Level of Degree	6.98, $p < .01$
No reason to deny access (n=320, df=1)	Level of Degree	14.39, $p < .01$
Information may bring harm (n=318, df=3)	Years in Practice	19.88, $p < .01$
No reason to deny access (n=318, df=3)	Years in Practice	13.18, $p < .01$

Note. df = degrees of freedom.

Beginning with the first significant relationship (Information May Bring Harm and Level of Degree), it appears that more Doctorate Level respondents chose this option (62%) compared to Masters Level respondents (44%). For the second significant relationship (Copyright Infringement and Level of Degree), again more Doctorate Level respondents chose this option (37%) compared to Masters Level respondents (21%). For the third relationship (No Reason To Deny Access and Level of Degree), the pattern was reversed. More Masters Level respondents chose this option (35%) compared to Doctorate Level respondents (15%). For the fourth significant relationship (Information May Bring Harm and Years in Practice), there was a general decrease in the number of respondents who chose this option as the number of Years in Practice increased (0-5 Years, 76%; 6-10 Years, 71%; 11-20 Years, 46%; and >20 Years, 50%). For the last significant relationship (No Reason To Deny Access and Years in Practice), the pattern of the last two relationships involving this independent variable was that the number of respondents who selected this option increased as the number of Years in Practice increased (0-5 Years, 9%; 6-10 Years, 9%; 11-20 Years, 23%; >20 Years, 28%).

The sixth survey question used to explore Individual Access was the following:

6. Indicate which, if any, parts of a client's record you do not or would not allow clients access to: (circle as many as apply). (Response options: Case notes, Test protocols, Assessments, Progress Reports, Reports from other professionals, Notes from conversations with others about the client, Information about third parties, Other, Nothing excluded). The data are shown in Table 70.

Table 70

Parts of the Record Excluded From Client Access

Option	Frequency	Percentage
Case Notes	58	7
Test Protocols	163	20
Assessments	19	2
Progress Reports	15	2
Reports from other professionals	149	18
Notes from conversations with others	149	18
Information about third parties	208	25
Other	11	1
Nothing excluded	46	14

Note. Respondents could choose more than one response, so total responses = 818; percentages are based on total number of responses.

Two different sets of chi-square analyses were performed. The first looked at whether or not the number of respondents who chose each option differed significantly from the number who did not, and the second compared the frequency of responses across all options. Table 71 shows the data for the first set of analyses.

Table 71

Chi-square Results for Each Option: Parts of the Record Excluded From Access

Option	x^2
Case Notes (n = 321)	130.92, p < .01
Test Protocols (n = 321)	.078, p > .01*
Assessments (n = 321)	249.50, p < .01
Progress Reports (n = 321)	263.80, p < .01
Reports from other professionals (n = 321)	1.65, p > .01*
Notes from conversations with third parties (n = 321)	1.65, p > .01*
Information about third parties (n = 321)	28.12, p < .01
Nothing excluded (n = 321)	163.37, p < .01

Note. degrees of freedom = 1 for each analysis; expected frequency was 161 for each option; *indicates non-significant relationships.

Three of the analyses were non-significant, meaning that the number of respondents who both chose and did not choose these options did not differ significantly from the expected frequency. Conceptually, it also means that the sample was almost evenly divided between those who choose not to allow clients to have access to that particular part of the record, and those who do.

The remaining analyses were significant because the number of responses for each option was significantly different from the expected frequency of 161 for each option. For four of the analyses (Case Notes, Assessments, Progress Reports, and Nothing Excluded), more respondents did not select this option than those who did, meaning that more respondents would include than exclude this part of the record when clients request access. For the remaining analysis (Information About Third Parties), more respondents indicated that they would exclude than include this part of the record.

Chi-square analysis of the distribution of responses was significant, x^2 (7, n = 807) = 371.99, p < .01, meaning that the frequency of responses differed significantly from the expected frequency (105) for each option. The result also reflects the difference in frequency of responses between the four options that garnered many responses (Test

Protocols, Reports From Other Professionals, Notes From Conversations About Third Parties, and Information About Third Parties) and the rest, which did not garner as many responses.

Cross-tabulations were performed for each option and the five independent variables. One significant relationship was found, involving the variables Test Protocols and Level of Degree, x^2 (1, n = 320) = 6.82, $p < .01$. It appears that more Doctorate Level respondents choose not to allow clients access to Test Protocols (55%) than Masters Level respondents (38%).

The final survey question for Individual Access looked at respondents' ability to correctly identify the relationship between the FIPPA (1992), privately or publicly funded work, and ownership and control of records. The question was worded as follows:

7. Please circle the statement(s) you believe to be true:

(a) When psychologists' services are funded by public organizations, (e.g., mental health agencies, hospitals, universities), the public organization owns the client's record and has control over access to it, including the psychologist's case notes.

(b) Public organizations that fund psychological services own and have control over access to all parts of the client's record <u>except</u> case notes.

(c) Psychologists own and control access to all parts of their clients' records, regardless of how their services are funded.

(d) Public organizations that fund psychological services own the client's record, and the client owns the information in it.

The results are shown in Table 72.

Table 72

Psychologists' Beliefs About the Relationship Between Source of Funding and Ownership/Control of Client Records

Statement Believed to be True	Frequency	Percentage
When psychologists' services are funded by public organizations (mental health agency, hospital, etc.), the public organization owns the client's record and has control over access to it, including the psychologist's notes.	98	26
Public organizations that fund psychological services own and have control over access to all parts of the client's record except case notes.	59	16
Psychologists own and control access to all parts of their clients' records, regardless of how their services are funded.	79	21
Public organizations that fund psychological services own the client's record, and the client owns the information in it.	135	36

Note. Respondents could choose more than one answer, so percentages are based on total number of responses (n = 371).

Two different sets of chi-square analyses were performed. The first looked at whether or not the number of respondents who chose each option differed significantly from the number who did not, and the second compared the frequency of responses across all options. Table 73 shows the data for the first set of analyses.

Table 73

Chi-square Results for Each Option: True/False Statements

Option	x^2
Public organization owns and controls the records, including the psychologist's case notes (n = 322)	49.30, p < .01
Public organization owns and controls records except case notes (n = 322)	129.24, p < .01
Psychologists own and control records regardless of source of funding (n = 322)	83.53, p < .01
Public organization owns the record, but the client owns the information in it (n = 322)	8.40, p <.01

Note. degrees of freedom = 1 for all sets of analyses.

As shown, each analysis was significant, meaning that there was a significant difference between the expected frequency (161) and the frequency of responses obtained. As well, the pattern of responses was the same for each option, in that the number of respondents who did not choose that option was greater than the number who did.

Chi-square analysis of the distribution of responses across all options was significant, x^2 (3, n = 371) = 33.87, p < .01, meaning that the frequency of responses differed significantly from the expected frequency (98) for each option. However, this result was comparatively small, reflecting the fact that there was a fairly even distribution of responses across all options.

Cross-tabulations revealed one significant relationship, involving the variables Gender and statement (d) (Public organizations that fund psychological services own the client's record, and the client owns the information in it), x^2 (1, n = 322) = 9.07, p < .01. In this case, it appeared that more Females (50%) than Males (33%) believed this statement to be true.

Respondents' Effectiveness Rating of Sources of Information About the FIPPA and Information Practices

The final part of the survey asked respondents to rate the effectiveness of various

sources of information about the FIPPA (1992) and information practices in general. The survey question was as follows:

1. Please indicate which of the following are sources of information for you about the Freedom of Information and Protection of Privacy Act, or about appropriate handling of client information, and rate the effectiveness of those sources using the following scale: (response options:Not Effective, Somewhat Effective, Moderately Effective, Very Effective). The data are shown in Table 74.

Table 74

Respondents' Effectiveness Ratings of Sources of Information About the FIPPA and Information Practices

Source of Information	Effectiveness Rating (Frequency and Percentage			
	Not	Somewhat	Moderately	Very
College of Psychologists of British Columbia Newsletter (n = 312)	16(5)	82(26)	143(46)	71(23)
Workshops (n = 247)	21(9)	57(23)	101(44)	68(28)
Peer Consultation (n = 299)	9(3)	63(21)	139(47)	88(29)
Policy at Work Setting (n = 262)	24(9)	46(18)	89(34)	103(39)
Media (n = 240)	163(68)	64(27)	12(5)	1(0)
Other (n = 84)	31(37)	9(11)	15(18)	29(34)

Note. Numbers in brackets are percentages; percentages shown are based on the total number of responses (n) for each option.

Figure 6 shows the data in a bar graph for easier comparison

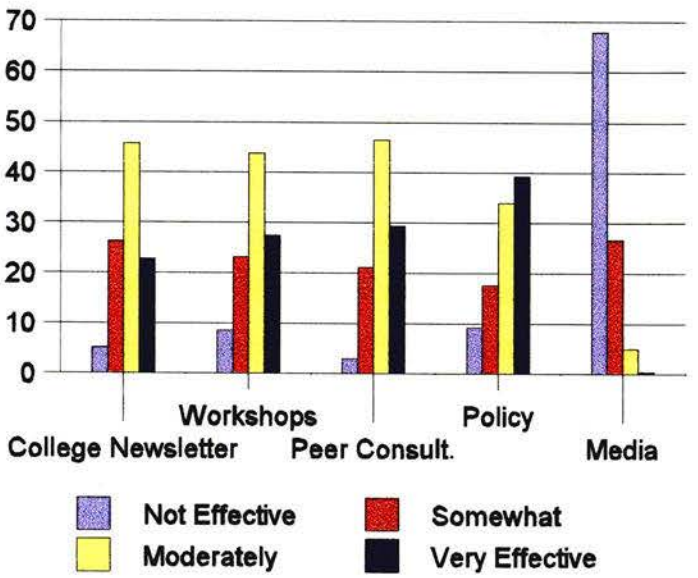

Figure 5. Effectiveness ratings of sources of information, as percentages.

The options Moderately and Very Effective were combined and chi-square analysis was performed to determine if there was a significant difference in the frequency of responses across all sources of information. The results showed that the frequency of responses differed from the expected frequency (20) for each source of information, x^2 (4, n = 20) = 563.21, p < .01. The large result reflects the small number of responses to the options Moderate and Very Effective for the Media category.

Chi-square analyses were also performed for each option. The results are listed in Table 75.

Table 75

Chi-square Results of Ratings of Sources of Information About the FIPPA and Information Practices

Source of Information	x^2
College of Psychologists of British Columbia Newsletter (n = 312; f_e = 78)	104.29, p < .01
Workshops (n = 247; f_e = 62)	52.84, p < .01
Peer Consultation (n = 299; f_e = 75)	117.25, p < .01
Policy of Work Place (n = 262; f_e = 66)	62.00, p < .01
Media (n = 240; f_e = 60)	273.50, p < .01

Note. degrees of freedom = 3 for each analysis; f_e = expected frequency

As shown, the frequency of responses varied significantly from the expected frequency for each option. The response rates for three of the frequency sets above followed the same pattern. For the Newsletter, Workshop, and Peer Consultation options, the majority of respondents rated the source as Moderately Effective, and the minority of respondents rated it as Not Effective. The Policy option was the only one in which the majority of respondents rated the source as Very Effective, and the Media option was the only one in which the majority of respondents rated the source as Not Effective.

Cross-tabulations revealed two significant relationships. There were no significant relationships between the Newsletter variable and the five independent variables. The first significant relationship involved Workshops and Gender, x^2 (3, n = 247) = 13.31, $p < .01$. The responses varied as follows: (a) more Females (37%) rated this source of information as Very Effective compared to Males (17%); (b) more Males (47%) than Females (36%) rated it as Moderately Effective; (c) and the final two categories were closely matched for Males and Females (Somewhat Effective: Males 25%, Females 21%; and Not Effective: Males 11%, Females 6%).

The second significant relationship involved the Policy variable. The options Not Effective and Somewhat Effective were combined for this variable in order to avoid insufficient cell sizes (the new option was renamed Somewhat Effective). The first significant relationship involved the variables Policy and Work Setting, x^2 (2, n = 246) = 11.60, $p < .01$. The responses varied according to Work Setting as follows: (a) more Public Setting respondents (46%) than Private Setting respondents (27%) rated this source of information as Very Effective; (b) the response rate for Moderately Effective was identical (34% Public, 34% Private); and (c) more Private Setting respondents (39%) than Public Setting respondents (21%) rated this source as Somewhat Effective.

Summary of Results of The Information Practices Survey

Accountability

1. The frequency of responses to the question asking how familiar respondents are with the information policy at their place of work was significant, with the majority of respondents indicating they were Very Familiar. The cross-tabulation with the variable Years in Practice was significant, with respondents indicating that their familiarity with information policy increased as their number of Years in Practice increased.

2. The frequency of responses to the question asking whether or not respondents inquire about the security measure used by third parties before sending client information was significant, with most respondents indicating they Never or Almost Never do this. There were no significant cross-tabulations.

3. The frequency of responses to the question asking respondents to indicate whether or not they ask that third parties refrain from further sharing their client's information without consent was significant, with the largest number of respondents choosing the Never option. There were no significant cross-tabulations.

Identifying Purposes

1. The frequency of responses to the question asking how often respondents use identifiable client information in various situations (supervision, consultations, etc.) was calculated separately for each option, as follows:

(a) Supervision: significant, but with mixed results, in that 27% of the respondents indicated they Never or Almost Never use identifiable client information in this situation, and 28% indicating they Always or Almost Always do (16% chose Sometimes).

(b) Consultation: non-significant, so a fairly even number of respondents indicated they Never, Almost Never, Sometimes, Almost Always, or Always use identifiable client information in this situation.

(c) Team/Agency Meetings: significant, with most respondents indicating they Always or Almost Always use identifiable information in this situation.

(d) Research: significant, with most respondents choosing Never.

(e) Teaching: significant, again with most respondents choosing Never.

The significant cross-tabulations involved the following variables:

(a) Work Setting and Supervision: (i)more Public Setting respondents indicated they Always, Almost Always, or Sometimes use identifiable client information in this setting compared to Private Setting respondents; and (ii) more Private Setting respondents chose Never or Almost Never compared to Public Setting respondents.

(b) Work Setting and Consultation: (i) more Public Setting respondents indicated they Always, Almost Always, or Sometimes use identifiable client information in this setting compared to Private Setting respondents; and (ii) more Private Setting respondents chose Never or Almost Never compared to Public Setting respondents.

(c) Work Setting and Team/Agency Meetings: once again, (i) more Public Setting respondents indicated they Always, Almost Always, or Sometimes use identifiable client information in this setting compared to Private Setting respondents; and (ii) more Private Setting respondents chose Never or Almost Never compared to Public Setting respondents.

(d) Gender and Supervision: more Males than Females said they Always, Almost Always, or Sometimes use identifiable client information in this setting, and more Females than Males said they Never or Almost Never do.

(e) Gender and Consultation: again, more Males than Females said they Always, Almost Always, or Sometimes use identifiable client information in this setting, and more Females than Males said they Never or Almost Never do.

2. Respondents who answered Sometimes, Almost Always, or Always to the previous question were asked whether or not they inform their clients that their information will be disclosed in those situations. The responses were significant, with the majority indicating they Always or Almost Always inform their clients. There were no

significant cross-tabulations.

3. The question asking respondents whether they would be able to explain to clients all the purposes for which their information will be used at their place of work was significant. The majority of respondents indicated they would Always be able to explain this to clients. There were no significant cross-tabulations.

4. The frequency of responses to the question of whether respondents inform clients of any new purposes that arise for the use of their information (such as research, a case presentation, etc.) was significant. The majority of respondents said they would Always or Almost Always inform clients in this situation. One significant cross-tabulation was found, involving the Gender variable. More Females than Males said they would Always, Almost Always, or Sometimes inform clients in this situation, while more Males than Females said they would Never or Almost Never inform them.

Consent

Consent to a Procedure

1. The frequency of responses to the question of whether or not respondents obtain consent from clients for the procedure provided was significant, in that the majority of respondents said they Always or Almost Always obtain consent to a procedure. Cross-tabulations were all non-significant.

2. The frequency of responses to the question regarding the format used to obtain consent for services (Verbal, Written, Combination) was significant, with most respondents indicating they use a combination of Written and Verbal formats. It should be noted that the response for Verbal format only was close behind, with 37%. One significant cross-tabulation was found involving the Years in Practice variable. In all four Year categories the exclusive use of a written format garnered the smallest number of responses. All Year groups were evenly tied in their use of an exclusively Verbal format except the 6-10 Year group, which uses this format significantly less. And lastly, the >20 Years group indicated they use the Combination format less than the other Year groups.

3. The frequency of responses to the question asking respondents to indicate the

point at which they obtain consent for services (beginning of sessions, end of session, etc.) was significant, with the majority choosing the Beginning of First Session option. There were no significant cross-tabulations.

4. The frequency of responses to the question asking whether respondents obtain renewed consent if the service they are offering changes (e.g., from assessment to therapy) was significant. Most respondents said they Always or Almost Always do this. There were no significant cross-tabulations.

Consent for the Release of Information

1. The frequency of responses to the question asking respondents whether they obtain consent before sharing client information was significant. Most respondents chose the Always option for this question. Cross-tabulations revealed that the relationship with Work Setting was significant, in that Private Setting respondents said they Always or Almost Always obtain consent compared to Public Setting respondents.

2. The frequency of responses to the question asking what format respondents use to obtain consent (Verbal, Written, Combination) was significant. Very few respondents (3%) chose the Verbal option, and most chose the Combination option. Cross-tabulations were not performed due to the low response rate for the Verbal option.

3. Two different chi-square analyses were performed for the frequency of responses to the question asking respondents to choose from a list the elements they use on written consent forms. The first analysis looked at each option individually, to determine whether the number of respondents who chose that option was significantly different from the number who did not; and the second analysis compared all the options together, to see if some were chosen more often than others. The results of the first analysis are as follows:

(a) Who Record Are Being Release To: significant, with more respondents having selected this option compared to those who did not.

(b) The Records To Be Released: significant, again with more respondents having selected this option than not.

(c) Purpose/Intended Use of the Information: significant, but the result was not as great as for the previous two analyses. Only 26% more respondents chose this option compared to those who did not.

(d) Date Signed: significant, with again more respondents having chosen than not chosen this option.

(e) Expiry Date For Use of the Information: non-significant, meaning that the number who chose this option was not much different than the number who did not. In fact, more respondents said they do not include this element on their consent forms.

(f) Limitations On the Information: significant, in that this time fewer respondents chose this option compared to those who did.

(g) Client Signature: significant, with more clients having chosen this option compared to those who did not.

(h) Parent Signature: significant, but this result was comparatively small (only 30%) more respondents chose this option compared to those who did not).

The second chi-square analysis, which compared the frequency of responses across all options, was significant. This result reflected the large range of responses (17% for the Who Records Are Being Released To option, to 5% for Limitations On the Information option).

The total number of cross-tabulations for this question was 40 (8 dependent variables multiplied by 5 independent variables). The analyses were divided into two sets: (a) where the majority of respondents indicated they do include this element on their consent forms; and (b) where the majority of respondents indicated they do not include this element on their consent forms. The significant relationships for set (a) were the following:

(a) Gender and Recipient of Records: more Female than Male respondents include this element on their consent forms.

(b) Work Setting and Parent Signature: more Public Setting respondents

include this element compared to Private Setting respondents.

There was one significant relationship in set (b):

(a) Geographic Setting and Expiry Date: more Rural respondents said they do not include this element on their consent forms compared to Urban respondents.

Limiting Collection

1. The frequency of responses to the question asking respondents to indicate how much detail they include in client records (e.g., record as much detail as possible, excluding nothing) was significant. Most respondents chose the option Record Minimum Information Only, and only 1% said they do not keep records at all. There were no significant cross-tabulations.

2. The frequency of responses to the question asking respondents to indicate what types of information they exclude from client records was analysed two different ways. First, chi-square analysis of each option was performed to determine whether the number of respondents who chose that option was different from the number who did not. And second, all options were compared to determine whether the response rate between them differed significantly. The first set of results is given below:

(a) Illegal Behaviour: significant, with more respondents indicating they do include this information in client files compared to those who do not.

(b) Sexual Practices: significant, with again more respondents indicating they do include this information compared to those who do not.

(c) Hunches, Speculations, Guesses: significant, with more respondents indicating they do include this information compared to those who do not.

(d) Value Judgments: significant, but this time more respondents indicated they do not include this information in client records compared to those who do.

(e) Emotional Reactions: non-significant, with only slightly more respondents indicating they do not include this information compared to those who do.

(f) Personal Opinions: non-significant, with slightly more respondents indicating they do include this information compared to those who do not.

(g) I Do Not Exclude Any Information: significant, with fewer respondents having chosen this option compared to those who did not (meaning more respondents exclude some type of information compared to those who exclude none).

The second chi-square analysis showed that the frequency of responses across all options was significant, reflecting the wide range of frequencies (7% to 21%). Overall, more respondents said they choose to exclude Hunches, Speculations, and Guesses, Value Judgments, Emotional Reactions, and Personal Opinions, and fewer choose to exclude information about Illegal Behaviour and Sexual Practices.

Cross-tabulations for this question revealed two significant relationships, between the variables Gender and Value Judgments, and Gender and Personal Opinions. More Females than Males choose to exclude Value Judgments, and again more Females than Males choose to exclude Personal Opinions.

Limiting Use, Disclosure, and Retention

Limits of Confidentiality

1. The frequency of responses to the question of whether or not respondents inform clients of the limits of confidentiality was significant, with most indicating they Always do. There were no significant cross-tabulations.

2. Chi-square analysis of the frequency of responses to the question asking respondents to choose from a list which limits they place on confidentiality (e.g., child in danger, client dangerous to him/herself, etc.) was performed for each individual option. The results were as follows:

(a) Child in Danger: significant, with most respondents choosing Always.

(b) Client Dangerous to Self: significant, with most respondents choosing Always.

(c) Client Dangerous to Others: significant, again with most respondents

choosing Always.

(d) Subpoena of Records: significant, with most respondents choosing Always.

(e) Reportable Disease: non-significant, with the largest number of respondents choosing Almost Never.

(e) Unsafe Driver Due to Medical Condition: significant, with most respondents choosing Always.

(f) I Never Break Confidentiality For Any Reason: significant, because most respondents did not choose this option.

Out of 35 possible sets of cross-tabulations for this question, 15 could not be performed due to insufficient cell sizes, and none of the remaining 20 were significant.

3. The frequency of responses to the question asking respondents to indicate the format used to provide information about the limits of confidentiality was significant. The majority of respondents said they use a Verbal format, and only 1% said they do not inform clients of the limits at all. Cross-tabulations were all non-significant.

