

ANZAP Code of Ethics

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A. Introduction

1 Preamble

- 1.1 The Australian and New Zealand Association of Psychotherapists (ANZAP), seeks to cultivate and maintain the highest ethical standards. This Code of Ethics serves as a statement of those standards and as the means of communicating them to our membership and the community. This Code of Ethics reflects the values and principles that are integral to psychotherapists, psychotherapy organisations and the practice of psychotherapy. This code outlines guidelines that establish minimum standards of ethical practice and conduct for, psychotherapists, supervisors and trainers within ANZAP, and for ANZAP as an organisation.
- 1.2 As an organisation, ANZAP aims to institute a professional structure that both protects and supports clients using the clinical services of its members and also the members themselves; actively protecting the integrity of relations with members, and promoting professional development and best practice.
- 1.3 Through its constitution and policies, ANZAP seeks to ensure the highest standard of governance, ethical guidelines for members and protections and standards of service for the clients of its members.
- 1.4 ANZAP strongly upholds this Code of Ethics and expects all members to adhere to it consistently from the commencement of their training and throughout their membership in ANZAP. The code applies to every member regardless of the type of membership or their role.
- 1.5 Commitment to the Code of Ethics includes agreement by members to comply with the procedures for investigation into ethical complaints, including cooperation with investigations of complaints against themselves or other psychotherapists. Members who breach the code of Ethics may be subject to complaints procedures and disciplinary action, including expulsion from ANZAP.
- 1.6 This code of ethics will continually be informed by new information and experience and will be formally reviewed and revised regularly as necessary for the ongoing development and growth of the organisation.
- 1.7 In addition to this code, the Ethics Committee of ANZAP may from time to time issue additional guidelines to expand on or explain this code in relation to particular situations or issues. Such guidelines shall be taken as adding to this code and have the same standing as the code itself.

2 Definitions

- 2.1 **Member** means every person that is a member of ANZAP - Provisional, Clinical, Associate, or Honorary Life member.
- 2.2 **Role** includes trainee, Psychotherapist, trainer/educator, evaluator, individual or group supervisor, researcher, manager, consultant, and ANZAP Board Member.
- 2.3 **Client** means a party or parties to a psychotherapeutic service involving teaching, supervision, research, or professional practice in psychotherapy. Clients may be patients, individuals, couples, dyads, families, groups of people, organisations, communities, facilitators, sponsors, or those commissioning or paying for the professional activity.

3 Values and Principles

- 3.1 ANZAP and its members are committed to demonstrating a culture in which the following values and principles can thrive:
- 3.1.1 Respect for the essential humanity worth and dignity of all people;
 - 3.1.2 Honouring the trust placed in them by their clients and protecting the integrity of that relationship;
 - 3.1.3 Recognition of and respect for the cultural, religious, and sexual diversity among people and opposing discrimination and promoting fair and impartial conduct;
 - 3.1.4 Respect for the privacy of members and their clients and the preservation of the confidentiality of information obtained during the course of their work;
 - 3.1.5 Protection of members' rights and promotion of their responsibilities;
 - 3.1.6 Competence and good governance; and
 - 3.1.7 Abiding by the laws of the society in which they are situated.
- 3.2 These principles can be encapsulated in two overarching values: Respect and Integrity. While elements of the code can overlap between these values, all elements attempt to give expression to them.

B Respect

Respect is the demonstration of esteem for the rights and dignity of all people.

4 Personal Respect

- 4.1 Members behave and communicate with others in ways that demonstrate and convey respect for other people and others' legal and moral rights. This should include avoiding actions and communications which might reasonably be deemed coercive or demeaning.
- 4.2 In relation to the collection of information from members, clients and supervisees, demonstrating respect includes, but is not limited to avoiding invasions of privacy or culturally sensitive material, and collecting only information relevant and necessary for the clinical or training service being provided.
- 4.3 Members maintain due consideration and regard for colleagues in psychotherapy and other professions, having particular regard to professional relationships and obligations.
- 4.4 Members work to ensure that dialogue and debate about theory and practice within ANZAP and with other colleagues is conducted in a professional and respectful manner.
- 4.5 Members do not promote their services directly to someone who is in psychotherapy with another practitioner.
- 4.6 Members treat any colleague who transgresses this Code of Ethics in a humanitarian manner.

5 Cultural Respect

Culture includes and is not limited to ethnicity, age, disability, gender, religious and spiritual beliefs, gender identity, sexual orientation and socio-economic status.