4. The frequency of responses to the question asking at what point respondents inform clients of the limits of confidentiality was significant. Most respondents said they inform clients at the beginning of the first session. However, 17% also said they inform clients only when and if the need arises. One significant cross-tabulation was found, involving the variable Years in Practice. First, the number of respondents who said they inform clients when and if the need arises increased as the number of Years in Practice increased. Second, the number of respondents who said they inform clients at the end of the first session increased as the number of Years in Practice increased. And third, the number of respondents who said they inform clients at the beginning of the first session decreased as the number of Years in Practice increased.

5. The frequency of responses to the question of whether respondents attempt to obtain consent before breaking confidentiality was significant. Most respondents chose the Always or Almost Always options to this question. There were no significant cross-

tabulations.

Third Party Access: Parent(s) of a Minor Client

1. The frequency of responses to the question regarding how often respondents have had requests for access by parents of minor clients was significant. Half of the respondents had Never had this type of request. There were no significant cross-tabulations.

2. The frequency of responses to the question asking respondents to indicate how they handled or would handle such a request was also significant. Most respondents said they would grant access to parents of children who are not mature minors, and would obtain consent first from clients who are mature minors. There was one significant cross-tabulation, involving the variable Work Setting. More Public Setting respondents said they would deny access compared to Private Setting respondents; more Public Setting respondents said they would grant access based on the maturity of the minor, as explained above; and more Private Setting respondents said they would grant access to the parents regardless of the child's age.

3. The frequency of responses to the question regarding how often respondents have received requests for access from parents against the minors' wishes was significant. The majority of respondents said they have Never received this type of request, while 21% said they have a Few Times. There was one significant cross-tabulation, involving the variable Gender. More Females than Males have received requests by parents for access to their child's record against the child's wishes.

4. The frequency of responses to the question regarding how respondents would handle the previous request was significant. Most respondents said they would (a) deny access out of respect for the minor's right to privacy, or (d) try to obtain consent from the minor for release of part of the record. One significant cross-tabulation was found, involving the variable Work Setting. More Private Setting respondents said they would deny access; more Public Setting respondents said they would try to convince the minor to grant access; more Private Setting respondents said they would try to convince the minor

to release part of the record.

5. The frequency of responses to the question regarding how often respondents have had requests for access by the non-custodial parent of a minor client was significant. Over half of the respondents said they have Never had this type of request, while 25% said they have a Few Times. One significant relationship was found, involving the variable Work Setting. More Public Setting respondents have had this type of request compared to Private Setting respondents.

6. The frequency of responses to the question asking how respondents would handle the previous request was significant. Most respondents said they would obtain consent from both the custodial parent and the minor first before granting access to a non-custodial parent. There were no significant cross-tabulations.

7. The frequency of responses to the question regarding how often respondents have received requests for access by a parent who has joint custody, but who does not live with the minor, was significant. Again, over half the respondents said they have Never received this type of request, while 23% said they have a Few Times. There was one significant cross-tabulation, involving the variable Work Setting. More Public Setting respondents said they have received this type of request a Few Times; and more Private Setting respondents said they have Never received this type of request.

8. The frequency of responses to the question asking how respondents have handled or would handle the previous request was significant. Over half the respondents said they would (a) obtain consent from the minor and the parent with whom the minor resides first; and 29% said they would (b) grant access, because each parent in a joint custody agreement has that right. Cross-tabulations could not be performed due to small responses for some options.

9. The frequency of responses to the question asking how often respondents have had requests for access by one parent against the wishes of the other parent was significant. Most respondents have Never had this type of request, although 15% said they have a Few Times. There was one significant cross-tabulation, involving the variable

Level of Degree. More Masters Level respondents said they have received this type of request compared to Doctorate Level respondents.

10. The frequency of responses to the question asking how respondents would handle the previous request was significant, although the result was small. Most respondents said they would grant access if the minor client agreed; the next most-selected option was to deny access unless a court orders the release of the records, which gathered only a few more responses than the last option, which was to deny access unless both parents agreed. There were no significant cross-tabulations.

Third Party Access: Records of Deceased Clients

1. The frequency of responses to the question regarding how often respondents have received requests for access to the records of deceased clients was significant. Most respondents said they have Never had this type of request, with 10% indicating they have a Few Times. Cross-tabulations were all non-significant.

2. The next question asked respondents who had received requests for access to the records of deceased clients to indicate the shortest period of time between the time the client passed away and the time access was granted. The chi-square result for this frequency was significant, with over half of the respondents who have received a request of this type indicating they released the records less than one year after the death of the client. Cross-tabulations could not be performed due to the small number of responses for most options.

3. The last question regarding access to records of deceased clients asked respondents who have received this type of request and denied access, to indicate their reasons why. The chi-square result for this frequency was significant, with most indicating they denied access because they felt it would be a violation of the deceased person's privacy rights; 20% also indicated that they denied access out of fear that the information might be harmful to the person(s) requesting access. Again, cross-tabulations could not be performed due to the low response rate for this question.

Third Party Access: Subpoena of Records

1. The frequency of responses to the question asking whether respondents have ever received a subpoena for the release of client records was significant. One half of all respondents said they have had records subpoenaed a Few Times, and 30% indicated they Never have. There were no significant cross-tabulations.

2. The frequency of responses to the question asking respondents whether they would inform the client before releasing records under subpoena was significant, with most respondents indicating they would Always do so. One significant cross-tabulation was found, involving the variable Gender. More Females than Males said they would Always or Almost Always inform clients in this situation, and more Males than Females said they would Sometimes or Almost Never inform clients.

3. The third question asked respondents whether or not, in the event of receiving a subpoena for client records, they would seek legal advice before releasing them. The chi-square result was significant, with slightly less than half of all respondents indicating they Always would. Again there was one significant cross-tabulation involving the variable Gender. More females than Males said they would Always or Almost Always seek legal advice first, and more Males than Females said they would Sometimes or Almost Never.

4. The frequency of responses to the question asking whether respondents would ever attempt to resist a subpoena for the release of client records was significant. Most respondents said they would Sometimes attempt to, while the next largest response was for the Never option. Only 10% (combined) said they would Always or Almost Always attempt to resist a subpoena. There were no significant cross-tabulations for this question.

Retention of Records

1. The frequency of responses to the question regarding the length of time respondents keep client records after termination of services was significant. Most respondents keep client records 4-7 years, and the fewest (.3%) destroy records immediately after termination of services. Cross-tabulations did not reveal any significant relationships.

2. The frequency of responses to the question regarding the length of time

respondents keep the records of minor clients after termination of services was also significant. Most respondents indicated they have the same record retention policy as for adult clients, while again the fewest number (1%) said they destroy records immediately after termination of services. Cross-tabulations did not reveal any significant relationships.

3. The frequency of responses to the question regarding whether or not respondents specify in their contracts how long records will be kept after the contract is finished was significant. Most respondents (more than half) said they Never do this. Cross-tabulations revealed one significant relationship, involving the variable Work Setting. More Private Setting respondents compared to Public Setting respondents said they Never or Almost Never specify how long records will be kept in their contracts.

4. The frequency of responses to the question asking respondents to indicate whether they retain client records with personal identifiers was significant. Most respondents said they Always retain client records with personal identifiers. Cross-tabulations did not reveal any significant relationships.

Accuracy

1. The frequency of responses to the question regarding when respondents update client records (e.g., during or immediately after each session) was significant. The majority of respondents said they update client records either during, immediately after, or within 24 hours of each session. There were no significant cross-tabulations.

2. The frequency of responses to the question asking whether or not respondents warn third parties if client information is outdated before forwarding it was significant. Most respondents said they Always do this. There were no significant cross-tabulations.

Safeguards

Format of Records

1. The frequency of responses to the question asking respondents to indicate the format they use to record client information was significant. Most respondents said they record client information onto paper, as opposed to typing directly onto a computer file, or using an audio/video recorder. There were no significant cross-tabulations.

2. The frequency of responses to the question asking whether respondents transfer notes written on paper to a computer file was significant, in that most respondents said they Never or Almost Never do this (although 20% indicated they Always or Almost Always do). There were two significant cross-tabulations. The first involved the variable Gender, in which more Females than Males said they Never or Almost Never transfer notes to a computer, and more Males than Females said they Sometimes, Almost Always, or Always do. The second relationship involved the variable Work Setting, in which more Private Setting respondents said they Never or Almost Never transfer written notes to a computer, and more Public Setting respondents said they Sometimes, Almost Always, or Always do.

Storage of Records

1. The frequency of responses to the question regarding how records are stored was significant, in that most respondents said they store records in paper files as opposed to electronic files. Cross-tabulations could not be performed due to the small number of responses to the Electronic Files option.

2. The frequency of responses to the question asking respondents to indicate where they store records was significant. Most respondents said they story records at the office; however, 24% said they store records at both the office and at home. There were no significant cross-tabulations.

Security Measures Used For Paper Records

1. The frequency of responses to the question asking respondents to indicate which security measures they use for paper records was significant. Half of all respondents said they use a combination of locked filing cabinets and restricted access. There was one significant cross-tabulation, involving the variable Work Setting. More Private Setting respondents use locked filing cabinets or restricted access exclusively compared to Public Setting respondents; and more Public Setting respondents said they use a combination of locked filing cabinets and restricted access compared to Private Setting respondents.

2. The frequency of responses to the question asking respondents to indicate which

method they use to destroy outdated client paper records was significant. Most respondents indicated they use shredding to destroy paper records. Cross-tabulations could not be performed due to the small response rate for the other options.

Security of Computer Records

1. The frequency of responses to the question asking respondents to indicate the security methods used for computer records was significant. More than half of the respondents said they use passwords as a security measure, and 30% said they do not use any security measures for computer files. There were no significant cross-tabulations.

2. The frequency of responses to the question regarding what security measures are used when respondents are having their computer upgraded, repaired, or replaced was significant. Most respondents said they have repairs done 'in house,' and the fewest number of respondents said they do a low level reformat of the hard drive. One significant relationship was found involving the variable Work Setting. More Public Setting respondents erase the hard drive or files as a security measure; more Private Setting respondents said they use security clearance for repair personnel; and more Public Setting respondents said they have repairs done 'in-house.'

Organizational Security Measures

1. The frequency of responses for the question regarding security measures used in the organization for which respondents work was significant. Most respondents said they use either clearance for access or need-to-know access only as security measures; however, 10% of respondents also indicated that no security measures are used. One significant cross-tabulation was found, involving the variable Work Setting. More Public Setting respondents use clearance for access; more Private Setting respondents allow access on a need-to-know basis; and more Private Setting respondents said they do not use any organizational security measures.

Use and Safeguards of Electronically Transmitted Information

1. The frequency of responses to the question regarding how often respondents use various electronic modes of communication to transmit or receive client information

was analysed separately for each option, as follows:

(a) Fax: significant, with most respondents indicating they Sometimes use this mode.

(b) E-mail: significant, with most respondents indicating they Never use this mode.

(c) Voice Mail/Answering Machine: significant, with most respondents indicating they Never or Sometimes use this mode

(e) Cordless Phone: significant, with most respondents indicating they Never use this mode.

(f) Cell Phone: significant, with most respondents indicating they Never use this mode.

(g) Video/Computer Conference: significant, with most respondents indicating they Never use this mode.

The significant cross-tabulations are listed below:

(a) Gender and Fax: more Males than Females Almost Always use a fax to transmit or receive client information, and more Females than Males choose not to use or Never use a fax for this purpose.

(b) Gender and Voice Mail/Answering Machine: more Males than Females choose not to use or Never use this mode, and more Females than Males choose to Almost Always use this mode.

(c) Level of Degree and Voice Mail/Answering Machine: more Masters Level respondents choose not to or Never use this mode, and more Doctorate Level respondents choose to Almost Always use this mode to transmit or receive client information.

(d) Years in Practice and Voice Mail/Answering Machine: more respondents in the >20 Years category choose not to use this mode than the other groups; and

more respondents in the 6-10 Years category choose to use this mode Almost

Always.

The next five survey questions asked respondents to indicate which security methods they used for the electronic modes of communication previously cited. The summary of chi-square results are given below.

1. Security Methods For Fax

(a) Cover Sheets: significant, with most respondents indicating they Always use this security method.

(b) Removal of Identifiers: significant, with most respondents indicating they Never use this security method.

(c) Check Accuracy of Recipient's Number: significant, with most respondents indicating they Always use this security method.

(d) Phone Ahead: significant, with most respondents indicating they Sometimes or Always use this security method.

(e) Key Locks/Mailboxes: significant, with most respondents indicating they Never use this security method.

(f) Restricted Access to Fax Machine: significant, with most respondents indicating they Always use this security method, followed by the next largest number (33%) indicating they Never use this security method.

Cross-tabulations revealed the following four significant relationships:

(a) Level of Degree and Cover Sheet: more Doctorate Level respondents indicated they Always use cover sheets when sending faxes compared to Masters Level respondents, and more Masters Level respondents said they Almost Never use cover sheets.

(b) Work Setting and Cover Sheet: more Public Setting respondents said they Always or Almost Always use cover sheets; and more Private Setting respondents said they Almost Never do.

(c) Gender and Key Lock/Mailboxes: more Females than Males said they Always use this security method; and more Males than Females said they Almost

Never do.

(d) Gender and Restricted Access to Fax: more Females than Males said they Always use this security method, and more Males than Females said they Almost Never do.

2. Security Methods For E-mail

(a) Removal of Identifiers: non-significant, so responses were fairly evenly distributed. Almost as many respondents said they Never or Almost Never use this security method compared to those who said they Always or Almost Always do.

(b) Encryption: significant, in that most respondents said they Never use this security method.

3. Security Methods For Voice Mail/Answering Machine

(a) Do Not Use Personal Identifiers: significant, with most respondents indicating they Always or Almost Always use this security method.

(b) Restricted Access to Answering Machine: significant, with most respondents indicating Always use this security method.

(c) Restricted Access to Voice Mail: significant, with most respondents indicating they Always use this security method.

There were no significant cross-tabulations.

4. Security Measures For Cell Phone

(a) Do Not Use Personal Identifiers: non-significant, so the responses were fairly evenly distributed across options. Twenty-four percent said they do not use this security method. There were no significant cross-tabulations found.

5. Video/Computer Conference

(a) Do Not Use Personal Identifiers: chi-square analysis could not be performed due to insufficient cell sizes.

(b) Restricted Access: chi-square analysis could not be performed due to insufficient cell sizes. Cross-tabulations could not be performed using either security method for the same reason.

Use of Written Plan For the Future Security of Records

1. The frequency of responses to the question asking respondents whether they have a written plan for the continued safekeeping of their records in the event of death, incapacity, or withdrawal from practice was significant. Most respondents said they do not have a written plan. There were no significant cross-tabulations.

Individual Access

1. The frequency of responses to the question regarding how often respondents have had requests by clients for access to their records was significant. Most respondents said they have received such requests a Few Times. There were no significant cross-tabulations.

2. The frequency of responses to the question asking respondents if they allow clients to have access to the information in their file was significant. Most respondents said they Always or Almost Always do. There was one significant cross-tabulation, involving the variable Level of Degree. More Masters Level respondents said they Always allow clients to have access; and more Doctorate Level respondents said they Almost Always allow clients to have access, with Masters Level respondents slightly ahead of Doctorate Level respondents when both options are combined.

3. The frequency of responses to the question asking respondents whether they routinely inform clients that they may have access to the information in their file was significant, but the result was small. Slightly more respondents said they Always or Almost Always inform clients compared to those who said they Never or Almost Never do. There were no significant cross-tabulations.

4. The frequency of responses to the question asking respondents to indicate the method they would prefer to use when allowing clients access (e.g., copy the record and give it to the client) was significant. A large percentage of respondents said they would prefer to review the record on site with the client as opposed to giving the client a copy, a written summary, an oral summary, or combinations of the above. There were no significant cross-tabulations.

5. The frequency of responses to the question asking respondents to indicate their reasons for denying clients access to their record was significant. Most respondents chose the options 'Fear that the information may bring harm to the client or someone else' and 'Fear that the information would be misinterpreted or misunderstood'.

Chi-square analysis was also performed for each option individually, to determine whether there was a difference between the number of respondents who chose that option and the number who did not. The results are summarized below:

(a) They Are My Records, and The Client Has No Right To See Them: significant, in that very few respondents chose this option.

(b) Fear That The Information May Bring Harm To The Client Or Someone Else: significant, with more respondents having chosen this option compared to those who did not.

(c) Fear That The Information May Be Misunderstood: non-significant, meaning that only slightly more respondents chose this option compared to those who did not.

(d) Copyright Infringement re: Test Protocols: significant, with most respondents not having chosen this option.

(e) No Reason To Deny Access: significant, again with more respondents not having chosen this option compared to those who did.

The significant cross-tabulations are summarized below:

(a) Level of Degree and Information May Bring Harm: more Doctorate Level respondents chose this option compared to Masters Level respondents.

(b) Level of Degree and Copyright Infringement: more Doctorate Level respondents chose this option compared to Masters Level respondents.

(c) Level of Degree and No Reason To Deny Access: more Masters Level respondents chose this option compared to Doctorate Level respondents.

(d) Years in Practice and Information May Bring Harm: there was a general decrease in the number of respondents who chose this option as the

number of Years in Practice increased.

(e) Years in Practice and No Reason To Deny Access: the number of respondents who chose this option increased as the number of Years in Practice increased.

6. The frequency of responses to the question regarding which parts of the record respondents would not allow clients to have access to was significant, reflecting the range in number of responses (25% for Information About Third Parties to 2% for Assessments). Chi-square analysis was also performed for each option individually, to determine whether there was a difference between the number of respondents who chose that option compared to the number who did not. The results are summarized below:

(a) Case Notes: significant, in that fewer respondents selected this option (meaning more respondents would allow clients access to this information).

(b) Test Protocols: non-significant, meaning that the number of respondents who would not allow clients access to this information was almost the same as the number who would.

(c) Assessments: significant, in that fewer respondents selected this option (again, meaning more respondents would allow access to this information).

(d) Progress Reports: significant, with fewer respondents having selected this option.

(e) Reports From Other Professionals: non-significant, meaning that the number of respondents who would not allow clients access to this information was almost the same as the number who would.

(f) Notes From Conversations With Third Parties: non-significant, meaning that the number of respondents who would not allow clients access to this information was almost the same as the number who would.

(g) Information About Third Parties: significant, in that more respondents indicated they would not allow clients to have access to this information compared to those who would.

(h) Nothing Excluded: significant, in that fewer respondents chose this option compared to those who did not.

One significant cross-tabulation was found, involving the variables Level of Degree and Test Protocols. More Doctorate Level respondents choose not to allow clients access to Test Protocols compared to Masters Level respondents.

7. The final question regarding individual access asked respondents to choose which statements from a list they believed to be true. The chi-square results for each individual statement, comparing the number of respondents who chose that statement to the number who did not, is summarized below:

(a) When psychologists' services are funded by public organizations (mental health agency, hospital, etc.), the public organization owns the client's record and has control over access to it, including the psychologist's case notes: significant, in that more respondents did not choose this option compared to those who did.

(b) Public organizations that fund psychological services own and have control

over access to all parts of the client's record, except case notes: significant, in that more respondents did not choose this option compared to those who did.

(c) Psychologists own and control access to all parts of their client's records,

regardless of how their services are funded: significant, in that more respondents did not choose this option compared to those who did.

(d) Public organizations that fund psychological services own the client's record,

and the client owns the information in it: significant, in that more respondents did not choose this option compared to those who did.

Chi-square analysis of the frequency of responses across all options was also significant. More respondents chose the last option compared to the others, and the

fewest number chose the second option. However, the result was small, and the distribution was fairly even.

Cross-tabulations revealed one significant relationship, involving the variables Gender and statement (d). More Females than Males believed this statement to be true.

Respondents' Ratings of the Effectiveness of Sources of Information About the FIPPA and Information Practices

1. Respondents were asked to indicate which sources of information about the Freedom of Information and Protection of Privacy Act (1992) or the appropriate handling of client information in terms of effectiveness. The options Moderately and Very Effective were combined and compared to determine which option was rated most effective by respondents. Beginning with the source rated most effective, the order of effectiveness was as follows: peer consultation, policy of work setting, workshops, College of Psychologists of British Columbia newsletter, and the media.

Each option was also analysed individually, and the chi-square results are summarized below.

1. Policy of work setting: this was the only option that a significantly greater number of respondents rated Very Effective compared those who rated it Moderately, Somewhat, and Not Effective;

2. Peer consultation, workshops, and College newsletter: for all three sources, a significant majority of respondents rated these sources Moderately Effective;

3. Media: this was the only option that a significant number of respondents rated Not Effective.

Cross-tabulations revealed two significant relationships, involving the variables gender and work setting. The first relationship showed that more female than male respondents rated workshops as a very effective source of information, and the second relationship showed that more public setting respondents rated the policy of their work place as a very effective source of information.

CHAPTER 5: DISCUSSION

This chapter is subdivided into two sections: a discussion of the frequency data associated with the eight CSA Model Code (1996a) principles, followed by a discussion of the cross-tabulation data associated with the five independent variables.

Accountability

The CSA Model Code (1996a) says that organizations remain accountable for the information they collect, even after it has been shared with third parties. This study looked at three ways psychologists can practice accountability for client information: (a) by familiarizing themselves with the information policy of the organization for which they work (for those who work for organizations, public or private); (b) by inquiring about the security measures used by third parties before forwarding client information; and (c) by requesting that third parties refrain from further sharing client information with other parties without obtaining consent from the client.

The frequency of responses for the question of familiarity with information policy was statistically significant (that is, the number of responses differed significantly from the expected frequency, which is the total number of responses averaged across all options). The majority of respondents (81%) for whom this question applied said they were Very Familiar with their organization's information policy. It is also worth noting that responses did not differ according to the variable Public/Private Work Setting, so respondents from both sectors see themselves as equally familiar with information policy.

The second research question to explore accountability was also significant. It asked respondents to indicate how often they inquire about the security measures of third parties before forwarding client information. The greatest number of respondents indicated they Sometimes make inquiries. Fully 28% of respondents said they Never inquire about the security measures used by third parties. The fewest number of respondents (only 8%) indicated they Always inquire about third parties' security measures, a finding that supports the conclusion by MacKay and O'Neill (1992), which was discussed in the literature review. MacKay and O'Neill suggested that psychologists

should work (i.e., be pro-active) toward preventing the risk of unauthorized disclosure of records by third parties.

Finally, accountability was explored by asking respondents whether or not they request that third parties with whom they are sharing client information do not further share that information without obtaining client consent first. This frequency was also significant, and again, the largest number of respondents (28%) answered that they Never make this type of request, indicating a possible need to inform psychologists of the importance of this practice.[1] The study by MacKay and O'Neill (1992) pointed out that psychological records do at times get passed on from one professional office to the next, without either the client's or the psychologist's knowledge. Although the sharing of client information is often necessary and can be expected over the course of treatment, this need must be balanced with the client's right to know, and to have a degree of control over, the sharing of his/her personal information.