- 5.1 Members recognise and respect cultural diversity among people and oppose discrimination, and oppressive and unjust behaviour.
 - 5.1.1 Members examine and acknowledge their own cultural values and recognise the ways in which the biases that arise from their own culture influence their interactions with each other and their clients.
 - 5.1.2 Members be aware that cultural factors influence health and illness.
 - 5.1.3 Members should consult appropriate advisors and/or refer clients on to others if they become aware their own cultural biases or preconceptions limit their therapeutic effectiveness.
- 5.2 Members act to not discriminate unfairly against people on the basis of ethnicity, age, disability, gender, religious or spiritual beliefs, gender identity, sexual orientation, socio-economic status, or any other basis proscribed by law.

- 5.3 Members practising in Australia recognise the multicultural values of Australia and the rights of all Australians to be active and equal participants in Australian society, free to live their lives and maintain their cultural traditions. Members practice should reflect this respect for these multicultural values.
- 5.4 Members practising in Australia give recognition and promote the advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander peoples as the first peoples of this land. Members use culturally appropriate practices and integrate these into their work in ways that ensure that issues of diversity and equality are valued, upheld and promoted.
- 5.5 Members practising in Aotearoa/New Zealand be familiar with *The Treaty of Waitangi*, use culturally safe practices and integrate these into their work in ways that ensure that issues of diversity and equality are valued, upheld and promoted.

6 Informed Consent

- 6.1 Members must inform clients as fully as possible using plain language regarding the psychotherapy service or purpose for which consent is sought. Exceptions to this are where it is not reasonably possible to obtain informed consent, where an explicit exception has been agreed upon in advance, or where there is legal stipulation that consent is not required.
- 6.2 Informed consent implies that the person seeking therapy or training is fully informed of the processes and standards to be applied to the work. Achieving informed consent involves members:
 - 6.2.1 explaining what consent is being sought for – the action, event, purpose and nature of the processes, disclosures or procedures a member intends using;
 - 6.2.2 elaborating and checking the client’s understanding of reasonably foreseeable risks, implications, adverse effects, and possible disadvantages of the processes, disclosures or procedures for which consent is sought;
 - 6.2.3 explaining how information will be collected and recorded and how, where, and for how long, information will be stored, and who will have access to the stored information;
 - 6.2.4 informing clients about the extent of their participation, that they may decline to participate, and the options for and limitations of withdrawing once they have consented to what is being proposed. This includes explaining to clients what the reasonably foreseeable consequences would be if they decline to participate or withdraw from the proposed procedures;
 - 6.2.5 clarifying the frequency, expected duration, financial and administrative basis of the psychotherapy;
 - 6.2.6 informing clients about confidentiality and the limits to confidentiality; and

- 6.2.7 making clear, where necessary, the conditions under which the psychotherapy services may be terminated.
- 6.3 Members must ensure that they have informed consent from clients in circumstances where clients are agreeing to processes, disclosures or procedures relating to psychotherapy services provided by members. This includes:
 - 6.3.1 provision of psychotherapy itself;
 - 6.3.2 situations where a Third Party contracts the therapeutic service;
 - 6.3.3 the use of clinical or case material in presentations to others such as during training; and
 - 6.3.4 research and publication.
- 6.4 Where a client's capacity to give consent is, or may be, impaired or limited (for example with children or young people), the consent of people with legal authority to act on behalf of the client must be obtained whilst also attempting to obtain the client's own consent as far as practically possible.
- 6.5 Where, by law, client consent is not required, the processes and procedures outlined above for obtaining informed consent should still be followed as far as practically possible.
- 6.6 The informed consent provisions of this code must also be followed in instances where a client alleges misconduct by another therapist. The client should be fully apprised of the options and procedures for making a complaint.

7 Confidentiality

- 7.1 Members are to ensure that confidentiality is maintained in relation to any information about other members, clients, supervisees, and trainees obtained as a result of that member's role within ANZAP (e.g. being an office-bearer). This applies to verbal, written or recorded material and to accessing, storage, dissemination and disposal of information.
- 7.2 Clients should be informed about confidentiality and the limits to this at the outset of the professional relationship, and as regularly thereafter as is reasonably necessary.
- 7.3 The circumstances warranting breach of confidentiality are limited as follows:
 - 7.3.1 where the relevant client or a person with legal authority to act on behalf of the client has given consent for the breaking of confidentiality;
 - 7.3.2 where there is a legal obligation to disclose information;
 - 7.3.3 if there is an assessed immediate risk of significant harm to the client or to an identifiable other person or persons for which disclosure to a third party is necessary to ensure their safety. This includes risk of significant harm to a child;
 - 7.3.4 where to not do so may be detrimental to the prosecution of serious crime;

- 7.3.5 where to not do so may be detrimental to public safety;
- 7.3.6 in the defence of an action or complaint, legal or ethical, by a client against a member.
- 7.4 Where circumstances warrant a breach of confidentiality, attempts should be made where reasonably practical to obtain the client's consent and collaboration before undertaking the breach.
 - 7.4.1 Where practical, a supervisor or senior colleague should be consulted before taking such action.
- 7.5 Requirements to maintain confidentiality continue after a client's death unless there are overriding legal considerations.

8 Presentations and Training Material

- 8.1 Clients must not be observed or listened to by anyone other than their psychotherapist without the client having given informed consent. This applies to supervision, direct observation and to any form of audio-visual recording.
- 8.2 Members must acknowledge and advise the client that they have the absolute right to withdraw consent for any presentation at any time and take all reasonable steps to comply with this request even if this causes the member disadvantage.
- 8.3 Where consent is sought for presentation of clinical or case material for presentations, professional development or seminars the ANZAP guidelines for presentations must be followed.
- 8.4 Members must consider dual relationship implications in using clinical material and ensure that the use of such material will not adversely impact on the therapeutic relationship.
- 8.5 Members are required to take corrective action, which may include stopping use of the clinical material where the client referred to becomes distressed or withdraws consent.
- 8.6 Notwithstanding client consent, Members must take steps to protect their client. They must:
 - 8.6.1 de-identify as much of the material as possible;
 - 8.6.2 use only the material necessary for the presentation;
 - 8.6.3 disguise as far as possible those characteristics that are unique. (*NOTE: It is recognised that it may be some unique characteristics that are the reason for the presentation and therefore with appropriate consent those characteristics will be disclosed.*)

9 Release of Information to Clients

- 9.1 Unless there are reasons imposed by legislation or where it can cause damage to do so, members will not refuse any reasonable request from clients, or former clients, to access their client file records for which the Member has professional responsibility. (*Australian*

Members have particular and defined responsibilities under the Australian Privacy Act, especially Australian Privacy Principle 12 in relation to this).

- 9.2 Having regard for possible impacts on a client of reading their notes, Members should offer arrangements to support the client in this process such as offering to sit with them when they are reading and/or discussing the experience with them afterwards.

C Conduct with Integrity

Integrity is conducting oneself in a manner to maintain appropriate standards of behaviour. Operating with integrity ensures members work with competence to provide benefit, do no harm, appropriately exercise power and honour their position of trust in relation to their clients.

10 Reputable Behaviour

- 10.1 Members are to avoid behaving in disreputable ways that reflect negatively on either their practice as a psychotherapist or on the profession or discipline of psychotherapy.
- 10.2 Members must not act so as to bring ANZAP into disrepute.
- 10.3 Where a member obtains information about, or reasonably suspects, serious professional misconduct by another member of the association, the member must take action by notifying the ANZAP Ethics Committee.
- 10.4 Members must not conduct therapeutic interviews with clients or anybody else as entertainment:
 - 10.4.1 Entertainment includes but is not limited to: Television programs, Internet presentations, internet blogs, and Radio Programs); and
 - 10.4.2 A client cannot release a member from this obligation.
- 10.5 Members are to be honest in their financial dealings, including making proper financial arrangements with clients and, where relevant, third party payers. Such arrangements should include provision of a reasonable period of notice regarding fee increases and avoidance of financial arrangements which may adversely influence the psychotherapy services provided.
- 10.6 Members are not to receive any remuneration, or give any remuneration for referring clients to, or accepting referrals from, other people including professionals for professional services

11 Communication

- 11.1 Members undertake to communicate as honestly and clearly as possible in the context of their psychotherapy work. Where any misrepresentation is made, they must take reasonable steps and within a reasonable timeframe correct any such misrepresentation made by them or about them in their professional capacity.
- 11.2 Members take reasonable steps to correct any misconceptions held by a client about the psychotherapist's professional competencies.
- 11.3 Statements made by members in announcing or advertising the availability of psychotherapy services, products or publications must be honest, accurate and complete.
- 11.4 Members must not use testimonials or purported testimonials about their service