Identifying Purposes

According to both the FIPPA (1992) and the CSA Model Code (1996a) principle Identifying Purposes, psychologists should inform individuals of the purposes for collecting their personal information as part of the informed consent procedure. For psychologists whose work is publicly funded (either by employment or contract), this practice is a matter of law under the FIPPA; otherwise, it is a matter of sound practice.

As stated in the literature review, no previous studies were located that explore the practice of identifying purposes among psychologists. The data collected in this study focussed on two aspects of this principle: (a) the practice of informing clients of all the uses to which their information will be put; and (b) the practice of informing clients if and when a new purpose arises for the use of their personal information.

In order to establish a basis for assessing how often psychologists inform their clients of the ways their information will be used, respondents were first asked to indicate

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1 The following written comment by one respondent underscores this finding: "Hadn't thought of that. Yikes!"

how often identifiable client information was used by them during various psychology-related activities. Team meetings, consultation, and supervision were identified as the situations in which identifiable client information is used most often, while it appears that identifiable client information is rarely used in research and teaching situations.

Of the three situations in which identifiable client information is most often used, only team meetings yielded a significant result. This means that the number of respondents who Never, Almost Never, Sometimes, Almost Always, or Always use client information in supervision and consultation settings was almost equal, while more psychologists Always or Almost Always use identifiable client information in team meetings. In supervision and consultation situations, it was found that the frequency of sharing identifiable client information Never or Almost Never occurred almost as often as it Always or Almost Always occurred. This finding makes sense, given that the intention behind team meetings is to coordinate the care of clients, and that information needs to be shared in order to do that.

The more important question was not whether client information is shared in these settings, but whether or not clients are informed that their personal information will be shared. Therefore, the next questions asked whether the respondents who most frequently shared client information in the situations discussed above inform their clients of this practice. It was found that, of the respondents who indicated they do use identifiable client information in the situations specified (consultation, supervision, etc.), 73% indicated they Always or Almost Always inform clients of this use of their information, while 27% said they Sometimes, Almost Never, or Never do (this frequency was also significant). Thus, there is a concern based on this data that more psychologists do not inform clients that their information is to be shared in these situations.

The frequency data for the next question was also significant. The data showed that the majority (79%) of respondents indicated that they were Always or Almost Always able to explain to clients all the purposes for which their information would be used by the organization for whom they work, while 21% were only able to do so Sometimes, Almost

Never, or Never. Again, these data indicate less than satisfactory standards in this area of practice. There were no significant differences in the number of responses for this question when respondents were grouped according to the five independent variables

There were also some interesting comments from respondents written beside this question on the survey. One respondent commented that "there's a big difference between what an organization says they'll do with the info and what they actually do!" Another respondent included the comment that he or she would not allow the organization (the school district, in this case) to use any personal information, because he or she would not trust the organization to handle confidentiality adequately. This particular comment raises the question of whether or not some respondents realize that the public body that employs them (including by contract) has control over access to and the use of all the information in their records. There were a number of comments of this type by respondents, which will be addressed further, along with the concerns they raise, throughout the discussion.

Finally, the principle Identifying Purposes was further explored by asking respondents if they inform clients when a new purpose arises for collecting their personal information that was not initially anticipated. This could include research, a case presentation at a conference, or a program evaluation. Respondents were asked to respond according to what they would do if they had never encountered this situation. In a significant frequency of responses, fully 24% answered that they would Never or Almost Never inform clients in this situation, indicating a mediocre standard of practice in this area. Further analyses did not reveal any significant differences in the way respondents answered when grouped according to the five independent variables. Overall, the data indicate a need for psychologists to review their standards in this area of practice.

Consent

The topic of consent was divided into two categories for exploration: (a) Consent to a Procedure; and (b) Consent for the Release of Information.

Consent to a Procedure

The reader will recall, as discussed in the literature review, that consent for

services was included as an information practice because the collection of personal information from a client is an inherent aspect of any psychological procedure, with the exception perhaps of some forms of research and teaching. Also, the CSA Model Code (1996a) recommends that when the information to be collected is of a sensitive and personal nature, the person collecting obtains express (that is, explicit) consent from the individual, in either oral or written form. Good practice would mean psychologists obtain consent from clients after identifying the purposes (e.g., therapy, assessment) for which the information will be used. In the study, it was found that 56% of the respondents indicated they Always obtain explicit consent for psychological services, while a notable proportion (14%) indicated they Never or Almost Never do (this frequency was significant). Some respondents also included comments that consent for services is implied by the client's attendance at the appointment. As previously discussed, the information collected by psychologists during the course of providing services, given its highly personal nature, should be considered sensitive, and psychologists should therefore always obtain explicit consent as outlined in the CSA Model Code.

The frequency of responses for the next question was also significant. Forty-one percent of respondents indicated they most often use a combined written and verbal format for obtaining consent, followed by a verbal format (37%), then a written format (20%). The finding of a preference by 37% of respondents for an exclusively verbal format for obtaining consent substantiates the findings of Somberg et al. (1993), who expressed their surprise and concern that there is not a greater reliance on written or combination written and verbal methods, given the documentation requirements and the liability concerns in the profession. An awareness of these concerns may explain the increase in use of written consent forms as psychologists gain experience (i.e., as the number of years in practice increases).

The frequency of responses to the question regarding when respondents obtain consent for services was also significant. The findings showed that the majority of respondents (86%) obtain explicit consent for services at the beginning or end of their first

session with a client. Although the ideal time to obtain consent for services is before any information is collected from individuals, the standards indicated by these findings are fairly consistent with the intention of both the FIPPA (1992) and the CSA Model Code (1996a).

The final question for this principle, for which the frequency was also significant, revealed that over half (54%) of respondents indicated they Always or Almost Always obtain renewed consent whenever the type of service being offered changes (such as assessment to therapy). However, fully 30% of respondents indicated they Never or Almost Never obtain renewed consent for services, and some respondents also again included the written comment that attendance at the appointment implies consent. It may also be that many psychologists obtain 'blanket' consent for all types of services provided, but without further inquiry it is difficult to speculate.

Consent for the Release of Information

The FIPPA (1992) requires public bodies to obtain consent in writing, with the name of the person to whom the information is being disclosed, and its intended uses included, before releasing personal information. Most ethical guidelines, as well as the CSA Model Code (1996a) also recommend that consent be obtained in writing before releasing a client's personal information.

The results of the study showed that 70% of all respondents Always obtain consent before releasing client information (the frequency of responses was significant). However, in one of the most surprising findings of the study, it appears that significantly more Private Setting respondents (20%) indicated they Always obtain consent compared to Public Setting respondents, and that significantly more Public Setting respondents (6%) indicated they Almost Never or Never obtain consent compared to Private Setting respondents. This finding was unexpected, given that Public Setting respondents are required by law to obtain consent before releasing client information, and will be discussed further in the following section. It is also a concern that almost one third of respondents do not Always obtain consent before releasing client information. Psychologists need to

be informed of the importance of this practice, and their legal obligation to do so in public work settings.

In a significant frequency of responses, it was found that the format most often used to obtain consent for the release of information is a combination of verbal and written, followed by written format. Very few respondents said they obtain consent using an exclusively verbal format (only 3%), an indication of good practice in this area based on the requirements of the FIPPA (1992) for written consent.

The data collected regarding the elements included on written consent forms yielded significant results. The elements chosen a significant number of times by respondents were the following: (a) who the records are to be released to (17%); (b) the records to be released (14%); (c) the date the consent form was signed (16%); (d) the client's signature (16%); (e) the purpose or intended use of the information (11%); and (f) a parent's signature in the case of clients who are minors (11%). The results for the remaining two elements (expiry date and limitations on the information) differed. A significant percentage of respondents indicated they do <u>not</u> specify any limitations on the information to be released on their consent forms (73%). Finally, the number of respondents who said they include an expiry date on their consent forms was not significantly different from the number of respondents who said they do not.

The concerns with the result regarding limitations on the information is that, as mentioned under the principle Accountability, psychologists are responsible for their client's information even after it has been shared with third parties. An appropriate limitation on the information would be a statement asking that consent be obtained before further sharing the information. One respondent included the comment that it was not possible to specify limitations with Workers Compensation Board contracts, and that they include a warning on their consent form saying that once the record is released to this organization, the respondent is no longer responsible to whom the information may be released. It would be in the interest of the privacy protection of clients if organizations could work more closely with helping professionals to keep the client informed of third

party access to records by requiring explicit client consent for disclosure.

Other limitations might include that original files are returned to the psychologist, or that copies are destroyed after a specified period of time. The concern regarding the finding that most respondents do not include an expiry date on their consent forms is that forms without expiry dates can be used for 'blanket' consent for the multiple release of unspecified pieces of information. Respondents were also given the opportunity to specify other elements they include on their consent forms that were not listed. The majority who provided an answer said they include the signature of a witness as well.

Limiting Collection

According to both the FIPPA (1992) and the CSA Model Code (1996a), psychologists should collect only that information which is necessary for them to carry out their duties. Because collected information takes the form of whatever information is actually recorded in a client's record, the study focussed on the choices psychologists make about the information that is to be included or excluded from a client's record. In a frequency of responses that was significant, it was found that the record keeping practice of the majority of respondents (82%) is to record the minimum amount of information needed to ensure accurate recall or to exclude some information from the record. A very small number of respondents indicated that they do not keep any records (1%), or that they keep two sets, one for themselves and one for the client's file (4%).[2] These data supported the findings cited by Frank (1995), who also found that the majority of respondents (school counsellors) kept "some extent" of information in student files, while only 8% kept no records at all (p. 22).

As well, 13% indicated they record everything and exclude nothing from a client's record (this frequency was also significant). This last result does not support the 1988 finding by Fulero & Wilbert, who found that fifty percent of the psychologists in their

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One respondent commented that he/she began keeping two sets of files after having client records subpoenaed; another respondent said he/she kept no records at all in private practice, but kept records for government contract work only.

study excluded nothing from client records. This finding may indicate an increase in caution over the past ten years about recording details that could have potentially negative consequences.

Respondents who choose to exclude some types of information from the client's record were asked to indicate which, from a list, they exclude, and the frequency of responses for this question was significant. The types of information that collected the most responses were the following: (a) hunches, speculations, and guesses (15%); (b) value judgments (21%); (c) emotional reactions (19%); and (d) personal opinions (15%). The types of information that collected the least number of responses were illegal behaviour (8%) and sexual practices (7%), meaning that fewer respondents choose to exclude this type of information from client records. As stated in the literature review, a number of authors have recommended that helping professionals focus on recording facts, and exclude hunches, value judgment, emotional statements, and other personal opinions, and the data from this study indicates that most psychologists agree with that recommendation. However, some authors also recommend that helping professionals think carefully about the implications of recording highly sensitive and personal information such as illegal or sexual behaviour (Siosson, 1987; Kagle, 1984; see also Fulero & Wilbert, 1987; and Eberlein, 1990).

The previously cited study by Frank (1995) of school counsellors included data suggesting that most school counsellors exclude information about sexual behaviour, a finding inconsistent with the findings of this study. An important difference, however, is that school counsellors work almost exclusively with adolescents, who may not want others (especially parents) to find out about their sexual behaviour. Combined with the fact that school counsellors' case notes often become part of the student's school record, it makes sense that school counsellors are more reluctant than psychologists to include this type of information in written records. Another difference in findings between the two studies was that more school counsellors than psychologists exclude hunches, speculations, and guesses (which Frank called "informal speculations") from client

records, which seems to indicate again that school counsellors are more reluctant than psychologists to include certain types of information in records, possibly because they feel they have less control over requests for access than psychologists do.

There was also a space provided so respondents could specify other types of information they intentionally exclude from the client's record. The following is a list of some of those comments (note: * indicates that a number of respondents included this comment):

(a) information that could be used in legal proceedings*

(b) information about third parties, or information that could be harmful to third parties*

(c) information that is irrelevant to the treatment*

(d) information that may damage the client's career or reputation

(e) some diagnoses, i.e., Borderline Personality Disorder

(f) information the client has asked me to exclude*

(g) anything I believe to be potentially harmful to my client

(h) it depends*

The last comment cited (it depends) supports the comment by Fulero & Wilbert (1988) that there remains a great deal of variation in record keeping policies.

Limiting Use, Disclosure, and Retention

Because use of client information was also explored under Identifying Purposes (respondents were asked to indicate how often they used client information in various psychology-related activities, such as supervision, consultation, etc.), the exploration of this principle was restricted to Limiting Disclosure and Retention. The topics explored, therefore, were Limits of Confidentiality, Third Party Access, and Retention of Records. Limits of Confidentiality and Third Party Access are first discussed under Disclosure, followed by Retention of Records.

Limits of Confidentiality

The findings showed, in a frequency that was significant, that 70% of respondents

Always inform clients of the limits of confidentiality, and that only a small minority (1%) indicated they Never do. Further, there were no significant differences in the number of responses based on the independent variables. It is of concern, however, that fully 31% of respondents do not Always inform clients of confidentiality limits. If clients are to have choice and control over the types of information they reveal about themselves, they need to know the conditions under which psychologists would be obligated to disclose certain types of information. The importance of this practice should be impressed on psychologists as a fundamental right of clients.

Respondents were also asked to indicate whether they would break confidentiality under a number of different situations that were listed.[3] The frequency of responses for this question was also significant. The data showed that for each of the situations listed, the pattern of responses was that more respondents said they were Always or Almost Always willing to break confidentiality in that situation, and fewer respondents might do so Sometimes, Almost Never, or Never (in fact, no respondents chose the Never option for any of the situations listed). As well, the findings showed that the situation in which respondents were most willing to break confidentiality was when a child is in danger, followed by when a client is dangerous to others, then when a client is a danger to him or herself. The only situation for which the frequency of responses was not significant (that is, for which the frequency of responses was evenly distributed across the categories, Never, Almost Never, etc.) was when a client has a reportable disease. The findings for this situation showed that, in a reversal of the pattern for all other options, more respondents (51%) would Almost Never or Sometimes break confidentiality under this circumstance compared to respondents who Always (49%) would. Although the Health Act Communicable Disease Regulation (B.C. Reg. 4/83) requires anyone who knows or suspects that a person may be suffering from, or has died from, a communicable disease

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The situations were: (a) when a child is in danger; (b) when a client may be dangerous to him/herself; (c) when a client may be dangerous to others; (d) subpoena of records; (e) when a client has a reportable disease; (f) when a client has a medical condition that makes driving dangerous.

listed in the Regulation must report the matter to a Medical Health Officer, it may be that many psychologists are unaware of this obligation. One respondent also provided the following revealing comment: "I don't know how to handle AIDS and am always asking the BCPA (British Columbia Psychological Association) and the community their opinion on this," an indication that psychologists could benefit from some guidance in this area. Another explanation may be that the respondents who indicated they Almost Never or Sometimes would break confidentiality in this circumstance would encourage the client to report the condition him or herself instead.

Respondents were also given the opportunity to describe additional situations in which they would break confidentiality in a space marked 'Other.' A list of those comments is provided below:

(a) consultation

(b) Workers Compensation Board (WCB) and the Insurance Corporation of British Columbia (ICBC) (did not clearly specify the situation)

(c) potential criminal offences

(d) to inform the family that the client "needs help"

(e) misuse or dangerous use of medications

(f) to notify family members of the death of a client

(g) when a client cannot perform the duties of a police officer safely

Some of the above are clearly variations of the limits of confidentiality that require psychologists to report if a client is dangerous to him/herself or anyone else. Others, however, such as potential criminal offences and informing the family that a client needs help may be questionable grounds to break confidentiality unless is ill, or there is a danger to the client or someone else. The comment regarding disclosure to WCB and ICBC also raises the question of whether or not clients are made aware that their personal information is disclosed when services are funded by these organizations.

The next set of responses was also significant. Over half (53%) of all respondents said they use a verbal format to inform clients of the limits of confidentiality, while

approximately one third said they use a combination verbal and written format. Given the importance of ensuring that clients understand the circumstances under which psychologists are compelled, by law or by their code of ethics, to break confidentiality, it may be important to encourage more psychologists to use a written format. Clients may not be in a suitable frame of mind to absorb and understand the implications of the information if they receive it verbally only. The practice used by some psychologists is to require clients to sign a written from indicating they have read and understood the limitations of confidentiality. Given the previous research (Miller & Thelen, 1986) indicating that the public does not have a good understanding of the limits of confidentiality, this may be an area in need of improvement.

The set of responses to the question regarding when respondents inform clients of the limits of confidentiality was also significant. Again, the majority of respondents (72%) indicated they inform clients at the beginning of the first session. However, fully 17% reported that they only inform clients of the limits of confidentiality when and if the need arises (in other words, after the fact). Ideally, psychologists should give information about the limits of confidentiality before gathering any information from the client, which means before beginning treatments, assessments, tests, etc., as almost all psychological services necessarily involve the collection of client information. The next best alternative would be to give this information to clients at the end of the first session. Again, psychologists may need to be informed or reminded of the importance of this practice.

The final question regarding limits of confidentiality showed that 73% of respondents Always or Almost Always attempt to obtain consent before breaking confidentiality, even when required by law (the frequency of responses was significant). This finding reflects good practice in terms of respect for the client's right to be informed about the use of their personal information. It may also be a reflection of psychologists' willingness to remain supportive of their clients through these difficult situations (only 8% said they would Never or Almost Never attempt to obtain consent before breaking confidentiality). There was no significant difference in the number of responses based on

the independent variables.

Third Party Access

The topic Third Party Access consisted of three types: (a) requests for access by parents of minor clients, (b) subpoena of records, and (c) requests for access to records of deceased clients.

Parental Access

Beginning with requests for access by parents of minor clients, the data produced a significant set of responses, which showed that a majority of respondents have either Never had this type of request, or have had this request a Few Times (88% combined). When asked how they would or have handled this type of request, again the frequency was significant, in that the majority (82%) responded that they would grant access to parents of children who are not mature minors or obtain consent first from children who are mature minors.[4] The smallest number of respondents chose the option 'grant access without consent, regardless of age' (7%). This finding shows that most psychologists are probably making decisions about access and minors based on the Infant's Act (1996), as discussed in the literature review. In fact, one respondent included the comment that it "depends how old the minor is and whether they have the capacity to consent under the Infant's Act." According to the Infant's Act, a minor may consent to treatment by a health care professional without parental consent if the professional determines that the minor understands the nature and consequences of the procedure, and if the professional has determined that the procedure is in the minor's best interest. It appears that psychologists are basing decisions regarding access to records on the same criterion. This finding is therefore in accordance with the Privacy Code for Private Physicians' Offices in British Columbia (1998), which says that where a minor has been deemed capable of consenting to treatment without his or her parents' consent, the physician may provide the parent access to the minor's records only with the minor's written permission (section

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The other option was to deny access out of respect for the child's privacy, regardless of the age of the child.

4(5)). As well, the reader will be reminded of the British Columbia Information and Privacy Commissioner's comments regarding the privacy rights of minors, which were that older children should be able to exercise control over access to their personal records (Office of the Information and Privacy Commissioner, 1994a, Order No. 2-1994).

A number of respondents provided written comments to this question. Some examples are listed below:

(a) process issues in therapy at appropriate time for child and parents as a way of sharing and being therapeutic.

(b) I always get consent from parent and child.

(c) try to convince guardians release of information would interfere with therapeutic relationship.

(d) selective information offered.

As well, one respondent, who indicated he or she worked for a school board, circled the option that said the decision to grant access was based on obtaining consent from mature minors, and commented that this was what he or she believed they <u>should</u> do, then also circled the option that said access should be granted with or without consent of the child, regardless of age, and commented that this is "what we do." This response again highlights the need for the organizations for whom psychologists work, whether public or private sector, to bring their information practices in line with the current legislation.

Respondents were also given four variations of the question about parental access to records, and asked how they would handle each type of request. Each set of responses was significant. The first variation involved requests for access by parents against the explicit wishes of the minor client. Seventy-nine percent of all respondents had Never received this type of request, with the additional finding that significantly more Male than Female respondents <u>had</u> received this type of request. In response to a list of choices about how they would handle a request of this type, an equal number of respondents (32%, which was also the largest number of responses) said they would either deny access

out of respect for the minor's right to privacy, or try to obtain consent from the minor for the release of part of the record. Again, only a very small minority (3%) indicated they would grant access without the minor's consent.

The next variation of parental requests for access to a minor's record was requests by non-custodial parents. Again, this type of request appears to be quite rare, with 57% reporting they had Never received this type of request and 25% saying they had a Few Times. When asked how they would or have handled requests for access by non-custodial parents, 66% of the respondents said they would obtain consent from both the custodial parent and the minor first. A very small percentage (1%) said they would grant access outright. The second largest group, at 18%, said they would deny access and inform the non-custodial parent that he or she would require a court order to obtain access. Finally, a small percentage (14%) said they would obtain consent from the custodial parent first; this group probably consisted of many of the same respondents who would not require consent from the minor for parental consent. The option most respondents chose (obtaining consent from minor and parent) strikes a balance between the extremes of granting and denying access outright, while also including the minor in the decision. Given the previous discussion about mature minors having control over access to records, this would probably also be the best way to handle most requests of this type.

The next variation of parental requests was access to records by a joint-custodial parent with whom the minor does not reside. The frequency of receiving requests of this type was almost identical to the previous variation, in that half (55%)of all respondents have Never received this type of request, while 23% have a Few Times. There was a difference, however, in the responses to options for handling this type of request, although the options were the same as for the previous variation. Twenty-nine percent of respondents indicated they would "grant access because each parent in a joint custody agreement has that right," compared to only 1% in the previous question who said they would grant access because a non-custodial parent has that right. The majority of respondents, however, chose the same option as for the previous variation (obtain consent

first from the minor client and the parent with whom the client resides). The difference in responses between this and the previous variation may be an indication that respondents believe that joint custody parents have more legal rights in general regarding their children compared to non-custodial parents, including the right to information about their child's mental health. This extrapolation may or may not be acceptable in the eyes of the law, and without a previous ruling by the Information and Privacy Commissioner it is difficult to state with certainty. Even if it is accurate, however, that parents with joint custody have more access rights (even if the child does not reside with them) compared to non-custodial parents, it should still be the case that the most important criteria for decisions of this type should be based on the best interests of the child, not the custodial status of the parent.