12 Professional Conduct

- 12.1 Members maintain and develop their competence throughout their professional lives by engaging in activities such as continuing professional education, supervision and personal psychotherapy and conduct their professional lives with integrity.
- 12.2 Members take all reasonable steps to promote good and avoid harm to their clients as a result of the therapy process. In the event of harm being found to be done, members take responsibility for acknowledging that harm as well as appropriate responsibility for restitution or reparation.
- 12.3 Members assess and monitor their own level of competence, work within those limits and refer where necessary.
 - 12.3.1 Work with children requires specialist knowledge and training. Members should only undertake psychotherapeutic work with children after meeting appropriate training standards and recognised skill.
 - 12.3.2 Working with young people requires appropriate skill and/or experience and members should only undertake psychotherapeutic work with young people where they have the appropriate training and/or skill and experience to do so.
 - 12.3.3 Work with couples requires appropriate training and/or experience. Members should only undertake psychotherapeutic work with couples where they have the appropriate training and/or experience and are qualified to do so.
- 12.4 If a client requires additional services in conjunction with psychotherapy members should bring this to the client's attention.
- 12.5 Members should monitor their own physical and emotional capacities and functioning and seek professional help and/or refer when their functioning is impaired to the extent it significantly affects the on-going welfare of their client(s).

13 Responding to Complaints by a Client

- 13.1 Members must respond promptly and appropriately to any complaint from their clients and seek to repair the situation.
 - 13.1.1 Members should remedy any harm they may have caused and prevent any further harm.
 - 13.1.2 Members should discuss the complaint in supervision to ensure they have taken all appropriate steps.
 - 13.1.3 Where the client is not satisfied with the efforts of the member to remedy the situation, the member should advise the client of the procedure to make a formal complaint.

- 13.1.4 In any situation of a client threatening to make a formal complaint or proceeding to make a formal complaint to ANZAP or any other professional body, the member must act with absolute integrity, not seek to dissuade or hinder the client from making a formal complaint.
- 13.2 The welfare of clients and the standing of the profession, must take precedence over a psychotherapist's self-interest and the member is required to act accordingly.
- 13.3 Members must cooperate with ethics investigations and proceedings instituted by ANZAP as well as statutory bodies that are charged by legislation with the responsibility to investigate complaints against Members.
- 13.4 Members do not lodge, or endorse the lodging, of trivial, vexatious or unsubstantiated ethical complaints against colleagues.

14 Conflicts of Interest

Conflicts of interest, including dual and multiple relationships may be among the most controversial of all issues in psychotherapy.

Dual relationships and multiple relationships occur when members are in more than one role in relation to each other and/or their clients. (e.g. a member of the ANZAP Management Committee in relation to members, an ANZAP subcommittee in relation to members, roles that might involve a mix of being therapist, supervisor, teacher, assessor, manager, consultant, facilitator, assessor, theorist, researcher or presenter). Dual roles and relationships are rarely neutral.

Multiple relationships can also occur when a member provides therapeutic services to more than one client at the same time and where those clients have an independent relationship. (e.g. seeing two members of a couple, or people who work in the same small team, or friends who congregate at social events together, or a supervisor whose supervisee is seeing a member of the same family as one of their clients).

Third party relationships occur when the therapeutic service is contracted by a third party. (e.g. the service is paid for by an employer, insurance company or parent.) Members need to understand their professional obligations in these situations.

- 14.1 Members must disclose to all relevant parties, any dual or multiple relationships that cannot be avoided and the potential negative impact of such multiple roles.
- 14.2 Members who discover that they are performing multiple roles promptly seek to resolve any conflicts in a manner that is least harmful to the client.
- 14.3 When conflicts of interest occur members will:
 - 14.3.1 clarify the extent of the conflict in relation to this Code;
 - 14.3.2 consult their supervisor and/or a senior Psychotherapist;
 - 14.3.3 inform all parties of the Psychotherapists' ethical responsibilities;

- 14.3.4 uphold this Code and seek a constructive resolution;
- 14.3.5 identify the limitations and explain these to each client in advance; and
- 14.3.6 obtain each client's explicit acceptance of these limitations.