The last variation of parental access was requests by one parent against the wishes of the other. This situation, along with the previous ones, can potentially arise when parents are engaged in divorce proceedings and want to use the information in their child's record to gain custody. The findings showed that fewer respondents have ever received this type of request compared to the previous variations. When asked how they would handle or have handled this type of request, the largest group (32%) of respondents said they would grant access if the minor client agreed. The second largest group (25%) said they would deny access unless a court ordered the release of the records, and the smallest group (23%) said they would deny access unless both parents agreed. It should be noted, however, that the distribution of responses was not significant, meaning that the number of respondents who chose each option was fairly close. Many respondents also provided written comments that indicated it would depend on the issues or the situation, or on who had been the referring parent. There was no difference in responses according to the independent variables. Again, best practice in this situation should be based on the child's best interests first, and consent of the child and referring parent if possible.

Overall, it appears that most psychologists handle requests by parents for access to their child's records by attempting to gain consent from the minor first (using the mature minor rule outlined in the Infant's Act); if the minor resists granting consent for the release

of information, however, it appears that many psychologists choose to negotiate an agreement of some kind, either by working to convince the minor to release all or part of the record, or by trying to convince the parent(s) to withdraw the request. It also appears that, in situations of conflict between parents, most respondents indicated they would require consent from the parent with custody or the referring parent, as well as the child. Finally, it appears that respondents handle requests by parents who do not have the direct care of the minor by obtaining consent from the minor and the parent who does have direct care.

The finding that many respondents choose to try to convince minor clients to release records to parents may be cause for concern if it is the case that minors are being pressured into granting consent for the release of their records against their wishes. Helping professionals should be aware that the potential for this type of pressure, even if unintentional, is probably greater with minors than with adult clients because of the greater difference in power between the professional and the minor client. Helping professionals should also be aware that minors are more vulnerable to privacy violations than adults, and that attempts to negotiate the consent to release information when the minor client has resisted should be undertaken with caution and with the minor's best interests foremost in mind.

Access to Records of Deceased Clients

The second section of Third Party Access explored Access to the Records of Deceased Clients. In a frequency of responses that was significant, a very large majority of respondents (89%) indicated they have Never received this type of request. Of those who have had requests for access to records of deceased clients, 84% said they granted access less than one year or one to five years after the death of the client. This finding is not consistent with the FIPPA (1992), which states that a public body may disclose personal information "for archival or historical purposes if... the information is about someone who has been dead for 20 or more years" (Ministry of Government Services, 1995, p 7-20). As well, the reader will be reminded of the comments by the Information

and Privacy Commissioner, who stated that "the Act makes it quite clear that privacy rights do not automatically end when a person dies" (Office of the Information and Privacy Commissioner, 1994b, Order No. 27-1994).

If the Commissioner's statement that privacy rights do not cease upon death is taken literally, one can argue that the same guidelines for denying access to information should be applied to both living and deceased clients, meaning that all of the exceptions listed under sections 12 to 22 of the FIPPA (1992) should be observed. Strict adherence should especially be given to section 22 (Disclosure Harmful To Personal Privacy), while under section 19.1(a) the information could also be withheld if "the disclosure could reasonably be expected to threaten anyone else's safety or mental or physical health" (p. 2.2-60).

Similarly, it can be argued that the information of deceased clients should be subject to the same limits of confidentiality as for living clients. In reality, the only limit that would apply would be requests for release of information under subpoena or court order (i.e., other confidentiality limitations such as reporting if the client is in danger of being harmed or harming someone else is no longer relevant). In those instances, psychologists should follow the same standard procedure as with the information of living clients, such as requesting an appeal if a judge orders the release of information that is not seen as relevant to the proceedings.

Due to insufficient numbers, it was not able to be determined whether there was a significant difference in the number of responses for this finding according to Public or Private Work Settings. It may be the case that more Private Setting respondents, who are not governed by the FIPPA (1992), said they had released the records of deceased clients after only one year. It may also be the case that the records of deceased clients were released less than one year later as part of a coronary investigation into the client's death. Whatever the case, it may be useful for psychologists in both public and private settings to review their practices in light of the legislation, in the event that they may receive a request of this type in the future.

Respondents who had received this type of request and denied access to the records of a deceased client were asked to indicate their reason for denying access. The frequency of responses was significant, in that 76% of respondents said they felt it was a violation of the deceased's privacy rights, 20% said they feared the information may be harmful to the person(s) requesting access, and a very small percentage (4%) said they feared it may lead to a lawsuit. Some written comments from respondents who had denied access to this type of request included the following: (a) that the client had been estranged from the person making the request; (b) that the record included information about third parties; and (c) because there was a question of ownership of records upon the death of the client. Again, due to insufficient numbers, this question could not be further explored in terms of differences in responses between groups.

Subpoena of Records

The third section of Third Party Access explored the issue of the subpoena of psychological records. The reader will be reminded that section 33 of the FIPPA (1992) requires public bodies to disclose personal information "for the purpose of complying with a subpoena, warrant, or order issued or made by a court, person or body with jurisdiction to compel the production of information" (Ministry of Government Services, 1995, p. 3.2-8). When asked how often respondents have received this type of request, 50% of the respondents indicated a Few Times, with 30% saying they have Never received a subpoena (this frequency set was also significant). The result indicates that, of the three types of Third Party Access explored (parental access, access to records of deceased clients, and subpoena of records), subpoena of records appears to be the type that occurs most often.

Respondents were also asked whether they would inform clients before releasing records that had been subpoenaed, which also produced a significant set of responses, in that 62% said they would Always inform clients first. When asked whether they would seek legal advice before releasing records requested under subpoena, the majority (42%) replied that they Always would, with the next largest group (26%) choosing Sometimes

this frequency set was also significant).

Respondents were also asked to indicate whether they have ever or would ever attempt to resist a subpoena for client records. In a significant set of responses, the majority (38%) said they Sometimes have or would attempt to resist a subpoena, although the numbers for the options Never and Almost Never were almost as large (29% and 23% respectively). The responses for this finding did not differ significantly according to groups of respondents.

Lastly, respondents were asked to provide written comments giving reasons they would attempt to resist the subpoena of client records. The majority of respondents said they would attempt to resist a subpoena if they thought the release of records would harm their client in some way. Examples are given below of other reasons respondents gave for resisting a subpoena:

(a) if the they thought the information in the client's file was irrelevant to the court case;

(b) to prevent the release of test protocols;

(c) personal loyalty to the client;

(d) lack of trust of Social Services (now the Ministry For Children and Families).

One respondent also commented that he or she was very uncomfortable with the law allowing opposing counsel to access records, and could imagine a worst case scenario in which they would be willing to resist. The respondent also expressed the hope that this law (probably Bill C-46) receives greater scrutiny and debate.

Overall, it appears that not many psychologists would resist the subpoena of records as standard practice. It also appears that most psychologists' responses to the subpoena of records is within the requirements of the FIPPA (1992).

Retention of Records

The reader will be reminded that the CSA Model Code (1996a) encourages organizations to specify minimum and maximum record retention periods, depending on the purpose for which the information is to be used. In addition, the FIPPA (1992) says

that information that has been used to make a decision about an individual should be kept for at least one year after the decision was made, in order to allow time for the individual to request access or add corrections/annotations to the information. Finally, the CSA workbook (1996b) stresses that information should not be kept one day longer than regulatory and legal requirements demand, which is why record retention is conceptualized in terms of limiting retention in the CSA Model Code.

As previously discussed, guidelines vary in their recommendations regarding record retention for psychologists. The Privacy Code for Private Physicians' Offices in British Columbia (1997) recommends that adult records be retained for a minimum of 7 years, and the records of minors retained 7 years past the age of majority (until the minor is 26 years of age). The APA Record Keeping Guidelines (1993) recommend records be kept for a minimum of 3 years after the last client contact, then transferred to a summary or maintained as is for an additional 12, and that records for minors be kept for 3 years past the age of majority.

All of the frequency sets for Retention of Records were significant. The data showed that 49% of all respondents keep records for adult clients 4 - 7 years after the termination of services. The next largest group of respondents (26%) said they keep records 8 - 20 years, and the smallest number (.3%) said they destroy records immediately after termination of services. Generally, the results show that most psychologists are practising within recommended guidelines for adult records. However, given the recommendations against keeping records containing personal information longer than is absolutely necessary, the relatively large group of respondents who keep records 8-20 years would be advised to re-think their retention policy.

The data for child or youth clients showed that 67% have the same retention policy for minors as for adults, so again the majority would keep records for 4 - 7 or 8 - 20 years after termination of services. However, it is impossible to know whether that time period would intentionally extend past the date the client reaches the age of majority. Only a small percentage of respondents (7%) said they keep records for minors until the client

reaches the age of 19, although a few respondents wrote in the 'Other' category that they keep minors' records for a period of time past age 19. It is unclear from the results whether or not psychologists are practising according to the recommended guidelines by keeping the records of minors for 3 to 7 years past age 19. Future research that includes more direct questioning would be useful. Respondents were also asked whether or not they specify their record retention policy in their contract when they do contract work, and the majority (64%) said they Never or Almost Never do.

The final question regarding record retention asked respondents to indicate whether or not records are kept with personal identifiers, and the majority of respondents (76%) indicated they are. Therefore, the current situation among the psychologists surveyed is that client files are kept anywhere from four to twenty years, with personal identifiers. There are some risks involved with this practice, including the following: (a) increased chances of accidental disclosure of highly sensitive information, and (b) increased chances of having outdated information used to make decisions about clients. Again, it may be wise to provide information regarding these risks to psychologists, and to provide guidelines regarding minimum and maximum recommended record retention periods.

Accuracy

Subsection 4.6.1 of the principle Accuracy advises that "Information shall be sufficiently accurate, complete, and up-to-date to minimize the possibility that inappropriate information may be used to make a decision about the individual" (CSA, 1996a, p. 6). The reader will be reminded that because the topic of completeness was explored under the principle Limiting Collection (i.e., what types of information to include and exclude from records), the areas of accuracy and up-to-date record keeping were explored under this principle. Exploration was carried out by asking respondents to indicate how soon they update client records after each session, and whether or not they warn third parties before forwarding outdated client records. The frequency of responses for both questions was significant.

The data showed that almost all of the respondents update client records either during (20%) or immediately after each session (35%), or within 24 hours (28%). A small number (14%) indicated they update records within one week or more than one week later (3%). These findings show that most psychologists are practising within recommended guidelines.

In terms of whether or not respondents warn third parties that information is outdated before forwarding, the data showed that over half (57%) of the respondents indicated they Always do this, while only a small number (11%) said they Never or Almost Never do. In fact, many respondents included the written comment that they would not forward outdated information at all. It would have been useful to question respondents about their definition of outdated information as well. Again, the findings reflect good practice on the part of psychologists in terms of adhering to recommended guidelines.

Safeguards

The principle Safeguards was divided into the following categories for exploration: (a) the format used to record client information; (b) the storage of records; (c) the safeguards used for stored records; (d) the use and safeguards of electronically transmitted client information; (e) written plans for the continued security of records in the event of death, incapacity, or withdrawal from practice. The data showed that all sets of frequencies except one were significant.

Format Used to Record Information

Beginning with the first category, the data showed that 68% of respondents record client information on paper, while19% use a combination of paper and electronic format. A very small percentage (5%) said they record client information on audio or video cassette, with one respondent providing the additional comment that these "are not often perceived like (sic) a patient's file." Of those who record client information on paper, 44% transfer the information to a computer Sometimes, Almost Always, or Always, indicating that a large number of client files are either originally recorded into a computer, or eventually end up in computer files.

Storage and Security of Records

The results also showed that most records (59%) are stored in paper files, a finding that follows directly from the previous findings regarding the format used to record client information, and that an additional 38% are stored in a combination of paper and computer files. Most files (62%) are stored at the psychologist's office, 24% are stored at both the office and in the psychologist's home. Only a small percentage (8%) keep all their client files at home. Although respondents were given the opportunity to report other places they may keep files, most written comments simply specified that they keep files at both home and the office. These results thus differ from Frank's (1995) findings, which showed that many school counsellors keep files in a wide variety of places, including the back seats and trunks of vehicles.

The security method most respondents use to protect paper files is a combination of locked filing cabinets and restricted access (45%). The next most popular security method was locked filing cabinets (30%), followed by restricted access (20%). The finding that this many respondents use restricted access without locked filing cabinets may be cause for concern given the highly sensitive information in client files. The FIPPA (1992) (section 30) states the following: "the head of a public body must protect personal information by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or disposal" (Ministry of Government Services, 1995, p. 7-17). The CSA Model Code states that safeguards should be "appropriate to the sensitivity of the information" (CSA, 1996a, p. 6). Accordingly, it seems appropriate to expect that the minimum security method for all client files should be locked cabinets, with restricted access if possible. Psychologists should be made aware of the risks they incur by not using appropriate security measures.

The findings regarding the disposal of paper files showed that the majority (81%) of respondents rely on shredding as their primary method of disposal of client files. This finding shows that psychologists' practices are consistent with guidelines concerning disposal of health records, and that there is probably a low risk among psychologists of the

occurrence of the type of incidents that were described in the literature review (where health records were washed out into the ocean, accidentally sold with a filing cabinet, etc.).

The results of the survey regarding computer files showed that, of the respondents who keep client information in computer files, 53% use passwords as a security method. The number who indicated they use encryption or audit trails was very small (10%), while fully 30% of the respondents said they do not use any security measures for computer files at all. Again, given the fact that most psychological records contain highly sensitive information, psychologists should be encouraged to review their security measures for computer files and consider the use of security measures that are consistent with the sensitivity of the information.

The findings regarding security measures used when a computer containing client information is being repaired, upgraded, or replaced showed that 43% of the respondents have repairs done 'in house.' While this security procedure is ideal, it is probable not possible for many psychologists who do not work in large organizations or government settings. Alternate measures are to arrange for security clearance for repair persons (only 9% reported they use this measure), or to use the services of a reputable business and to supervise and document each visit.

Less than one quarter (22%) of the respondents said they erase disks or the hard drive before upgrading or disposing of their computer, and only a small percentage (5%) said they perform a low-level reformat. These findings are not in accordance with the recommendations of the Ministry of Health report by Peck (1995), which stated that computerized records should be "rendered unreadable through the use of an appropriate mechanical, physical or electronic process and converted into such a form that their reconstruction in whole or in part is highly unlikely" (p. 16).

As well, psychologists should be aware that files that have been deleted from either disks or the hard drive can be recovered, and that software programs exist that enable the recovery of files that have accidentally been erased. It is also possible with some

programs to recover information in files kept on a computer's hard drive that has been written over with new information, so this method is not entirely secure either. The best method available for ensuring the complete obliteration of information in files either on disks or the hard drive is to perform a low level format (helping professionals can consult with a computer expert on the procedure). This method should be used before a computer containing client information is sold, traded, or disposed of, and also before discarding disks. The findings that only a small percentage of respondents use this method, however, indicate that psychologists may need more information on this point.

The findings regarding organizational security methods showed that 37% rely on clearance for access, and 37% rely on need-to-know access. This finding is probably very situation-specific, and will be discussed further in connection with the Public/Private Work Setting variable. These two types of security methods probably represent the best available way to restrict access in organizational settings to sensitive information. What was surprising was that 10% of all respondents who work in an organization do not use any organizational security method at all. Once again, psychologists should be made aware of their responsibility for the security of information they have collected and the risks involved in not providing appropriate security measures.

Electronic Modes of Communicating Client Information

The next category of the CSA Model Code (1996a) principle Safeguards was the use of and security measures for electronic modes of communicating client information, which included fax, e-mail, voice mail/answering machines, cordless and cell phones, and video/computer conferences. The results showed that a greater number of respondents do not use each mode compared to the number who do. The mode that respondents indicated using more often than any other to transmit or receive client information was the cell phone (28% Always or Almost Always use it).

Respondents were also asked to indicate which security precautions they take when using each of the electronic modes of communication for transmitting or receiving client information. Beginning with the use of fax machines, the findings showed that 73%

of all respondents Always use cover sheets when sending client information. However, only 54% indicated they Always check the accuracy of the recipient's number, to reduce the risk of sending the information to the wrong recipient. As well, only 33% Always phone the recipient before sending the fax, and only 39% Always use restricted access to the fax machine as a security method. In addition, fully 33% also indicated they Never use the latter method. The security method least used by respondents was key locks or confidential mailboxes (73% said they Never use this method), and a large percentage (40%) also indicated they Never use removal of identifiers as a security method. This last finding was not unexpected, given that it is probably unavoidably necessary in most cases to include personal identifiers with client information that is being transmitted.

The Guidelines for the Secure Transmission of Personal Information By Fax provided by the Office of the Information and Privacy Commissioner (1996a) states that "the best way to secure personal information is not to Fax it at all" (executive summary). A number of guidelines are then presented, which include the categorization of data into high risk and low risk classifications, the restricted use of fax to authorized persons only, regular checking of fax activity reports, use of key locks, mailboxes, and encryption, isolating fax machines away from public areas, and ensuring that faxes reach their intended parties by using cover sheets and checking the accuracy of numbers. Guidelines are also provided by COACH (1995), which recommends that health data should only be transmitted by fax when it is required for urgent or emergent care, that the sender of the data should be responsible for ensuring the security of the data, and that the fax machine should be located in a secure area.

The survey results indicate a need for psychologists to review their fax security methods, and to utilize guidelines such as those provided by the Office of the Information and Privacy Commissioner (1996a) and COACH (1995). Given the sensitivity of client information, psychologists should, at the very least, be using cover sheets, checking the accuracy of the recipient's number, phoning the recipient before faxing, and ensuring restricted access to the fax machine. The use of key locks, mailboxes, and encryption

should also be considered when the risks of unauthorized access are high.

The two security methods explored for e-mail included removal of identifiers and encryption. Again, it is probably safe to assume that the inclusion of personal identifiers is unavoidable in transmitting client information by e-mail, as a certain amount of accuracy and efficiency would be lost otherwise. Therefore, the finding that 39% of respondents Never or Almost Never use this method of security was not unexpected. Eighty-three percent of the respondents also reported Never using encryption when sending client information by e-mail. However, psychologists who regularly use this mode to transmit or receive client information should consider encryption as a security method.

The findings for the security methods used for answering machine or voice mail showed that 36% do not use personal identifiers when leaving messages. Unless the sender knows that an answering machine or voice mail box is secure, however, the practice of leaving messages with personal identifiers increases the risk of a breach of confidentiality, and again it may be useful for psychologists to review their practices in this regard. The most positive finding was that most respondents Always or Almost Always restrict access to their answering machine and voice mail (75% and 81%, respectively). While it seems to be the case that many psychologists are aware of the need to monitor the security of their own answering machines or voice mail, they should also be aware of making assumptions about the security standards of others.

The security method looked at for cell phones (the most frequently used mode of transmitting or receiving client information) was the avoidance of using personal identifiers. The findings showed that there was no significant difference between the number of respondents who Always or Almost Always refrain from using personal identifiers when discussing client information by cell phone, and those who Never or Almost Never refrain (i.e., who use personal identifiers in cell phone conversations). Psychologists may not be aware that cellular telephones use radio frequencies to connect callers, which are less secure than telephone lines. In fact, the guidelines set out by COACH (1995) recommend that cell phones not be used at all to transmit health

information, except in urgent or emergent cases. The guidelines also suggest that information that is transmitted via cell phones be encrypted. Again, psychologists should be encouraged to review their practices in this regard, given the frequency of use of cell phones.

Very few respondents said they make use of video/computer conferencing (2% reported Always, Almost Always, or Sometimes), and therefore the findings regarding use of security methods for this mode cannot be interpreted. It may be sufficient at this point to recommend that psychologists become aware of the risks of breach of confidentiality when using this mode, that the use of personal identifiers should be avoided if possible, and that access to the technology should be highly restricted when it contains personal client information.

Use of a Written Plan For the Continued Protection of Client Information

The final category of the principle Safeguards was the use of a written plan for the continued protection of client information in the event of death, incapacity, or withdrawal from practice. Of the respondents who said they have client records in their custody, only 17% said they have a written plan for their continued protection. In fact, many respondents included written comments such as "Good idea-- hadn't thought of that." As previously mentioned in the literature review, the APA Ethical Principles of Psychologists and Code of Conduct (1992) advises psychologists to make such plans in advance. Ideally, such a plan would include details of the practitioner's security measures, details about how and when the records are to be destroyed, and the practitioner's record retention policy.

Individual Access

Individual access covers the following topics: (a) the frequency with which psychologists allow clients access to records, (b) the process of providing access to clients, and (c) types of information excluded from client access.

Frequency of Allowing Access

The study showed that 62% of respondents have had requests for access a Few

Times. As well, the number who have received requests Many or a Moderate number of times totalled 25% of all respondents. The number who have Never been asked for access to client records (12%) was smaller than that found by Fulero and Wilbert in 1988 (18%), an indication that perhaps the number of requests for access to psychologists' records has risen slightly over the past decade.

Almost all of the respondents in this study also indicated that they do allow clients to have access to the information about them in their files if requested (52% reported Always, 1% reported Never). A written comment by one respondent in response to this question also highlights the current differences in information policy between the public and private sectors. The respondent noted that he or she would allow access "if this is not a restricted report. For example, at times an assessment is ordered by an insurance company, restricting the access of the subject. The client in that case is the company, not the subject." This comment (assuming the respondent was referring to a Crown Corporation, which would be subject to the FIPPA, 1992) seems to reflect a need for clarification of the relationship between practitioners, clients, and public sector organizations in terms of ownership of personal information. Specifically, it should be noted that, while a public body may own and have control of the record, the individual owns the personal information in it, and the onus is on the public body for justifying the denial of access to that information by the individual. Accordingly, the legislation needs to be interpreted consistently, regardless of the size or type of organization involved.

The findings regarding whether psychologists inform clients that they may request access produced an interesting result. There was no significant difference in the distribution of responses, meaning that approximately the same number of respondents said they Always or Almost Always inform clients that they may have access compared to the number who said they Never or Almost Never do. The fact that 58% of all respondents Never, Almost Never, or Sometimes inform clients that they may have access may be related to the finding cited earlier that only 25% of all respondents have received requests Many or a Moderate number of times. Although few clients may have the

interest or need to request access, it may also be the case that many clients do not know they may have access if they request it. As stated in the literature review, Gelman (1992) argued that access policies can result in improved record keeping and more responsible and accountable services, and that the right to access is integral to the principles of freedom, self-determination, and privacy. Given that a large majority of respondents from the private sector as well as the public sector seem to be open to allowing client access, psychologists may want to consider routinely informing clients that they have that right.

Procedure for Allowing Access

Sixty-eight percent of respondents said they would prefer to review the record on the premises with the client, rather than give the client a copy or a written summary. This finding supports the results of the next question, which asked respondents to indicate the reasons why they would deny access to clients. Almost all respondents (83%) chose one or more of the following three reasons: (a) fear that the information may bring harm to the client or someone else, (b) fear that the information would be misunderstood, or (c) fear of infringing on copyrights regarding test protocols. It is not surprising that most respondents would prefer to review the record with the client, perhaps implying that they would be able to answer questions, interpret tests, and make sure that the client would be the only person to see the record.

Also worth noting is the fact that very few respondents (only 2) chose the option which stated that the record belongs to the psychologist and the client does not have a right to see it. This finding differs from the previously cited study by Frank (1995), who found that many of the school counsellors in her study reported feelings of propriety over their records, and that only 21% allowed access to their records. This is a notable difference in findings between the two studies, which may reflect a difference between the two populations in terms of ethics training, exposure to information about the FIPPA (1992), professional policy, etc.

Types of Information Excluded From Access

Respondents were also asked to indicate which, if any, parts of the record they

would not allow clients to have access to. The options that gathered the most responses (81%) were the following: (a) information about third parties; (b) test protocols; (c) reports from other professionals; and (d) notes from conversations with others. However, only the first option (information about third parties) was significant, meaning that a significantly greater number of respondents chose that option compared to those who did not. For the other three options, the number who did not choose that option (in other words, the number of respondents who would allow access to that part of the record) was not significantly different from the number who did (i.e., the number of respondents who would not allow access to that part of the record).

There were also a number of written comments providing further information about parts of the record respondents would not allow clients to have access to. Examples are listed below:

(a) computerized test results, or computer generated score reports;

(b) information that could cause harm or threaten safety;

(c) reports from other professionals;

(d) hunches, guesses, unsubstantiated personal opinions; and

(e) information requiring interpretation.

The comments regarding hunches, guesses, etc., are interesting given that they are similar to the previously discussed types of information that many respondents said they would not include in client records. In other words, it seems that some respondents would include their hunches etc. in client records, but would not allow clients to have access to those notes. Should a conflict concerning access arise, psychologists may have more trouble justifying the exclusion of this type of information from client access compared to other types of information (e.g., test protocols).

Knowledge of Ownership and Control of Records

The final topic of Client Access explored respondents' understanding of the relationship between the FIPPA (1992), privately or publicly funded work, and ownership and control of records. As explained earlier, under the legislation the personal information

in a record held by a public body belongs to the individual, while the public body has custody and/or control over the record, including the authority to control the use and disclosure of the record. Respondents were asked to indicate which statements from a list they believed to be true regarding the ownership of client records when the service is provided through a public organization (two of the statements were true and two were false). Although the analysis showed a significant difference in the frequency of responses, the chi-square result was fairly small, reflecting the fact that there was a large number of responses to the false statements. The two true statements elicited the most responses, with the following statement garnering the largest number of responses at 36%: "public organizations that fund psychological services own the client's record, and the client owns the information in it." The second true statement, which gathered 26% of all responses, was the following: "when psychologist's services are funded by public organizations (mental health agency, hospital, etc.), the public organization owns the client's record and has control over access to it, including the psychologist's notes."

The total number for the two false statements was 37% of all responses combined. These statements were the following: "public organizations that fund psychological services own and have control over access to all parts of the client's record except case notes"; and "psychologists own and control access to all parts of their client's records, regardless of how their services are funded." With regard to these two statements, the FIPPA (1992) makes it clear that the public body has custody and control of all records, including "books, documents, maps, drawings, photographs, letters, vouchers, papers, and any other thing on which information is recorded..." (Ministry of Government Services, 1995, p. 7-39), and that 'information' refers to anything that is contained in the record of a public body (p. 1-3). As well, the Ministry of Health (1995) guide titled A Contractor's Guide to the Freedom of Information and Protection of Privacy Act states that "individual client files... are often under the control of the public body" (p. 1-17). This interpretation is consistent with Frank (1995), who also concluded that "no matter where a counsellor physically keeps student/client records, those records are under the control of the public

body" (p. 34).

Respondents' Effectiveness Ratings of Sources of Information About the FIPPA (1992) and Fair Information Practices

Respondents were asked to rate the effectiveness of different sources of information about the FIPPA (1992) and information practices in general. The findings showed that the majority of respondents thought that peer consultation, policy at their work setting, workshops, and the College of Psychologists of British Columbia newsletter[5] were Very or Moderately effective (76%, 73%, 72%, and 69% respectively), while very few thought the media was a good source of information (5%).

Discussion of Independent Variables

This section provides a discussion of the statistically significant findings in relation to the independent variables used in the study. As previously stated, the hypotheses associated with each variable were as follows: (a) that there would be significant differences in responses when the sample was grouped according to Public or Private Work Setting, with Public Setting respondents demonstrating better standards of practice than Private Setting respondents; and (b) that there would be no significant differences in responses when the sample was grouped according to Level of Degree, Gender, Geographic Location, and Number of Years in Practice. The section is organized according to the five independent variables.

Level of Degree

There were eight relationships that resulted in a significant difference in the frequency of responses when respondents were grouped by their level of degree (Masters or Doctorate degrees). Therefore, the hypothesis that there would be no significant differences in responses between these two groups was not supported. Two of the eight relationships were found within the CSA Model Code (1996a) principle Security, and six within the principle Individual Access.

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A written comment by one respondent said that the CPBC newsletter "used to be more effective when they outlined cases."

Beginning with Security, one relationship showed that significantly more Masters level respondents choose not to use voice mail or answering machines to communicate personal client information compared to Doctorate level respondents. As stated in the earlier discussion, the reason for this finding is unclear. It may be that Masters level psychologists have a need to be more cautious or conservative because of a difference in types of services provided. This speculation seems to be refuted, however, by the following significant findings.

The next relationship showed that significantly more Doctorate level respondents use cover sheets as a security method when sending client information by fax than Masters level respondents, indicating a more cautious approach by Doctoral level psychologists in this regard. There was no other significant difference in the use of any other security methods between the two groups.

The next finding showed that significantly more Masters level respondents Always allow clients access to their recorded information if requested, while more Doctorate level respondents said they Almost Always allow access. This makes sense in light of the next few findings, which showed that significantly more Doctorate level than Masters level respondents said that the following were reasons to deny access: (a) fear that the information may bring harm to the client or someone else as a result of the client having access; and (b) copyright infringement. These findings were supported by the next finding, which showed that significantly more Masters level respondents said there was no reason to deny access compared to Doctorate level respondents. Further results also showed that significantly more Doctorate level respondents would exclude test protocols from the record when allowing clients access compared to Masters level respondents. It is difficult to know whether this is because Doctorate level psychologists are more cautious about sharing information, or because they perform more testing as part of their services.

The last significant relationship involving Level of Degree showed that more Masters level respondents receive requests for access to the record of minor clients by one parent, against the wishes of the other. Respondents were allowed to choose a Not

Applicable option (which specified that they did not work with minors), but it may still be the case that more Masters level respondents work with minors compared to Doctorate level respondents, thus accounting for the difference.

Overall, no consistent pattern of responses emerged in terms of which level of degree is more security-conscious. However, it also appears that Doctorate level psychologists may be more reluctant to allow client access to the information contained in records (especially test protocols) compared to Masters level psychologists. And finally, it appears that more Masters level respondents said they would allow clients to have access to the information in their files, and more said there was no reason to deny access.

Gender

The Gender and Work Setting variables generated the largest number of significant relationships. There were sixteen significant relationships involving Gender that occurred within every principle except Accountability, refuting the hypothesis that there would be no significant differences in responses between Male and Female respondents.

Responses differed significantly according to Gender when respondents were asked to indicate the frequency of use of identifiable client information in various psychology-related settings. Significantly more Males than Females said they Always, Almost Always, or Sometimes use identifiable client information in supervision, and more Females than Males said they Never or Almost Never do. As well, significantly more Males than Females said they Always, Almost Always, or Sometimes use identifiable client information in consultation, and more Females than Males said they Never or Almost Never do. These were the first of several findings which showed that one group (Females) seemed to consistently choose answers that could be interpreted as being more cautious or conservative in their information practices compared to the other group.

The next significant relationship involving Gender showed that more Females than Males said they Always, Almost Always, or Sometimes inform clients of any new purpose that may arise for the use of their personal information. This finding again supports the idea that Female psychologists may be more cautious or conservative in their information

practices compared to Male psychologists.

Two significant relationships involving Gender were found when respondents were asked to indicate from a list which elements they include in their written consent forms. More Female than Male respondents said they include both the name of the intended recipient of the record, and the date the form was signed. As noted in the earlier discussion, both of these elements are required by law under the FIPPA (1992) in public settings. This again may indicate that Female psychologists practice more cautiously or conservatively compared to Male psychologists, or that Female psychologists are better informed about the requirements of the FIPPA.

The next two findings involving the Gender variable were found when respondents were asked to indicate which types of information they purposely exclude when recording client information. More Female than Male respondents said they purposely exclude value judgments and personal opinions more often, again perhaps indicating a more conservative approach.

The next significant relationship showed that more Female than Male respondents Never or Almost Never transfer client notes written on paper to a computer. There may be a number of explanations for this difference. The explanation that more Male psychologists use computers compared to Female psychologists is countered by the finding that there was no significant difference between these two groups on two previous questions. Those questions asked respondents to indicate the format used to record client information (paper, electronic, etc.) and to indicate how records are stored (paper files, electronic files). Therefore, a possibility may be that Female psychologists are cautious about entering personal client information into a computer filing system, for fear of compromising security.

The next four significant relationships involving Gender occurred within the principle Security. First, more Male respondents said they Almost Always or Always use a fax machine to send client information, while more Female respondents said they Almost Never or Choose Not To Use this mode of communication at all. Conversely, more Male

respondents said they Choose Not To Use or Almost Never leave client information on voice mail or answering machines, while more Female respondents said they Always or Almost Always do.

Next, more Female than Male respondents said they Always use keylocks or mailboxes as a security method when using a fax machine to communicate client information. And finally, more Female than Male respondents said they Always ensure that there is restricted access to their fax machine as a security method.

Three out of the four above relationships (voice mail/answering machines was the exception) indicated more conservative or cautious practices on the part of Female respondents, who tend to avoid using certain electronic modes to communicate client information, and also to use security methods when using a fax machine.

The final four relationships involving the Gender variable were found within the Individual Access principle. The first significant difference occurred in response to the true/false statements regarding the relationship between the FIPPA (1992), psychologists' work setting, and the ownership and control of records. More Female than Male respondents chose one of the two statements that were true. This may indicate a greater understanding of the legislation and its implications for psychologists on the part of Female respondents.

There were two significant Gender-related findings that involved the subpoena of records. The results showed that more Female than Male respondents Always inform clients first before releasing records that have been subpoenaed; and more Female than Male respondents said they would Always or Almost Always seek legal advice before releasing records under subpoena. Again, these findings support the notion that Female psychologists may be more cautious or conservative in their information practices compared to Males.

The final significant relationship involving Gender showed that more Female than Male respondents rated workshops as a Very or Moderately Effective source of information about the FIPPA (1992) and information practices in general. It may be the

case that more Female than Male psychologists attend workshops dealing with information issues. Although workshops were given the third highest overall rating in effectiveness by respondents, this source followed closely behind peer consultation and work place policy, for which there were no Gender differences found. If Female psychologists do in fact attend more workshops than Male psychologists, the additional information may help explain the previous findings that seem to indicate a more cautious or conservative approach to handling information by Females.

Geographic Setting

There was only one significant relationship found involving the variable Geographic Setting, indicating partial support for the hypothesis that there would be no significant differences in responses according to this grouping. In response to the question asking respondents to indicate which elements they include on consent forms, it was found that significantly more Urban than Rural respondents include an expiry date by which the information is to be used. Because there were no other relationships involving this variable, there was no pattern of responses from which to generate explanations. It was suggested earlier that Urban psychologists may have more opportunities to consult with peers (which was rated as the most effective source of information about information practices), where they may have heard the suggestion to use an expiry date more often than their Rural counterparts.

Work Setting

There were sixteen relationships in which the responses varied according to whether respondents worked in Public versus Private Settings, thus supporting the hypothesis that there would be a significant difference in responses when the sample was grouped according to this variable. The results involving this variable were of particular interest, as one of the main objectives of the study was to determine whether respondents who worked in settings governed by the FIPPA (1992) have higher standards of information practices than those who work mainly in the private sector.

The first finding involving this variable showed that more Private Setting

respondents compared to Public Setting respondents Never transfer client notes from paper to computer files. The reason for this may be that there is a greater use of computer filing systems in public settings, but the findings of this study did not substantiate that suggestion (there were insufficient responses to some of the options for the question that asked how records are stored, which made the comparison of groups impossible). It may also be that Private Setting respondents are more reluctant to transfer client information to a computer because of the risk of unauthorized access.

The next three findings involved the use of identifiable client information in supervision, consultation, and team or agency meetings. Significantly more Public Setting respondents said they Always, Almost Always, or Sometimes use identifiable client information in all three settings compared to Private Setting respondents. This would make sense, given that teams such as those found in mental health agencies need that information in order to provide quality care.[6] It may also be the case that Public Setting respondents attend supervision, consultations, and team or agency meetings more often than Private Setting respondents, thus creating a difference in responses. Finally, it may also be the case, that Private Setting psychologists are more reluctant to share identifiable client information in these situations. Without more information, it is difficult to speculate; however, the difference may be that open sharing of information is a more accepted and common practice among public health care teams.

The next finding occurred within the principle Consent, in response to the question about obtaining consent before sharing client information. Significantly more Private Setting respondents said they Always or Almost Always obtain consent before sharing client information compared to Public Setting respondents. This finding was unexpected, given that Public Setting respondents are compelled under the FIPPA (1992) to obtain written consent from clients before releasing client information to third parties. It may be

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One respondent commented that "The organization for which I work is attempting to have psychologists attend team meetings in open areas. We are resisting this attempt, but may be forced to discuss cases w/o identifying information."

the case that Public Setting respondents share a larger volume of client information (due to a team-oriented health care approach), and do not obtain consent as often due to time constraints. Regardless, this finding calls for more exploration into the standards of psychologists in Public Settings regarding the sharing of client information without consent.

Also within the principle Consent was the finding that more Public Setting versus Private Setting respondents include a place for parents' signature on their consent forms. It may be the case that more Public than Private Setting respondents work with children, who, if they are not able to give informed consent themselves, may need parental consent before information can be released. Another possible explanation may be that Private Setting respondents more often release information about minor clients to the parents of the client (in which case it would not be necessary to have the parent sign for consent), while Public Setting respondents more often release the information about minor clients to other helping professionals (in which case the consent of the parent would be required).

The next significant difference involving Work Setting was the finding that more Private Setting respondents Never or Almost Never specify their record retention policy in contracts compared to Public Setting respondents. Given that Public Setting respondents probably contract most often to public bodies, they may understand that public bodies have control over records produced in the course of the contract, including client records. This would mean that, even if the psychologist had custody (possession) of the record, the public body could request access or approve access by a third party. Therefore, Public Setting respondents may want to avoid the potential conflict of having a public body ask for a record that has been destroyed by stating their retention policy in the contract at the outset. Without further research, however, this explanation is purely speculative.

The next four significant relationships involving Work Setting were found within the principle Security. First, results showed that more Private Setting respondents use locked filing cabinets as a security method for paper files; that more Private Setting respondents ensure security by restricting access to paper records; and that more Public

Setting respondents use a combination of locked filing cabinets and restricted access as security methods. These results may suggest that Public Setting respondents use more stringent security methods (locked cabinets plus restricted access) than Private Setting respondents. It may be that Public Setting respondents are more aware of their obligation to protect client information under the FIPPA (1992), and exercise more caution in this regard. The Private Setting respondents who indicated they sometimes use only restricted access as a security method should be made aware of the risks they incur of unauthorized use, disclosure, and access by not keeping client records locked.

There were also results that showed a difference in responses according to Work Setting with regard to the security measures used for computer files. The findings showed that more Public Setting respondents protect computer files by having repairs done 'in house,' while more Private Setting respondents require repair persons to undergo security clearance. These findings probably reflect that most public bodies have computer technicians on staff who already have security clearance, while psychologists in private settings would have to hire someone from outside their organization or practice who would require security clearance. The next finding, however, may not be as easily explained. It appears that more Public Setting respondents erase the hard drive or disks before having their computer upgraded or replaced. Given the discussion in the previous section about the ability to recover information that has been deleted or written over, this may not be an ideal security method either, although it is better than nothing. It may be the case, then, that Public Setting respondents try to use more stringent security methods by erasing files before upgrades or replacements. Given that only very few respondents said they use low level formatting (which was the most stringent security method listed), it is doubtful that Private Setting respondents are using this method instead, although this possibility could not be explored due to insufficient numbers. Both Public and Private Setting respondents may want to review their security methods, including the use of low level formatting, to ensure that the level of protection is adequate for the sensitivity of the information.

The next finding involved the organizational security measures used by psychologists in organizational settings. This finding showed that more Public Setting respondents use clearance for access, and more Private Setting respondents use access on a need-to-know basis or do not use any organizational security measures at all. Clearance for access is a more stringent security method than need-to-know access, although they are similar. Most public bodies probably have policies regarding clearance for access to sensitive information, while private organizations probably make access decisions based on a less formal need-to-know basis. Coupled with the finding that more Private Setting respondents who work in organizations do not use organizational security methods, these results seem to indicate again that Public Setting respondents are more cautious or conservative in their information practices.

The last significant finding involving Work Setting showed that, when sending client information by fax, more Public Setting respondents said they always use cover sheets as a security precaution. Once again, Public Setting respondents seem to be more cautious or conservative in their information practices, a finding that has been consistent throughout for the principle Security.

Four significant relationships involving Work Setting were found within the principle Individual Access, and all in response to questions about parental access. The first finding showed that more Public Setting respondents would choose to handle requests by parents for access by granting access; more Private Setting respondents would deny access out of respect for the child's right to privacy; and more Public Setting respondents would obtain consent from the child based on the criterion stated in the Infants Act (1996). It may be that Public Setting psychologists have a more open attitude toward involving parents in mental health care, while also being more aware of the law regarding consent and maturity. The larger number of Public Setting respondents in these two groups probably explains why the number of Private Setting respondents was greater than Public Setting respondents for the last option (deny access). Thus, it may not be that Private Setting respondents are more inclined to deny access as much as it is the case that

Public Setting respondents are more inclined to grant access or to decide based on the Infants Act.

The second significant finding involving parental access (this time a request against the child's wishes) was that again more Private Setting respondents said they would deny access in response to a parental request. More Public Setting respondents would try to convince the child to grant access, and more Private Setting respondents would try to convince the child to release part of the record. These findings are similar to the previous ones with regard to denying and granting access.

The third significant finding involved the frequency of requests for access by non-custodial parents. The results showed that more Public Setting respondents have received this type of request. It may be that Public Setting respondents work with children with different problems or issues than Private Setting respondents, which might elicit more requests for access by non-custodial parents in either setting. It may also be that the type of psychological service offered to children by Public Setting respondents is different from what Private Setting respondents offer, which may also affect the number of requests for access. More exploration is needed before making conclusive statements.

The last finding regarding parental access also involved the frequency of requests, this time from the parent with joint custody, with whom the child does not reside. The results showed that again more Public Setting respondents have received this type of request compared to Private Setting respondents, perhaps for the same reasons cited above.

Overall, it appears that Public Setting respondents receive more of certain types of requests for access to records by parents of minor clients. An explanation that has not yet been considered is that parents in the two situations described above (non-custodial and joint custody) may be more often involved in legal proceedings to change custody or access arrangements, and may want access to psychologists' records to use the information in court (for example, to gain custody of a child who is being abused or neglected by the other parent). It also appears that Public Setting respondents are more

inclined to grant access or base access decisions on the Infants Act (1996) than private setting respondents, perhaps as a function of the work setting philosophy or out of greater awareness of the law.

The last finding involving Work Setting was in response to the question asking respondents to rate the effectiveness of various sources of information about the FIPPA (1992) and information practices. It appears that more Public Setting respondents than Private Setting respondents rated workplace policy as Very or Moderately Effective. This finding is probably explained by the fact that more public settings have information policies than private settings do at this time, and therefore psychologists in those settings find the policies a useful source of information. This finding also helps explain the previous findings that showed that Public Setting respondents may have a more cautious or conservative approach to protecting client information; it may be that psychologists in Public Settings are also better informed, and thus practice more in accordance with the legislation. This explanation is countered by the finding, however, that there was no significant difference between Public or Private Setting respondents on the true/false statements, which tested respondents' understanding of the FIPPA (1992), work setting, and ownership of records. This may indicate that the difference in standards between Public and Private Setting psychologists are due more to the presence of policy guidelines in Public work settings than to a better understanding of the legislation on the part of Public Setting psychologists.

Overall, the findings revealed a pattern of higher security standards on the part of Public Setting respondents, and that more Public Setting respondents rely on the criterion outlined in the Infant's Act (1996) to make decisions about access, compared to Private Setting respondents. The foremost exception to the hypothesis for this variable was that more Private Setting respondents obtain written consent before releasing client information than Public Setting respondents.

Years in Practice

There were six significant relationships involving the variable Years in Practice,

which again does not fully support the hypothesis that there would be no significant differences based on this grouping. The first finding showed that respondents rated themselves as more familiar with the information policy of their place of work as the number of years they had been in practice increased. This finding may reflect that psychologists who have been in practice for a long time may have worked longer in one work setting, and have therefore become more familiar with that work setting's information policy. However, it may also be the case that psychologists who have been in practice longer are more responsible about familiarizing themselves with the information policy of their work setting.

The second significant finding involved the format used to obtain consent for services. In all four Year categories (0-5, 6-10, 11-20, and >20) the exclusive use of a written format garnered the smallest number of responses. All Year groups were evenly matched in their use of an exclusively verbal format except the 6-10 Year group, which uses this format significantly less. And lastly, the >20 Years group indicated they use a combined written and verbal format less than the other Year groups. In terms of standards of practice, it appears that the 6-10 Years group is the most conservative in this regard due to the frequency of their use of the combination format (the most stringent option).

The next finding involving the Years in Practice variable occurred in response to the question that asked respondents to indicate when they inform clients of the limits of confidentiality. The number of respondents who said that they inform clients of the limits of confidentiality when and if the need arises increased as the number of Years in Practice increased. As well, the number of respondents who said they inform clients of the limits of confidentiality at the end of the first session increased as the number of Years in Practice increased. Lastly, the number of respondents who said they inform clients at the beginning of the first session <u>decreased</u> as the number of Years in Practice increased. The best practice in this regard would be to give information about the limits of confidentiality <u>before</u> gathering any information from them, which means before beginning treatments,

assessments, tests, etc., as almost all psychological services necessarily involve collecting client information. The next best alternative would be to give this information to clients at the end of the first session. It appears that respondents' standards of practice in this area decreases the longer they have been in practice. A possible explanation may be that psychology graduate programs have more recently begun to include education about information practices in their ethics courses.