15 Boundaries

Boundaries in therapy refer to the elements that define the limits of the therapeutic relationship, often referred to as the 'therapeutic frame'. Boundary crossings and boundary violations are two types of boundary issues that can arise during the course of therapy. A boundary crossing is a deviation from usual therapeutic activity that is essentially harmless, non-exploitative, and possibly supportive of the therapy itself, such as self-disclosures, non-sexual physical contact, contact outside of the normal therapy session or small gift giving. In contrast, a boundary violation is harmful or potentially harmful, to the client and the therapy. Boundary violations frequently constitute exploitative dual relationships such as sexual contact. Boundary crossings and boundary violations may arise from the therapist or from the client, but at all times it remains the therapist's responsibility to maintain appropriate boundaries.

- 15.1 Members are responsible to manage boundaries as effectively as possible, including monitoring themselves and the therapy process.
- 15.2 It is always the responsibility of the therapist to set and maintain appropriate professional boundaries to minimise the risk of exploitation or harm of clients.
- 15.3 Members are to seek supervisory help if there has been a boundary violation by them or there is a danger of boundaries being violated.
- 15.4 Sexual relations between members and client, trainer and trainee, supervisor and supervisee constitute unethical behaviour.
- 15.5 A sexual relationship with a former client or their close relation is always considered to be unethical.

16 Supervision

- 16.1 Members are responsible to obtain adequate supervision of their work. (*NOTE: This may take the form of individual supervision or as part of a peer supervision group.*)
- 16.2 Where possible, supervision should be independent of managerial relationships.
- 16.3 Supervisors are required to have training in supervision.
- 16.4 Supervisors are responsible to inform and educate supervisees about their ethical responsibilities to clients.
- 16.5 Supervisors have a responsibility to model and promote an awareness of and an adherence to the provisions of this Code of Ethics.

- 16.6 Supervisors are expected to monitor the welfare of the supervisee, ensuring compliance with the relevant legal, ethical, and professional guidelines for professional practice and monitoring the contracted achievements and the professional development of the practitioner.
- 16.7 Supervisors are to be guided by the principle of confidentiality within the supervisory relationship.
- 16.8 Supervisors are responsible to relate in a respectful manner to supervisees.
- 16.9 Supervisors must not exploit supervisees in financial, sexual, emotional, academic or any other ways.
- 16.10 Supervisors must not also engage their supervisees in personal psychotherapy.
- 16.11 Supervisors who advise their supervisees in more than one capacity (for example as trainer, evaluator, individual supervisor, manager, consultant or supervisor to a board) shall, as far as possible, make the differing roles explicit and reduce conflicting role interests.
- 16.12 Where a training supervisor has previously been engaged by a trainee, for therapy or professional supervision as a practitioner, whether ongoing or terminated, the training supervisor must ensure that the Director of Training and Ethics Chair are both advised of this dual role and ensure that all reasonable steps taken to minimise any dual role conflicts.
- 16.12.1 The training supervisor, Director of Training, Ethics Chair and, if appropriate, the trainee will agree to a process to monitor the situation to assist in minimising the risks of dual relationship boundary violations.
- 16.12.2 The Director of Training will ensure that all trainees are advised of this requirement and agree to the revelation of the existence of the prior therapeutic relationship in order to participate in ANZAP training.
- 16.13 It is recognised that training supervisors may need to share information with colleagues in relation to students (e.g. matters pertaining to progress in the training program or matters relating to safety). This requirement should be clearly outlined within the supervisory agreement and limited to that information necessary for the purpose.

17 Training and Publications

- 17.1 Members who provide education and training should acquire the skills, attitudes and knowledge required to be competent teachers and facilitators of learning, and to undertake activities to maintain training competence.
- 17.2 Members who are trainers and learning supervisors shall only offer courses and provide supervision in areas in which they have the requisite competence and experience.
- 17.3 Members who are trainers shall ensure that the training programs and the learning experiences offered are in accordance with the currently valid educational guidelines and those of other acknowledged associations (e.g. PACFA).

- 17.4 Members who are trainers are responsible to inform and educate trainees and supervisees about their ethical responsibilities to clients. They have a responsibility to model and promote an awareness of and an adherence to the provisions of this Code of Ethics.
- 17.5 Members who are trainers are responsible to relate in a respectful manner to trainees.
- 17.6 Informed consent is required from clients if they are to be observed, recorded, or if their personal information is to be used for training purposes.
- 17.7 Members who are trainers are required to be fair, accurate and honest in their assessments of their students.
- 17.8 When intending to publish or present professional material, members discuss and agree authorship as early as is feasible with any other parties involved in producing the work. This might include for example research collaborators, research assistants and students. Such agreement should fairly reflect the contributions made to any work performed and publication produced and should be reviewed/re-confirmed through the research and publication process as is necessary.
- 17.9 Members must obtain the consent of contributors before identifying them as such in the published or presented material.