The next two significant relationships occurred in response to the question asking respondents to indicate reasons they would deny clients access to records. There was a general decrease in the number of respondents who said they would deny access out of fear that the information may bring harm to the client or someone else as the number of Years in Practice increased. This finding seems to indicate that, for this variable, the same groups who are thus far most conservative in their information privacy standards (the 0-5 Years and 6-10 Years groups) are also more reluctant to provide clients with access to the information in their records.

The next finding also supports this assumption, as the results showed that the number of respondents who said there was no reason to deny access increased as the number of Years in Practice increased. Again, it seems that the fewer number of years psychologists have been in practice, the more cautious they are about sharing client information with the client. This generalization requires further research, however, before conclusive statements can be made.

CHAPTER 6: CONCLUSION

This chapter consists of the following sections: (a) summary and recommendations for practice, (b) limitations of the study, and (c) suggestions for further research. The first section includes a summary of the overall findings of the study, followed by a summary of the findings specific to each of the eight CSA Model Code (1996a) principles. A list of recommendations for practice is included with each summary. The recommendations are of two types: those generated by the standard provided in the CSA Model Code (1996a), the FIPPA (1992), and other relevant sources; and those generated by the findings of the study, which are tentative only and are not intended to replace a formal policy development process.

Summary and Recommendations For Practice

Summary of General Findings

The main objective of the study was to explore the standards used by psychologists to protect their clients' personal information. The overall findings regarding the standard of privacy protection were mixed, as practices in some areas were very good compared to the standard set out in the FIPPA (1992) and the CSA Model Code (1996a), while practices in other areas were found to be in need of improvement. Those areas are specified in the sections following this one, under each CSA Model Code principle.

A secondary objective was to determine whether there were statistically significant differences in psychologists' information practices when respondents were grouped according to the five independent variables. First, the hypothesis that respondents who work in Public Settings would demonstrate a higher standard of practice in terms of information privacy was partially supported by the findings. The findings for this variable can be divided into two general categories: (a) privacy protection, and (b) parental access to records of clients who are minors. In terms of privacy protection, it appears that psychologists who practice in Public Work Settings follow more stringent practices than psychologists in Private Work Settings, with a few exceptions. The most notable exception, and one of the most notable findings of the study overall, was that significantly

more Private Setting respondents Always or Almost Always obtain consent before sharing their clients' personal information with third parties. This finding was unexpected, given that Public Setting psychologists are compelled under the FIPPA (1992) to obtain written consent from clients before releasing information.

The other notable exception was that significantly more Public Setting respondents share identifiable client information in supervision, consultation, and team/agency meetings. Although this practice may be standard protocol in Public Work Settings, it is seen as less than stringent in terms of privacy protection, as the risk of disclosing information to third parties who are not directly involved in the client's care, and therefore do not have a need to know the information, is increased. In all other significant relationships regarding the privacy protection of client information, Public Work Setting respondents demonstrated more stringent practices than their Private Work Setting counterparts.

In terms of parental access to records and Public versus Private Work Settings, the study showed that significantly more Public Setting respondents are inclined to either grant access outright, or to base their decisions on the criterion outlined in the Infant's Act (1996), while significantly more Private Setting respondents are inclined to deny access to parents. Given that the most ideal standard is to base one's decision regarding parental access on the Infant's Act, it seems that Public Setting respondents showed better standards of practice in this regard as well.

A further notable finding of the study, and one that was unexpected as well, was the number of significant differences between Male and Female respondents. Therefore, the hypothesis that there would be no significant difference between Male and Female respondents in terms of standards of information privacy was not supported. The data showed that, in 14 out of 15 statistically significant relationships, Female respondents chose more stringent privacy protection options compared to Male respondents. Female respondents also performed significantly better than Males on the true/false question testing respondents' understanding of the relationship between the FIPPA (1992), the

psychologist's work setting (public or private), and client records.

When the sample was grouped according to Level of Degree, the data yielded mixed results in terms of whether Masters Level or Doctorate Level respondents have better privacy protection standards. There were not enough significant relationships to establish a pattern either way. The data did suggest, however, that significantly more Doctorate Level respondents are reluctant to allow clients to have access to the information in their records, and significantly more Doctorate Level respondents reported concern about the release of certain types of information (i.e., test protocols). The hypothesis for this variable was that there would be no significant differences according to Level of Degree, which was not fully supported.

The most notable finding to occur when the sample was grouped according to Number of Years in Practice was that the number of respondents who said they inform clients of the limits of confidentiality at the beginning or end of the first session decreased significantly as the Number of Years in Practice increased. As well, the number of respondents who said that they inform clients of the limits of confidentiality when and if the need arises increased significantly as the Number of Years in Practice increased. This finding may reflect a lack of instruction in ethics at the graduate level a number of years ago, and that the level of instruction has improved more recently. The findings also showed a significant increase in the number of respondents who allow clients access to records as the Number of Years in Practice increased. The hypothesis for this variable, which again was that there would be no significant differences in responses according to Number of Years in Practice, was also not supported.

The last grouping explored was Geographic Setting. No pattern of significant relationships developed regarding the way respondents answered the survey as a result of this grouping. In fact, only one significant relationship emerged from this grouping, giving more support to the hypothesis that there would be no significant difference in numbers of responses for this variable compared to the others.

The foregoing summary may indicate a need for guidelines in both the public and

private sectors. The findings showed an inconsistency in both the level of standards (some groups of respondents indicated more stringent standards than others) and the types of practices (e.g., different responses to parental access) across both sectors. The comments written by respondents also indicated a degree of frustration with the organizations for whom they work, both private and public, in terms of maintaining the privacy of their clients' records. Overall, then, the findings indicate a need for the following recommendations:

1. That the government extend the regulation of information privacy in British Columbia to the private sector, or that private sector organizations adopt standards such as the CSA Model Code (1996a) for the Protection of Personal Information.

2. That public organizations involved in mental health be given more guidance and oversight toward ensuring the improvement of information privacy standards.

The following sections summarize the recommended practice standards associated with each CSA Model Code (1996a) principle, the research findings associated with each principle, and the specific recommendations generated by the research findings.

Accountability

According to the standard of practice outlined in the CSA Model Code (1996a) under the principle Accountability, psychologists need to know that, as the primary collector of their client's personal information, they are ultimately accountable for what happens to it after it leaves their hands. They are also responsible for keeping themselves informed about the information policies under which they work so they can ensure the highest possible level of privacy protection for their clients, and can inform their clients of how this is done in their particular work setting. The standard of practice recommended in the CSA Model Code for Accountability can be applied to psychological practice as follows:

1. Psychologists should inquire about the security measures used by third parties before forwarding client information.

2. Psychologists should request that third parties refrain from further sharing client

information without obtaining consent from the client.

3. Psychologists should make sure that they are familiar with the information policy of their work setting.

The data collected under this CSA Model Code (1996a) principle indicate that psychologists are keeping themselves well-informed, but need to increase their accountability for client information once it has left their hands. Therefore, recommendations #1 and #2 should be emphasized as practices psychologists can adopt to increase their accountability, and reduce the potential risk of unauthorized use of client information once it has been released.

Identifying Purposes

According to both the FIPPA (1992) and the CSA Model Code (1996a) principle Identifying Purposes, the following standards of practice can be applied to psychological practice:

1. Psychologists should familiarize themselves with all the purposes for which client information is used by the organization for whom they work, and should be able to inform clients of these purposes.

2. Psychologists should inform their clients whenever they use identifiable client information in situations such as team meetings, supervision, and consultation.

3. Psychologists should inform clients of any new purpose for which their personal information is to be used, when and if it applies.

According to the first recommendation, psychologists should know and be able to explain to clients the purposes for which the client's personal information will be used. In researching this principle, psychologists were first asked to indicate how often identifiable client information was used by them in various psychology-related situations. The findings showed that identifiable client information is used most often in team meetings, followed by supervision and consultation, by psychologists in Public Settings. It also appears that identifiable client information is rarely used in teaching or research situations.

The data showed that the majority (79%) of respondents indicated that they were

Always or Almost Always able to explain to clients all the purposes for which their information would be used by the organization for whom they work, while 21% were only able to do so Sometimes, Almost Never, or Never. Of the respondents who said they do share identifiable client information, 73% indicated they Always or Almost Always inform clients of this use of their information, while 27% said they Sometimes, Almost Never, or Never do. Finally, many respondents (24%) indicated that, if or when a new purpose arises for the use of client information (such as research or a case presentation), they Never or Almost Never inform the client of this new purpose.

These findings indicate less than satisfactory standards of practice with regard to this principle. The recommendation based on the research, therefore, is for psychologists to review their practices with regard to keeping themselves and their clients fully informed about the purposes for which client information is used, and to adopt a set of practices such as those outlined above in order to improve the standard of practice in this area.

Consent

Consent to a Procedure

The reader will recall that consent to a procedure has been explored as an information practice because almost all psychological procedures involve the collection of personal information (i.e., note taking, reports, etc.). The CSA Model Code (1996a) recommends that when the information to be collected is of a sensitive and personal nature, the person collecting it obtains express consent from the individual, in either written or oral form. The standard for good practice under this principle, derived from the CSA Model Code and adapted for psychologists, can be stated as follows:

1. Psychologists should obtain express consent, preferably in writing, before beginning a psychological procedure with a client.

2. Psychologists should renew consent for a procedure whenever the type of service being provided to a client changes.

In the study, it was found that 56% of the respondents indicated they Always obtain explicit consent for psychological services, while a notable proportion (14%)

indicated they Never or Almost Never do. As well, 41% indicated they use a combined written and verbal format for obtaining consent, with the second largest group (37%) using an exclusively verbal format. Further, it appears that 86% of respondents obtain consent to a procedure at the beginning of their first session with the client, and that only a small percentage do not obtain consent for procedures at all. Finally, it was found that just 54% of respondents Always or Almost Always obtain renewed consent when the procedure changes (such as from assessment to therapy), while fully 30% Never do.

Overall, although it appears that many psychologists do obtain explicit consent in writing before commencing services for a client, it also appears that many psychologists do not follow this practice, and even fewer obtain renewed consent when the type of service changes. Given the sensitivity of the information involved in providing psychological services, it is recommended that psychologists adopt both of the practices set out above by developing written consent forms that can be used whenever services are provided.

Consent for the Release of Information

The FIPPA (1992) requires public bodies to obtain consent in writing, with the name of the person to whom the information is being disclosed, and its intended uses included, before releasing personal information. Most ethical guidelines, as well as the CSA Model Code (1996a) also recommend that consent be obtained in writing before releasing clients' personal information to third parties. Guidelines for best practice adapted from these sources for psychologists are the following:

1. Psychologists should always obtain consent in writing before releasing client information to third parties.

2. Psychologists should include, as a minimum standard, the following elements on written consent forms:

(i) client's signature, or, if the client is unable to give consent, the signature of a person authorized to do so (parent or guardian).

(ii) the name of the person to whom the information is to be released;

(iii) the intended uses of the information;

(iv) the date the form was signed;

Psychologists should also consider including the following additional elements:

(v) a brief description that identifies the records (e.g., assessment report, with date);

(vi) an expiry date for use of the information;

(vii) any other appropriate limitations on the information, such as the stipulation that consent must be obtained before any further sharing of the information, or that the information be destroyed after a certain period of time.

The study showed that 70% of respondents Always obtain consent before releasing client information. It is therefore a concern that almost one third do not Always obtain consent. Further, it appears that significantly more (20%) psychologists in Private Settings compared to Public Settings Always or Almost Always obtain consent. As well, consent for release of information is most often obtained using a combination written and verbal format. When asked about the elements respondents include on their written format, the majority indicated they include a fairly comprehensive list, including the elements required by the FIPPA (1992) in Public Settings (the purpose or intended use of the information and the party to whom the records will be released). Finally, it appears that there are few psychologists who also include an expiry date for the use of the information, or who specify further limitations on their consent forms.

Based on the findings, therefore, it is recommended that psychologists in Public Settings become educated about their obligations under the FIPPA (1992) to obtain written consent for the release of client information to third parties, while psychologists in Private Settings follow the same guidelines as a matter of good practice. It is also recommended that psychologists include the elements listed above, or similar elements, when drafting written consent forms, noting specifically the elements required under the FIPPA (items (i) to (iv)).

Limiting Collection

According to both the FIPPA (1992) and the CSA Model Code (1996a), psychologists should collect only that information which is necessary for them to carry out their duties. The practices adapted for psychologists from the CSA Model Code regarding limiting collection are the following:

1. Psychologists should give due consideration to the types of information included on client records, and the risks and implications involved for the client.

2. Psychologists may want to consider the following as types of information to be excluded from client records, as recommended by other researchers:

(i) illegal behaviour;

(ii) sexual practices;

(iii) hunches, speculations, or guesses;

(iv) value judgments;

(v) emotional reactions/responses;

(vi) personal opinions (Soisson et al., 1987; see also Fulero & Wilbert, 1987; and Eberlein, 1990).

The study showed that the majority (82%) of respondents record only the minimum information needed to ensure accurate recall or exclude some types of information, and are therefore practising within the guidelines. As well, only a small number of respondents indicated that they do not keep any records, keep two sets of records, or record everything and exclude nothing from the client's file.

It was also found that the types of information most commonly excluded from client records were the following: (a) hunches, speculations, and guesses; (b) value judgments; (c) emotional reactions; and (d) personal opinions. Types of information that were not found to be commonly excluded from client records were information about sexual practices and illegal behaviour. This finding suggests that psychologists are either unaware of or in disagreement with the authors previously cited in the literature review and discussion, who recommend that information of this type be excluded from client

records.

Given that most psychologists appear to be practising within good standards for this principle (by recording only the minimum amount of information needed to perform their duties), it is recommended that psychologists further refine their record-keeping practices by adopting a set of guidelines about information that is not in the client's best interest to record. The guidelines adopted should be based on the psychologists' needs for effective practice, the client's best interests, and current research in the field.

Limiting Use, Disclosure, and Retention

Limits of Confidentiality

Limits of confidentiality were explored as an integral aspect of the concepts of limiting use and disclosure of client information. The recommendations for practice based on this concept are the following:

1. Psychologists should inform clients of the limits of confidentiality both verbally and in writing at the beginning of the first session.

2. Psychologists should attempt to obtain consent or to inform clients when and if the need to break confidentiality arises.

The findings showed that 70% of respondents Always inform their clients of the limits of confidentiality, that only 1% percent Never do, and that 29% fall somewhere in between. The fact that 30% do not Always inform clients of the limits of confidentiality is a concern. The findings also showed that the situation in which respondents were most willing to break confidentiality is when a child is in danger, followed by when a client is dangerous to others, then when a client is dangerous to him or herself. The only situation for which more respondents said they were not willing to break confidentiality compared to the number who said they were, was when a client has a reportable disease under the Health Act Communicable Disease Regulation (1983). Some written comments indicated that psychologists are unclear as to their responsibility in this area.

Over half of all respondents who do inform clients of the limits of confidentiality said they inform clients verbally, while about one third said they use a combination written

and verbal format. It was pointed out earlier that there is a risk that clients may not be in a suitable frame of mind to absorb this information when it is given verbally, and hence may not be able to make a fully informed choice about the information they disclose.

The majority of respondents (72%) said they inform clients of the limits of confidentiality at the beginning of the first session, but fully 17% said they do only when and if the need arises. Finally, the majority of respondents said they Always or Almost Always attempt to obtain consent before breaking confidentiality, with no differences between groups of respondents for this question.

The recommendations based on the research are that psychologists should become better educated about all the legal reporting requirements in British Columbia, and should adopt the practice of informing clients of those limits to confidentiality in written form as part of the informed consent procedure.

Third Party Access: Parental

Neither the CSA Model Code (1996a) or the FIPPA (1992) offer guidelines that can be easily adapted to situations involving parental requests for access to the psychological records of minors. The following recommendation is based on previous orders by the Information and Privacy Commissioner and the Infant's Act (1996), which have both been discussed earlier. Until there is more clarification via Commissioner's orders, the recommendation for practice is the following:

1. Psychologists who receive requests from parents for records of clients who are minors should obtain consent first from clients who are deemed mature (as outlined in the Infant's Act, 1996). Otherwise, psychologists should make decisions based on the best interest of the client.

In the research regarding parental access to records, it was found that 88% of respondents had either Never received this type of request, or had a Few times. Most respondents (82%) said that they would respond to this type of request by either obtaining consent first from mature minors, or granting access to parents of minors who were not seen as mature enough to consent. A small percentage of respondents said they would

grant access without consent, regardless of the minors' age.

There were four variations of the parental request for access that were also explored, which were requests by parents against the wishes of the client, requests from non-custodial parents, requests from a parent who has joint custody, but with whom the client does not live, and requests by one parent against the wishes of the other. All variations showed that few respondents have received requests of these types. It appeared that most respondents handle or would handle requests of these types of requests by attempting first to gain consent using the criterion outlined in the Infant's Act (1996), then by trying to negotiate an agreement for the release of part of the record or the withdrawal of the parent's request. It is difficult to make recommendations about these situations because circumstances can vary greatly; however, psychologists would be advised to familiarize themselves with the criterion for consent outlined in the Infant's Act (1996), and to keep the minors' best interests foremost in mind before releasing information to parents.

Third Party Access: Records of Deceased Clients

As previously stated in the Discussion, both the FIPPA (1992) and Commissioners' Order No. 27-1994 (Office the Information and Privacy Commissioner, 1994b) have made it clear that privacy rights do not cease upon an individual's death. The recommendations based on these sources are the following:

1. Psychologists should continue to provide the same standard of privacy protection to the information of deceased clients as they do for living clients.

2. When in doubt as to the best course of action, psychologists should consult with an information and privacy expert (through their funding ministry, or through the Office of the Information and Privacy Commissioner) before releasing records of deceased clients.

3. When the release has been requested by a court of law, the psychologists should consult with a lawyer first.

A large majority of respondents (89%) said they have never received requests for access to the records of deceased clients. Of those who had, 84% indicated that they had

granted access less than one year or one to five years after the client's death. This finding was not consistent with the FIPPA (1992), which says that personal information should not be released unless the individual has been deceased for 20 years or more. Respondents who had denied this type of request cited that they felt it was a violation of the deceased's privacy rights, that they feared the information may be harmful, or that they feared it may lead to a lawsuit.

The recommendation based on the research is that psychologists in both Public and Private Settings should follow the recommendations stated above, which in essence advises that the same privacy protection standards are accorded to deceased clients as for living clients. Psychologists should also become familiar with the recommendations in the FIPPA (1992) regarding the length of time before records of deceased clients can legitimately be released.

Third Party Access: Subpoena of Records

This type of third party request for access to clients' records was by far the most frequently reported in the study. Both the FIPPA (1992) and most ethics guidelines state that records requested by subpoena or court of law cannot be withheld. It is in the spirit of the FIPPA, however, and is also often stated in codes of ethics, that it is important for professionals to inform or to attempt to inform clients when records are to be released under court order. It is also commonly known that psychologists or their legal representative or the legal counsel for the client can argue for all or part of the record to be withheld, usually based on irrelevance to the case. The decision of the judge to release the record can also be appealed. Therefore, the recommendations for handling the subpoena of records are:

1. Psychologists should seek legal advice before releasing records under subpoena.

2. Psychologists should make every attempt to inform the client prior to the release of records under subpoena.

Seventy percent of all respondents said they had received a subpoena of client records a Few, Moderate Number, or Many Times, making this the most common of the

three types of request by third parties. Eighty-two percent of respondents said they would Always or Almost Always inform the client before releasing records under subpoena, but only 57% said they would Always or Almost Always seek legal advice first. When asked if they would or have ever attempted to resist a subpoena of records, a large number (38%) said they Sometimes have or would do so, while 51% said they would Never or Almost Never do so. The two reasons most commonly cited for attempting to resist a subpoena of client records were to prevent the release of test protocols, and if the respondent thought the information was irrelevant to the court case. It seems, therefore, that, except for obtaining legal advice, most respondents already practice in accordance with the above recommendation. It is therefore recommended that psychologists either routinely seek legal advice on a case by case basis, or familiarize themselves fully with the legal exceptions to disclosure so they can personally ensure the maximum privacy protection possible for their clients upon the court-ordered release of documents.

Retention of Records

Recommendation #1 under this principle is based on the APA Record Keeping Guidelines (APA, 1992) and the Privacy Code for Private Physicians' Offices in British Columbia (College of Physicians and Surgeons, 1997). Recommendation #2 is based on the FIPPA (1992), which states that all records created in the course of a contract with a public body is under the custody and control of the public body.

1. Psychologists should consider adopting the record retention periods suggested by guidelines such as the APA Record Keeping Guidelines (APA, 1992) and the Privacy Code for Private Physicians' Offices in British Columbia (College of Physicians and Surgeons, 1997). Specifically, psychologists should consider keeping records for adult clients up to seven years past termination of services, or up to 12 years if the information has had personal identifiers removed. The same retention period should begin after minor clients reach the age of majority.

2. Psychologists should specify their record retention period in contracts with organizations.

The study showed that most respondents (49%) keep records for adult clients from 4 - 7 years, with the next largest group specifying 8 - 20 years (26%). The recommended length of time for retaining records as specified in the Privacy Code for Private Physician's Offices in British Columbia (College of Physicians and Surgeons, 1997) is seven years, and in the APA Record Keeping Guidelines (1992), for three years, then transferred to a summary for an additional twelve. In the case of minor clients, these retention periods would begin after a client reaches the age of majority. It appears that many psychologists are practising within recommended guidelines for adult records, with a large number, however, keeping records longer than recommended.

The findings for records of clients who are minors showed that most respondents have the same record retention policy as for adults. The recommended retention period for minors, however, is for records to be kept 3 - 7 years, or in a summary for 12, past the age of majority. Depending on the age of the client, it may be that many psychologists are keeping records for minor clients longer than recommended.

The study also showed that few psychologists specify their record retention policy in their contracts with organizations. This practice could prevent conflict arising if public organizations (who have control over access and use of information) request records that have been destroyed, as well as helping make explicit which party (the organization or contractor) has custody of the record.

Finally, results showed that most respondents (90%) Always or Almost Always store records with personal identifiers. Again, unless it is necessary for the provision of services, psychologists who keep client records longer than the recommended retention periods should consider removing personal identifiers from the information. The recommendations based on these findings are the following:

1. Psychologists should develop a clear retention policy, based on an authoritative guideline(s) such as those given above, with the intention of reducing the risk of unauthorized disclosure or use of client information.

2. Psychologists should state their retention policy in contracts.

Accuracy

Subsection 4.6.1 of the principle Accuracy advises that "Information shall be sufficiently accurate, complete, and up-to-date to minimize the possibility that inappropriate information may be used to make a decision about the individual" (CSA, 1996a, p. 6). The reader will be reminded that because the topic of completeness was explored under the principle Limiting Collection (i.e., what types of information to include and exclude from records), the areas of accuracy and up-to-date record keeping were explored under this principle. The recommendations for good practice based on this principle are the following:

1. Psychologists should update client records as soon after sessions as possible, so the information is as accurate as possible.

2. Psychologists should warn third parties that information is outdated before forwarding such information.

The data showed that most respondents update client records either during (20%) or immediately after each session (35%), or within 24 hours (28%). A small number (14%) indicated they update records within one week or more than one week later (3%). These findings show that most psychologists are practising within recommended guidelines.

In terms of warning third parties that information is outdated before forwarding, over half (57%) of the respondents indicated they Always do this, while only a small number (11%) said they Never or Almost Never do. Based on the research findings, it is advised that psychologists consider the implications of releasing outdated client information to third parties, and adopt the practice of including a written or verbal warning with the release when information is outdated.

Safeguards

Storage and Security of Records

The recommendations for good practice in terms of the storage and security of records are based on the CSA Model Code (1996a), the FIPPA (1992), and the Review of

the Storage and Disposal of Health Care Records in British Columbia report by Dr. Shaun Peck (1995). The recommendations are the following:

1. Psychologists should protect paper records by using both locked filing cabinets and restricted access as security methods, whether records are stored at the office or in the home.

2. Psychologists should use shredding as their method of record disposal for paper records.

3. Psychologists who use computer files should use passwords as a minimum security method; they should also consider the use of encryption and audit trails when the risks of unauthorised access or use increase (e.g., in a large agency or organization).

4. Psychologists should require that computer repairs are done in-house, or by persons who have security clearance, or should use a reputable business and document and supervise all work done on computers containing client information.

5. Psychologists should perform a low level format of the hard drive or disk files before replacement or disposal, instead of relying on deleting files as a security method.

6. Psychologists should require that files be accessed only by persons who have security clearance, or who have a need to know the information.

The findings from the study showed that most records (59%) are stored in paper files, and that an additional 38% are stored in a combination of paper and computer files. Most files (62%) are stored at the psychologist's office, and 24% are stored at both the office and in the psychologist's home. Only a small percentage (8%) keep all their client files at home.

The security method used by most respondents to protect paper files is a combination of locked filing cabinets and restricted access (45%). The next most popular security method was locked filing cabinets (30%), followed by restricted access (20%). The finding that this many respondents (20%) use restricted access without locked filing cabinets is cause for concern given the highly sensitive information in client files. The findings regarding the disposal of paper files showed that a significant majority (81%) of

respondents rely on shredding as their primary method of disposal of client files.

The results of the survey regarding computer files showed that, of the respondents who keep client information in computer files, 53% use passwords as a security method. The number who indicated they use encryption or audit trails was small (10%), while fully 30% of the respondents said they do not use any security measures for computer files at all, which again is cause for concern. The findings regarding security measures used when a computer containing client information is being repaired, upgraded, or replaced showed that 43% of the respondents have repairs done 'in house,' while only 9% require security clearance for repair persons. Less than one quarter (22%) of the respondents said they erase disks or the hard drive before upgrading or disposing of their computer, and only a small percentage (5%) said they perform a low-level reformat. These findings are not in accordance with the level of security standards recommended in the Ministry of Health report by Peck (1995).

The findings regarding organizational security methods showed that 37% rely on clearance for access, and 37% rely on need-to-know access, while 10% reported that they do not use any organizational security measures at all. These findings indicate an acceptable level of security in this area.

The conclusion based on these findings is that respondents did not demonstrate adequate security and storage standards in all areas except the disposal of paper records and organizational security methods. Therefore, the recommendation based on the findings is the following:

1. Psychologists should conduct a thorough review of their storage and security measures, and follow the recommendations listed above or a similar guideline, taking into account the needs dictated by their work setting.

Electronic Modes of Communicating Client Information

The modes of electronic communication explored in the study included fax, e-mail, voice mail/answering machines, cordless and cell phones, and video/computer conferences. The recommendations for good practice when transmitting or receiving

client information by these modes of communication are based on the Guideline for the Secure Transmission of Personal Information by Fax (Office of the Information and Privacy Commissioner, 1996a) and the COACH guidelines (1995). They are the following:

1. Psychologists should be aware of the risks involved in using any form of electronic communication to send or receive client information, and should avoid use unless absolutely necessary.

2. When communicating information by fax, psychologists should, at the very least, follow these or similar guidelines:

(i) always use a cover sheet;

(ii) check the accuracy of the recipient's number;

(iii) phone ahead to the recipient to ensure they know to expect the information; and

(iv) ensure restricted access to the fax machine.

3. Psychologists should use encryption when sending/receiving client information by e-mail.

4. Psychologists should not leave messages with personal identifiers of clients on answering machines or voice mail. Psychologists should also ensure restricted access to their own answering machine/voice mail.

5. Psychologists should avoid the use of identifying client information in cell phone conversations.

6. Psychologists who use video/computer conferencing should avoid the use of personal identifiers and should ensure restricted access to the information.

The findings showed that a greater number of respondents do not use each of these modes compared to those who do, and that the mode most often used is the cordless phone (28% Always or Almost Always use this mode to transmit or receive client information).

The security precautions most often used when sending client information by fax

was cover sheets, used by 73% of all respondents. Only 54% said they always check the accuracy of the recipient's number, only 33% phone ahead to alert the recipient before sending the information, and only 39% use restricted access to the fax machine as a security precaution (fully 33% said they Never use this security method). The security method least used by respondents was also the most stringent (73% said they Never use key locks or mail boxes for fax machines). The findings indicate a need for psychologists to increase their security methods when sending client information by fax.

The findings for e-mail showed that 39% of respondents do not remove personal identifiers from information when sending by this mode, and that fully 83% do not use encryption. When using voice mail or answering machines, the results showed that only 36% refrain from using personal identifiers when leaving messages. Again, only about one third do not use personal identifiers when communicating client information by cell phone (the most commonly used mode of electronic communication). The most positive finding was that most respondents Always or Almost Always restrict access to their answering machine and voice mail (75% and 81%, respectively). There were no findings for video/computer conferencing, because the number who use this mode was too small.

The conclusion regarding the use of electronic modes of communication is that, although it appears that few respondents use these methods, the security measures employed when they are used are not sufficient for the sensitivity of the information. The recommendation based on the findings is the following:

1. Psychologists should undertake a thorough review of their security measures for electronic modes of communication, including the option of reducing or avoiding the use of these modes unless absolutely necessary.

2. Psychologists should adopt a comprehensive set of guidelines, such as those stated above, for the secure electronic transmission of client information.

Use of a Written Plan for the Continued Protection of Client Information

Psychologists should be aware of their responsibility for ensuring the continued protection of client records in the event of death, incapacity, or withdrawal from practice.

Only 17% of respondents said they have such a plan, so the recommendation based on both the APA Ethical Principles of Psychologists and Code of Conduct (1992) and the data is as follows:

1. Psychologists should construct a detailed plan, in writing, for the continued protection of client records, including details for the disposal of records after the retention period has expired. The plan or details of its whereabouts should be given to a professional partner, spouse, or lawyer for safekeeping.

Individual Access

The CSA Model Code (1996a) principle Individual Access was explored by looking at the following practices: (a) the frequency with which psychologists allow clients access to records, (b) the process of providing access to clients, and (c) types of information excluded from client access. The recommendations for good practice under this principle were based on the FIPPA (1992), A Contractor's Guide to the Freedom of Information and Protection of Privacy Act (Ministry of Health, 1995), and the CSA Model Code. They are the following:

1. Psychologists who work in Public Settings governed by the FIPPA (1992) should be clear that the public body has control over access to and use of their client records, including case notes. Psychologists who are not clear about the control of records in their custody should seek clarification from the public body for whom they work (whether on salary or contract), or contact the Information and Privacy department of their funding ministry or the Office of the Information and Privacy Commissioner for more information.

2. Psychologists should consider routinely informing clients about access to the information in their files, including the types of information excluded from access, and the process of providing access.

3. When providing access, psychologists should provide clients with a copy of the record if the client requests it, excluding test protocols and any information that may be considered potentially harmful to the client or anyone else.

The findings for this principle showed that 62% of respondents indicated they have had requests by clients for access to their records a Few times, and 25% Many or a Moderate number of times. Almost all of the respondents indicated they were willing to allow clients to have access if they request it (only 1% reported they would Never allow access), but only 62% said they Always or Almost Always inform clients that they may have access. Sixty-eight percent of the respondents also said their preferred method for providing access was to review the record on the premises with the client, rather than giving the client a copy of the record. When asked what their reasons might be for denying access, 83% said (a) fear that the information may bring harm to the client or someone else; (b) fear that the information would be misunderstood; and (c) fear of infringing on the copyrights of test protocols. Given these fears, it is not surprising that most respondents prefer to review the record with the client.

When asked which parts of the record respondents would not allow clients to have access to, the options that gained the most responses (81%) were the following: (a) information about third parties; (b) test protocols; (c) reports from other professionals; and (d) notes from conversations with others.

Finally, respondents' understanding of the relationship between the FIPPA (1992), privately or publicly funded work, and ownership and control of records was explored using a true/false format. Sixty-two percent of all responses were correct, and 38% were incorrect on this question (respondents could choose more than one answer, so the percentages do not reflect the total number of respondents who were correct or incorrect). These results implied that a substantial number of respondents did not understand this relationship, which has implications for decisions involving clients and access. Further recommendations regarding client access based on the findings are therefore the following:

1. Psychologists should be informed about their obligations to provide clients with access to the information in their files in work settings governed by the FIPPA (1992).

2. Psychologists in private settings should formulate an access policy that clearly defines the conditions, types of information excluded from access (if any), and the process

by which clients can have access to their personal information.

3. Psychologists who have access policies in either public or private settings should routinely provide clients with information about the policy at the beginning of treatment/services.

Effectiveness Ratings of Sources of Information About the FIPPA (1992) and Information Practices

Respondents rated peer consultation as being the most effective source of information about the FIPPA (1992) and information practices in general. Next in order of effectiveness were policy of the respondent's work setting, workshops, and the College of Psychologists of British Columbia Newsletter. Very few respondents rated the media as an effective source of information. Given that the information gained from peer consultation is only as good as the information their peers have gained from other sources, there is only one recommendation for this topic, which is the following:

1. The College of Psychologists of British Columbia should develop a privacy code for psychologists in Private Settings, as the College of Physicians and Surgeons has done, with follow-up education in a suitable format such as workshops or the College newsletter. The College should also consider providing information to psychologists in Public Settings regarding their obligations under the FIPPA (1992). This could also take the form of Information and Privacy workshops, or a series of articles in the College newsletter, or both.

Limitations of the Study

One major limitation and a few minor ones were identified in the study. The major limitation is that the findings are based on self-reported responses. It may be the case that respondents, knowingly or unknowingly, under- or over-estimated the frequency of their practices for the questions that used a rating scale (i.e., Never, Almost Never, Sometimes, etc.). Because the scale was not numerically defined, respondents' interpretations of the five ratings may have differed significantly.

Secondary limitations of the study include that respondents were not asked to

indicate whether they work primarily with minor or adult clients. This would have provided a useful baseline for the sections that dealt with parental access and record retention policies for minor clients. A further limitation was that there was no definition of outdated records provided, so again respondents may have answered those questions according to widely varying interpretations.

The fact that only one question was included that explored respondents' understanding of the FIPPA (1992) limits the study as well. More questions would have provided a pattern of responses that would allow more confident conclusions.

Finally, the study was limited by the use of only eight of the ten CSA principles. Although the decision to not use all ten principles was seen as justified for the purposes of the research, it is also recognized that the development of a privacy code for British Columbia registered psychologists based on the CSA Model Code (1996a) would have to be based on all ten principles contained in the standard.

Further Research

Given that the intention for the present study was a preliminary exploration of the privacy protection standards of this particular population, there are many options for further research based on the findings. First, there is a need to validate the findings of this study with additional empirical research. Survey research that focuses on the areas identified as problematic in terms of practice, or which generated unexpected findings could be administered to the same population for comparison.

For example, it would be useful to explore further the finding that psychologists in public work settings do not obtain written consent before releasing client information to third parties as often as psychologists in private work settings. As noted, this finding was unexpected given that psychologists in public work settings are required by law to do so. This finding may reflect a more team-oriented approach to mental health care in the public sector, and a higher rate of information sharing. It may be that the requirements for consent under the FIPPA (1992) conflict to a degree with psychologists' need to function in a team-oriented environment, making it difficult to obtain consent for all instances of

information sharing. Further research could clarify whether or not this is the case, and could identify any changes necessary to ensure the highest level of privacy protection for clients possible.

Another example of data that are in need of validation is the unexpected gender differences found. The fact that this variable tied with the Public/Private Work Setting variable for the largest number of significant relationships in the study (16) was unexpected, and warrants validation. It may be that gender differences are associated with a number of different areas, which in turn influence the way information is handled. For example, there may be gender differences in attitudes and approaches toward the work setting, psychological practice, or the medium in which information is stored and transmitted. A thorough search of the feminist literature may provide a useful framework.

It would also be useful to conduct further explorations within specific areas of psychological practice, such as mental health agencies, schools, private practice, etc. Comparisons could then be made between work settings, which may be helpful in identifying problematic information practices that are driven by the requirements of the work

A further suggestion for research comes from the written comments expressing frustration on the part of some respondents with the lax information-sharing standards of organizations for whom they work, both public and private. It seems that a level of mistrust exists, which has an influence on the types of information recorded by psychologists in some work settings (e.g., schools). It would be useful to explore further, perhaps using one to one interviews or focus groups, psychologists' attitudes toward the organizations who have custody and/or control of their clients' records, and to identify problems that may be occurring. This seems especially important in the public sector, which should be operating according to the FIPPA (1992), but would be important in the private sector as well.

In addition to exploring psychologists' attitudes, it may also be useful to identify all third parties who are typically privy to clients' personal information in different settings

(e.g., schools, WCB contracts), and to then (a) test psychologists' knowledge of the extent to which client information is both actually and potentially shared, and (b) explore whether or not psychologists inform clients of the extent of disclosure before services are provided.

Finally, if in fact the College of Psychologists of British Columbia does implement a privacy code for their members, it would be useful to do a number of follow-up surveys to track problems and improvements, and as a way of providing feedback on any training tools (such as workshops) that are used in the process.

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Appendix A

Fair Information Principles

1. That the existence of personal record-keeping systems should be publicly known;
2. That individuals should have rights of access and correction to their own data;
3. That personal data should only be collected for legitimate and openly stated purposes;
4. That personal data should be used (internally) in ways that are consistent with those purposes;
5. That personal data should only be disclosed (externally) in ways that are consistent with those purposes– unless the individual consents;
6. That there should be adequate and appropriate security safeguards (Bennett, 1996)

Appendix B

Cover Letters and Survey

Dear College of Psychologists of British Columbia Member:

The College of Psychologists of British Columbia has kindly allowed me to include this survey in their newsletter, in order that I may request your participation in a research study. My name is Jo-Anne Sargent and I am a graduate student at the University of Victoria, currently working toward an M.A. in Counselling Psychology. The title of my research project is "Psychologists' Information Practices: An Empirical Investigation." My supervisor, Dr. Max Uhlemann, is a member of the College of Psychologists and a professor at the University of Victoria.

The impetus for the study comes from three main areas: 1) the rising concern among the general public about privacy issues; 2) the need for privacy protection in the health care sector due to the increasing use of technology for recording, transmitting and storing personal information; and 3) the need for a consistent standard of practice for psychologists which adheres to the standards of the Freedom of Information and Protection of Privacy Act.

As yet, there is little empirical data in the literature pertaining to how psychologists use, share, and protect the personal information of their clients. Therefore, the main objective of this study will be to collect such data via the enclosed questionnaire, and make recommendations for improvements if necessary. Your participation in this study is completely voluntary, and neither the College of Psychologists of British Columbia nor the Office of the Information and Privacy Commissioner will know who does or does not choose to participate. No part of the survey will be returned to the College or the Information and Privacy Commissioner, and neither will the College or the Commissioner receive any data except that included in the final draft of the thesis. Also, your choice to participate will have no bearing on your status as a member of the College of Psychologists of British Columbia.

My supervisor and I will be the only individuals who see the completed questionnaires, and the data will be secured in a locked filing cabinet. The questionnaires will be destroyed once the analysis is completed and confirmed, and all data will be destroyed one year after publication of the thesis.

The questionnaire should take approximately 40 minutes of your time to complete, and can be returned in the stamped envelope provided. Approximately two weeks after you receive the

questionnaire, you will receive a postcard reminding you to fill out and return the questionnaire if you have not done so, and thanking you if you have. If you complete and return the questionnaire, I will assume that you have understood that this project is not expected to involve risks of harm any greater than those ordinarily encountered in daily life. If you have any questions or concerns about the survey, please feel free to contact either Dr. Max Uhlemann at (250) 721-7827 or me at (250) 592-8188, or at the return address. Your participation in the study and timely response would be greatly appreciated.

Thank you, Jo-Anne Sargent.

Note: "I understand that completion and return of this questionnaire constitutes informed consent and indicates that I have read, and fully understand, the letter of explanation accompanying the questionnaire."

ollege of Psychologists
F BRITISH COLUMBIA
e 404, 1755 West Broadway, Vancouver, BC V6J 4S5

July 1997

Study of Psychologists' Information Practices

Dear Colleague,

You will find enclosed a survey from Ms. Jo-Anne Sargent regarding information and privacy law in British Columbia.

Ms. Sargent is a graduate student at the University of Victoria and has been provided with access to mailing information on registered psychologists in accordance with section 35 of the *Freedom of Information and Protection of Privacy Act*.

In addition to circulating this material to you, we are writing to express our support of her research and to encourage registered psychologists to participate in her study.

We hope that this will also provide psychologists with information on the importance and prevalence of information and privacy issues in British Columbia.

Sincerely,

E.A. Kramer, Ph.D., R.Psych.
Registrar

EAK:CFR

INFORMATION & PRIVACY
COMMISSIONER
British Columbia
Canada

July 2, 1997

College of Psychologists of British Columbia
Suite 404, 1755 West Broadway
Vancouver BC V6J 4S5

Dear College of Psychologists of British Columbia Member:

Those who work in the health care industry have seen radical changes over the past two decades in the way information about patients and clients is managed. Thanks to technological advances in communications and data management, health care workers are finding it easier to collect, share, access, and store information with the positive intention of improving the quality and efficiency of health services.

It is more important now, then ever before, to be aware of the ease with which personal information is collected, accessed, and shared, and to maintain appropriate levels of privacy protection in accordance with the advances of technology. Indeed, public opinion polls show that Canadians are very concerned about the protection of their personal information, and that they want to be informed and consulted, as often as possible, before their information is used or shared in any way.

While respect for the principles of privacy, through a commitment to a code of ethics in general and confidentiality in particular, has always been a hallmark of psychological practice, the changing face of health care requires, more clearly articulated in my view, guidelines for protecting sensitive information. Toward this end, the establishment of a privacy protection code for psychologists that establishes standards of practice for the handling of personal information is an essential tool for addressing the concerns of the public.

Recently, my office has worked with the College of Physicians and Surgeons and the B.C. Medical Association to develop a privacy code for physicians in private practice. We are also encouraging the development of a similar code for the College of Psychologists, and your participation in the following survey will greatly facilitate that process. The survey is intended not only to

collect much needed information about the current standards of privacy protection among psychologists, but to provide an opportunity for you to express concerns you may have about privacy issues.

Thank you for your support.

Yours sincerely,

David H. Flaherty

David H. Flaherty
Commissioner

SECTION I. Demographics

Please circle the appropriate letter

1) a. male b. female

2) Number of years as a practicing psychologist:

a. 0 -5 b. 6 - 10 c. 11 - 20 d. more than 20 years

3) Level of highest degree:

a. Master b. Doctorate

4) Please approximate the percentage of time you spend doing each of the following types of work (total should equal 100%):

a. individual therapy_____%
b. group therapy_____%
c. family therapy_____%
d. couples therapy_____%
e. testing/assessment_____%
f. research_____%
g. teaching_____%
h. administration, public setting_____%
i. other_____%

5) Please indicate the percentage of work you do that is funded by government, and the percentage funded by private individuals and/or the private sector:

I. Government Funded Employment/ Contracts:

a. mental health_____%
b. university/college_____%
c. elementary/ highschool_____%
d. hospital/ medical_____%
e. correctional _____%
f. other_____%

II. Privately Funded Employment/ Contracts

a. fee for service_____%
b. business/industry_____%
c. other_____%

6) Please indicate the size of the community in which you practice:

a. large city b. small city c. town d. rural community

SECTION II. Information Practices

Please read the following instructions carefully before beginning this section:

a. Please answer the questions according to what you usually do, not what you think you should do. If you have not encountered some of the situations, answer according to what you would do in that situation.

b. For questions that do not apply to any of the settings in which you work, again please answer according to what you think you would do in that situation, unless you are provided with a N/A (not applicable) option.

Unless otherwise indicated, the rating scale is the following:

Never	*Almost Never*	*Sometimes*	*Almost Always*	*Always*
1	2	3	4	5

1) Many organizations that employ psychologists have information policies regarding access to and protection of clients' personal information. Are you familiar with the information policy of your place of work? (Circle the appropriate letter)

a. no

b. somewhat familiar

c. very familiar

d. no information policy

e. N/A [not applicable to my work setting(s)]

2) In order to provide quality health care, psychologists often need to share client information with third parties such as other health care providers. Do you obtain consent from clients before sharing their information with third parties? (Circle the appropriate response using the scale at the top of the page)

1 2 3 4 5

3) If you obtain consent, in what form is it obtained?

a. written

b. verbal

c. combination

4) If you use a written consent form, please indicate which of the following elements it contains: (circle as many as apply)

a. who the records are being released to

b. the records to be released

c. the purpose or intended use of the information (continued)

Scale: Never Almost Never Sometimes Almost Always Always
1 2 3 4 5

d. the date the form was signed

e. an expiry date

f. any limitations on the data to be provided (e.g., limiting further disclosure to other third parties without prior consent)

g. signature of the client; or

h. signature of the person authorizing the release, as well as that person's relationship to the client (e.g., parent or guardian)

i. other_____.

N/A (I do not use written consent forms)

5) Do you inquire about the security measures used by third parties to protect your client's privacy before sending reports, test results, assessments, or any part of a client's file?

1 2 3 4 5

6) When sharing client information with third parties, do you request that they obtain consent from your client first before further sharing the information with other professionals?