18 Use of Social Media and Online Advertising

- 18.1 Members using internet and social media in relation to their practice and/or their work with clients must ensure their use enables them to comply with the Code of Ethics and that they have competence in the usage and effective management of any 'online presence' they have.
- 18.2 Members must understand the privacy settings for all social media applications that they use, and apply the strictest settings when posting personal information and for any interactions with clients and for other professional purposes.
- 18.3 Members should maintain an awareness of the impact of their online appearance to clients and ensure that their presence does not create a boundary violation or present themselves in a form that might bring disrepute to the profession.
 - 18.3.1 It is recommended that members Google and/or perform other 'internet searching' of their own name regularly to check what references there are to themselves
- 18.4 Members whose psychotherapy services are promoted on websites should undertake regular reviews of those websites to ensure that they are in accordance with professional and ethical standards

19 Online Therapeutic Services

- 19.1 Members need to consider the ethical, legal and insurance implications of providing psychotherapy services outside the country or state in which they are registered.

- 19.2 Members providing psychotherapy services online (for example through Skype) should develop clear contact protocols for emergencies and alternative options for contact in the event of a break in the online contact (e.g. internet failure).
 - 19.2.1 Members should ensure that clients are aware of those protocols prior to commencement of the online treatment.
- 19.3 Members providing psychotherapy services online need to pay special attention to management of risk including having regard to:
 - 19.3.1 Restrictions of information by virtue of the media (emotional cues, restricted visual cues, distortions of voice) and resultant risk of miscommunication or misunderstanding;
 - 19.3.2 Maintenance of the frame and therapeutic boundaries, including arranging equipment in one place;
 - 19.3.3 The impact of the contraction or distortion of interpersonal distance: face to face vs computer vs mobile phone (cellphone – NZ) or tablet in video mode;
 - 19.3.4 The relational experience of the other when one person picks up a mobile device and walks around while using it;
 - 19.3.5 Time zone effects;
 - 19.3.6 Technological issues that impact on professional contact (equipment failure, risk of hackers, restricted access, issues related to poor video performance and potential video and/or voice delays in transmission);
 - 19.3.7 Management of client or therapist crises; and
 - 19.3.8 Legal issues.

20 Client Information

- 20.1 Members should fully acquaint themselves with their legal obligations under their country and state jurisdictions in relation to the maintenance and storage of client information and records and ensure that their practices comply:
 - 20.1.1 For Australian members this includes the Australian Privacy Act 2008 and relevant state legislation;
 - 20.1.2 For New Zealand members this includes: The Health Practitioners Competence Assurance Act 2003 (HPCAA), the Privacy Act 1993 and the Health Information Privacy Code 1994 and commentary 2008; and
 - 20.1.3 Members store all client records (written, electronic, audio and/or video) in a secure and confidential place.

- 20.2 Members ensure client information is retrievable and make advance plans for access to and in due course disposal of records if they retire, become seriously ill or if they die.
- 20.3 Members keep records for the time specified by the law of the state or country in which they practice.
 - 20.3.1 For Australian states this varies from 7-10 years depending on the state legislation.
 - 20.3.2 For New Zealand members the requirement is for records to be maintained for 10 years.
- 20.4 Members should fully acquaint themselves with their legal obligations under their country and state jurisdictions in relation to client access to and correction of information and records maintained by them and ensure that their practices comply.
- 20.5 Members should only use online searches for client information if this information provides effective care that cannot otherwise be provided, and preferably with the client's knowledge and consent.

21 Early Termination of psychotherapy

- 21.1 Members may need to terminate their psychotherapeutic services with a client if it is reasonably clear that:
 - 21.1.1 The client is not benefiting from their services;
 - 21.1.2 Changes in the members employment;
 - 21.1.3 health issues of the member; or
 - 21.1.4 other factors which may necessitate early termination of relationships with clients.
- 21.2 In the event of the need to prematurely terminate therapy with a client, members should:
 - 21.2.1 explain to clients the reasons for the need for termination of treatment;
 - 21.2.2 take reasonable steps to safeguard clients' ongoing welfare; and
 - 21.2.3 make reasonable arrangements for the continuity of service provision.