1 2 3 4 5

7) Please indicate how often identifiable client information is used by you in the following situations (identifiable information includes name, address, or telephone number, or any other information that could be used to identify a client):

supervision	1	2	3	4	5	N/A
consultation	1	2	3	4	5	N/A
team/agency meetings	1	2	3	4	5	N/A
research	1	2	3	4	5	N/A
teaching purposes	1	2	3	4	5	N/A
other_____	1	2	3	4	5	N/A

8) If you answered 3 (sometimes), 4 (almost always), or 5 (always) to any of the items in #7, please indicate whether or not you inform clients that their information will be used in those situations.

1 2 3 4 5 N/A

Scale: Never (1) Almost Never (2) Sometimes (3) Almost Always (4) Always (5)

9) Often organizations that employ or contract psychologists need to use client information (with or without identifiers such as name) for program evaluations, funding applications, etc. If asked, would you be able to explain to a client all the purposes for which their personal information is used by the organization you work for?

1 2 3 4 5 N/A

10) Sometimes over the course of providing services to clients, a new purpose arises for the use of their information that was not anticipated. This might include research, a case presentation at a conference, or a program evaluation. When a new purpose arises for using client information, do you inform clients, regardless of whether or not their name will be included? (Remember to answer according to what you would do if you have never encountered this situation)

1 2 3 4 5

11) Depending on need, psychologists may provide a variety of services to clients, such as testing, therapy, assessment, etc. Do you obtain consent from clients for the specific service being provided?

1 2 3 4 5

12) In what form is consent obtained for the services outlined in #11?

a. verbal

b. written

c. combination written/verbal

d. other _____

13) At what point is consent usually obtained for the services in #11?

a. beginning of first session/ consultation

b. end of first session

c. 2nd or subsequent sessions

14) If the service being offered to a client changes (e.g., from assessment to therapy), do you obtain renewed consent for the new service?

1 2 3 4 5

15) Please indicate if any of the following are limits you place on the confidentiality of client information (in other words, would you break confidentiality under any of the following circumstances?):

Scale: Never (1) Almost Never (2) Sometimes (3) Almost Always (4) Always (5)

a. when there are reasonable grounds to believe that a child is in danger;

1 2 3 4 5

b. when there are reasonable grounds to believe that a client may be dangerous to him/herself;

1 2 3 4 5

c. when there are reasonable grounds to believe that a client may be dangerous to others;

1 2 3 4 5

d. when you have received a subpoena requesting release of a client's records to a court of law;

1 2 3 4 5

e. when you know or suspect that a client is suffering from a reportable communicable disease;

1 2 3 4 5

f. when you think a client has a medical condition that makes it dangerous for the client or the public for the client to drive a motor vehicle;

1 2 3 4 5

g. other_____;

h. I never break confidentiality under any circumstances.

16) Do you inform clients of the limits to confidentiality?

1 2 3 4 5

17) In what format do you provide information about the limits to confidentiality?

a. written

b. verbal

c. combination

d. N/A (I do not inform clients of any limits)

18) At what point are clients informed about the limits to confidentiality?

a. beginning of the first session/ consultation

b. end of the first session

c. 2nd or subsequent sessions (continued)

Scale: Never (1) Almost Never (2) Sometimes (3) Almost Always (4) Always (5)

d. when and if the need arises

e. N/A (I do not inform clients of any limits)

19) If/When the need arises for you to break confidentiality, do you attempt to obtain consent first?

1 2 3 4 5

20) When recording information about a client, do you generally

a. record as much detail as possible, excluding nothing

b. record as much detail as possible, intentionally excluding some information

c. record the minimum amount of information needed to ensure accurate recall

d. keep no records at all

e. keep two sets of records, one for yourself and one for the client's file

21) If you intentionally exclude some information from a client's record, please indicate what it is: (circle as many as apply)

a. illegal behaviour

b. sexual practices

c. your hunches, speculations or guesses

d. your value judgments

e. your emotional reactions/responses

f. your personal opinions

g. other_____

h. N/A (I do not intentionally exclude any information)

22) Please indicate at what point you usually update client records: (remember to answer according to what you would do, if your work does not involved client records)

a. during the session

b. immediately after each session

c. within 24 hours of a session

d. within one week of a session

e. more than one week after a session

23) When forwarding outdated client information to third parties, do you warn them that it is outdated? 1 2 3 4

Scale: Never (1) Almost Never (2) Sometimes (3) Almost Always (4) Always (5)

24) Please indicate the format used by you for recording client information:

a. paper

b. electronic (e.g., type notes directly into computer file)

c. audio/video recording

d. combination (please specify_____)

25) If you record client information on paper, is that information later entered onto a computer database?

1 2 3 4 5

26) How long do you keep adult client records after termination of services?

a. destroyed immediately after work with the client is finished

b. kept 1 - 3 years

c. kept 4 - 7 years

d. kept 8 - 20 years

e. kept more than 20 years

f. no specific policy

27) How long do you keep child/youth client records after termination of services?

a. destroyed immediately after work with the client is finished

b. kept until the client reaches age 19

c. same policy as for adults

d. other _____

28) If you contract your services, do you indicate in each contract how long client records will be kept after the contract is finished?

1 2 3 4 5

29) Are client records retained with personal identifiers?

1 2 3 4 5

30) Please indicate how records are stored:

a. paper files

b. electronic

c. combination paper/ electronic

d. other_____

Scale: Never 1 | Almost Never 2 | Sometimes 3 | Almost Always 4 | Always 5

31) Please indicate where client records are stored:

a. office

b. home

c. other_____

32) If you store client information in paper files, please indicate whether any of the following security measures are used:

a. locked filing cabinets

b. restricted access

c. other_____

d. no safety measures used

e. N/A (I do not use paper files)

33) Please indicate the method used to destroy outdated paper client records:

a. shredding
b. burning
c. recycling bin
d. garbage bin
e. other _____

34) If you store client information on computer, please indicate whether any of the following security measures are used:

a. passwords

b. encryption

c. audit trails

d. no security measures used

e. N/A (I do not use computer files)

35) What security measures do you use when having your computer repaired, upgraded, or replaced?

a. repairs done by 'in-house' personnel

b. security clearance for repair persons

c. erasing computer hard drive or files

d. low level reformatting of hard drive before repair or recycling

e. other_____

f. N/A (do not record any client information on computer)

Scale: Never (1) Almost Never (2) Sometimes (3) Almost Always (4) Always (5)

36) If you work for an organization, please indicate whether any of the following security measures are used:

a. security clearance for access to files

b. access limited to 'need to know' basis

c. no security measures used

d. other_____

e. N/A (I do not work for an organization)

37) Please indicate how often you use each of the following modes to transmit or receive client information. **NOTE**: Circle 1 (never) to indicate that you choose not to transmit client information via this mode, and circle N/A to indicate that this mode is not available to you.

a. fax	1	2	3	4	5	N/A
b. e-mail	1	2	3	4	5	N/A
c. voice mail/answering machine	1	2	3	4	5	N/A
d. cordless phone	1	2	3	4	5	N/A
e. cell phone	1	2	3	4	5	N/A
f. video/computer conference	1	2	3	4	5	N/A

Please indicate how often you use each of the following security measures for the following methods:

38) Fax:

a. I choose not to use this mode, and/or it is not available to me

b. cover sheet that includes name of sender, recipient, number of pages, and 'confidential' warning; 1 2 3 4 5

c. removal of personal identifiers if possible
1 2 3 4 5

d. check accuracy of numbers, even if pre-programmed
1 2 3 4 5

e. phone ahead to confirm the destination fax number and recipient
1 2 3 4 5

f. use of keylocks or confidential mailboxes, if available (continued)
1 2 3 4 5

Scale: Never (1) Almost Never (2) Sometimes (3) Almost Always (4) Always (5)

g. controlled access to fax machine

1 2 3 4 5

39) E-mail: a. I choose not to use this mode, and/or it is not available to me

b. removal of personal identifiers if possible

1 2 3 4 5

c. use of encryption

1 2 3 4 5

40) Voice mail/ Answering machine:

a. I choose not to use this mode, and/or it is not available to me

b. refrain from using personal identifiers on outgoing messages

1 2 3 4 5

c. restricted access to answering machine

1 2 3 4 5

d. restricted access to voice mail

1 2 3 4 5

41) Cell Phone:

a. I choose not to use this mode, and/or it is not available to me

b. refrain from using personal identifiers

1 2 3 4 5

42) Video/Computer Conference:

a. I choose not to use this mode, and/or it is not available to me

b. refrain from using personal identifiers

1 2 3 4 5

c. restricted access

1 2 3 4 5

43) If you have client records in your personal safekeeping, do you have a written plan for the continued safekeeping of those records in the event of death, incapacity, or withdrawal from practice?

a. yes

b. no

c. N/A (I do not have records in my safekeeping)

Scale: Never (1) Almost Never (2) Sometimes (3) Almost Always (4) Always (5)

44) Please circle the letter of the statement(s) you believe to be true:

a. When psychologists' services are funded by public organizations (e.g., mental health agencies, hospitals, universities), the public organization owns the client's record and has control over access to it, including the psychologist's case notes.

b. Public organizations that fund psychological services own and have control over access to all parts of the client's record except case notes.

c. Psychologists own and control access to all parts of their clients' records, regardless of how their services are funded.

d. Public organizations that fund psychological services own the client's record, and the client owns the information in it.

45) How often have you had requests from clients for access to the information about them on file?

a. never

b. a few times

c. a moderate number of times

d. many times

e. N/A (I do not work directly with clients)

46) Do you allow clients to have access to the information about them on file if they request it?

1 2 3 4 5

47) Do you routinely inform clients that they may have access to the information on file if they request it?

1 2 3 4 5

48) If allowing clients access to the record, how would you prefer it is done?

a. copy the record and give it to the client

b. review the record on the premises with the client

c. give the client a written summary of the record

d. give the client an oral summary of the record

e. other_____

Scale: Never (1) Almost Never (2) Sometimes (3) Almost Always (4) Always (5)

49) If you have ever or would deny a client access to the information about them on file, please indicate your reason(s) why: (circle as many as apply)

a. they are my records and the client does not have the right to see them

b. fear that the information may bring harm to the client or to someone else as a result of the client having access

c. fear that the information would be misunderstood or misinterpreted

d. copyright infringement re: test protocols

e. no reason to deny access

f. other_____

50) Indicate which, if any, parts of a client's record you do not or would not allow clients access to (circle as many as apply):

a. case notes

b. test protocols

c. assessments

d. progress reports

e. reports from other professionals

f. notes from conversations with others about the client

g. information about third parties

h. other_____

i. nothing excluded

51) How often have you had requests by parents/ guardians for access to the file of a minor?

a. never

b. a few times

c. a moderate number of times

d. many times

e. N/A (I do not work with minors)

52) Please indicate how you handled or would handle the situation in #51:

a. deny access out of respect for the child's right to privacy, regardless of the child's age

b. grant access to parents/guardians of children you do not consider to be 'mature minors', but obtain consent first from children who you do consider to be 'mature minors'

c. grant access with or without consent of the child, regardless of age

d. other_____

Scale: Never 1 | Almost Never 2 | Sometimes 3 | Almost Always 4 | Always 5

53) How often have you had requests to access a mature minor's record by the parents/ guardian against the minor's wishes?

a. never

b. a few times

c. a moderate number of times

d. many times

e. N/A (I do not work with minor

54) Please indicate how you handled or how you would handle the situation in #53:

a. deny access out of respect for the child's right to privacy

b. grant access without the minors' consent

c. try to convince the minor to consent to parental/guardian access

d. try to obtain consent from the minor to release part of the record only

e. other_____

55) How often have you had requests to access a minor's record by a non-custodial parent?

a. never

b. a few times

c. a moderate number of times

d. many times

e. N/A (I do not work with minors)

56) Please indicate how you handled or how you would handle the situation in #55:

a. grant access, because the non-custodial parent has that right

b. obtain consent from both the custodial parent and the minor first

c. obtain consent first from the custodial parent only

d. deny access and inform the non-custodial parent that he/she will require a court order to obtain access to the records.

57) How often have you had requests for access to a minors' record by a parent who has joint custody, but who does not live with the minor?

a. never

b. a few times

c. a moderate number of times (continued)

Scale: Never 1 | Almost Never 2 | Sometimes 3 | Almost Always 4 | Always 5

d. many times

e. N/A (I do not work with minors)

58) Please indicate how you handled or would handle the situation in #57:

a. grant access, because each parent in a joint custody agreement has that right
b. obtain consent from the minor and the parent with whom the minor resides first

c. obtain consent from the parent with whom the minor resides first

d. deny access and inform the parent that he/she will need a court order to obtain access

59) How often have you had requests for access to a minor client's record by one parent/ guardian, against the wishes of the other parent/ guardian?

a. never
b. a few times

c. a moderate number of times

d. many times

e. N/A (I do not work with minors)

60) Please indicate how you handled or would handle the situation in #59:

a. grant access if the minor agrees
b. deny access unless both parents/ guardians agree

c. deny access unless a court orders the records released

d. other_____

61) How often have you had requests by family or others for access to the records of a deceased client?

a. never
b. a few times

c. a moderate number of times

d. many times

e. N/A (I do not work directly with clients)

62) If you have granted access as in #61, please indicate the shortest period between the time the client passed away and the time the access was granted.

a. less than one year
b. 1 - 5 years
c. 6 - 20 years
d. more than 20 years
e. N/A

Scale: Never (1) Almost Never (2) Sometimes (3) Almost Always (4) Always (5)

63) If access was requested as in #61, and denied by you, please indicate your reason(s) why:

a. felt it was a violation of the deceased client's privacy rights

b. fear that the information might be harmful to the person(s) requesting access

c. fear that the information might lead to a lawsuit

d. other_____

e. N/A

64) Have you ever received a subpoena asking you to release client records for legal purposes?

a. never

b. a few times

c. a moderate number of times

d. many times

e. N/A (I do not work directly with clients)

65) Do you or would inform the client before releasing records under subpoena?

1 2 3 4 5

66) In the event of the situation in #64, did you or would you seek legal advice before releasing the records?

1 2 3 4 5

67) Have you ever or would you attempt to resist a subpoena for client records?

1 2 3 4 5

68) If yes, please indicate your reasons why in the space below:

69) Please indicate which of the following are sources of information for you about the Freedom of Information and Protection of Privacy Act, or about appropriate handling of client information, and rate the effectiveness of those sources using the following scale:

Not Effective (A) Somewhat Effective (B) Moderately Effective (C) Very Effective (D)

a. College of Psychologists of BC newsletters A B C D (continued)

b. workshops	A B C D
c. peer consultation	A B C D
d. policy of the organization for which you work	A B C D
e. media	A B C D
f. other	A B C D

Please feel free to add any comments that might be useful in helping identify areas of concern regarding psychologists and client information. Please also feel free to add comments about how you would like to see the process of devising a privacy policy structured.

Thank you for your participation.

Appendix C

Research Questions

1. How do British Columbia registered psychologists' information protection standards compare with the standards of the CSA Model Code (1996a) and the FIPPA (1992)?

Accountability

2. How do psychologists rate themselves in terms of familiarity with the information policy at their place of work?

3. Do psychologists enquire about the security measures used by third parties before sending client records?

4. Do psychologists request that third parties obtain consent from their client before further sharing the client's information?

Identifying Purposes

5. Do psychologists inform clients about all the purposes for which their personal information will be used as part of the informed consent procedure?

6. If a new purpose arises for which the client's information is to be used, do psychologists inform the client?

Consent

7. What percentage of psychologists obtain explicit consent for psychological procedures?

8. What percentage of psychologists obtain explicit consent before releasing a client's personal information to third parties?

Limiting Collection

9. Do psychologists routinely exclude certain types of information from the record?

10. What types of information are routinely excluded from the record?

11. Is there a common basis among psychologists on which they make the decision to exclude information from the record?

Limiting Use, Disclosure, and Retention

12. What limits do psychologists place on confidentiality?

13. Do psychologists inform clients of those limits? If so, when?

14. What is the frequency of requests for access by parents of minors?

15. How do psychologists handle various types of requests by parents?

16. What is the frequency of requests for access to the records of a deceased client?

17. How do psychologists handle requests for access to records of deceased clients?

18. What is the frequency of subpoena of client records?

19. How do psychologists handle the subpoena of client records?

20. Do psychologists in private settings have clearly formulated record retention policies, and if so what are they?

21. Do psychologists who contract their services to public bodies include a record retention policy in the contract?

Accuracy

22. Do psychologists up-date client records immediately after every session?

23. Do psychologists ensure that information that is to be released to third parties is up-to-date?

Safeguards

24. What percentage of psychologists store records electronically?

25. Of the psychologists who store records electronically, what measures do they use to safeguard these records?

26. Of the psychologists who keep paper records, what measures are used to safeguard these records?

27. To what extent do psychologists use organizational measures to safeguard records (security clearances, limiting access to a 'need-to-know' basis)?

28. To what extent do psychologists use electronic means (fax, e-mail, cordless phone) to transmit clients' personal information?

29. What safeguards do psychologists use when transmitting personal information electronically?

30. What percentage of psychologists have a written plan for the continued safekeeping of records in the event of death, incapacity, or withdrawal from practice?

Individual Access

31. Do psychologists inform clients of their rights to access in settings where that right is guaranteed by legislation?

32. Do psychologists who's records are not covered by the FIPPA inform clients that they can have access to the information in their records?

33. What is the relationship between the number of client requests for access and the

frequency with which psychologists inform clients of their right to access?

34. On what grounds do psychologists refuse clients access to the information in their records?

35. Are there parts of the record psychologists would not release to an applicant (eg., case notes, raw test scores)?

36. When granting access, do psychologists prefer to (a) release a copy of the information to the client, or (b) review the record with the client in person?

37. Can psychologists correctly identify the relationship between type of work setting (that is, publicly funded versus privately funded work), and an organization's ownership and control of client records?

Independent Variables

Are there significant differences in the frequency of responses when the sample is grouped according to the following independent variables:

a. Level of Degree

b. Gender

c. Public/Private Work Setting

d. Number of Years in Practice

e. Geographic Setting

Appendix D

Additional Written Responses

Space was provided at the end of the survey for respondents to submit suggestions about how they would like to see the process of devising a privacy policy structured. Respondents were also invited to add any additional comments that might be useful in identifying areas of concern regarding psychologists and client information.

The following were comments regarding the process and structure of a privacy policy, as well as general concerns about privacy protection:

1. Get College to publish guidelines and send them *gratis* to members.

2. Clarification as to how and what to record as client records needed. All psychologists (are) different. Yet all face same legal/ethical issues. Individual psychologists unwilling to share with others as (they) see other therapists as "competitors." — THIS IS SAD!

3. I think a privacy policy for psychologists is a very good idea– especially re test protocols, non-copyrighted test responses and scoring protocols, whose general distribution would reduce the test validity.

4. Sample forms and policy "rules" / guidelines that are specific would be most helpful to busy private practitioners. Give us some checklists / suggested practices, etc... Give a summary of suggested oral (or written) confidentiality limits, record keeping, etc. to be covered in initial interview.

5. This exercise itself (filling out the survey) is informative and raises my awareness of my own ignorance. I need more reliable information.

6. Many of the questions asked (on the survey) are very pertinent, yet are not addressed adequately in training programs or other sources of information typically available to psychologists. I would be very interested in receiving information related to these issues, and strategies to resolve problems of keeping and disseminating client information.

7. While governments generally exclude themselves from the provisions of their own statute acts, there is a need to 1) establish in law some form of privileged communication between client/patient and provider of service, and 2) establish that non-psychological administrative or other untrained personnel access client records (interview notes, test results, diagnoses and prognoses) on an informed consent, need to know and level of security access basis. Non-

psychologists will need professional explanations by persons qualified to do so in the area/specialty involved.

8. (i) Prepare draft (ii) Distribute by College to members (iii) Evaluate and make changes re: feedback (iv) Distribute to all, plus workshop available on video– free. All done by committee of seven: 3 private practitioners, 3 gov't organizations, 1 lawyer.

9. (i) Involvement of psychological organizations (College and British Columbia Psychological Association), (ii) and hopefully reference material relating the practices of other jurisdictions, (iii) a forum for psychologists themselves, although that will be a nightmare.

The followingare comments that expressed concern about some areas of information practices in particular. A major area of concern seems to be the lack of privacy and confidentiality on the part of the organization for whom the psychologist works, both public and private. Another area of concern is adequate note keeping in the face of the potential subpoena of records.

1. With the expansion of managed care, I am concerned about the erosion of client confidentiality. I am careful to review with clients progress reports, etc. being sent to insurers such as ICBC. Files are routinely requested in personal injury cases– I exclude test protocols with a cover letter stating that I will release these to a Registered Psychologist– such has never caused a problem. (Judges I have encountered have upheld this practice)

2. While merging of mental health (Child & Youth) services with Ministry for Children and Families, it is a major issue as to how client information is going to be protected, its confidentiality and the best interest of its clients. Also the issue of different ethical guidelines for social workers, nurses, and psychologists, etc.

3. How do I get <u>all</u> of my colleagues to take this seriously? Some of us are concerned and are vocal. Others are indifferent and won't say or do anything. How do we get the employer to take action on the confidentiality issue? I've even threatened to fill a complaint with the College, charging all of us (my superiors included) with unethical conduct. This course of action would probably lead to my being fired <u>and</u> blackballed. And the problems with confidentiality will remain.

4. Would like to see findings, would like to see other professionals take training in this area (e.g., lawyers, MSS, GP's, SW's) so they can understand the ...(unreadable) of psychologists in preserving the client-therapist relationship. Special focus on crimes of violence/abuse/offender issues is a complicated area that could use clarification, also custody and access practice.

5. I am concerned about privacy in government ministries being poor. Even in hospitals and agencies numerous people have access to files.... I have found confidentiality of medical records to be a joke. Therefore I attempt to protect my clients' confidentiality as much as possible by omitting certain things from their notes, within ethical limits. I also make sure my notes are very detailed if it is to their benefit.

6. Big problem is that psychologists should keep adequate noes to be accountable for what is done in therapy session. Yet, to avoid potential problems of notes being dragged into court, many don't keep adequate notes. So, if problematic techniques like hypnosis are used (eg., to "retrieve memories") there's no mention of the technique having been used in the notes. –i.e., instead of working to improve what's done in the name of therapy, many learn to disguise and cover up what they've done.

7. I know that my private notes can be subpoenaed. However, I do not let others know of my private notes and I handwrite them in illegible handwriting. The schools do maintain files which are readily open to parents. Depending upon the situation, my notes might "disappear" if subpoenaed.

8. Although protection of client information/privacy is obviously very important, I am also concerned that therapeutic goals and the client-therapist relationship will become increasingly compromised by policies and guidelines that are driven primarily by a legal agenda which will necessarily result in an increasingly restrictive approach to deal with every possible eventuality.

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Title of Thesis:

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