

Newfoundland & Labrador Association of
Social Workers

RESOURCE GUIDE FOR PRIVATE PRACTICE

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INTRODUCTION

The Newfoundland and Labrador Association of Social Workers (NLASW) is the regulatory body and professional association for social work in Newfoundland and Labrador (NL). NLASW is responsible for regulating the practice of social work under provincial legislation titled the *Social Workers Act*, SNL 2010, c.S-17.2. The vision is *Excellence in Social Work*.

The social work profession in NL continues to grow with registered social workers employed in diverse fields of practice throughout the province. Private practice also continues to expand with social workers involved in a broad range of activities including, but not limited to the provision of individual, couple, family and group therapy, completion of assessments, leadership and consultation in organizational development and evaluation, facilitation of community dialogue, community consultation and development, provision of education, training and case consultation, and being responsive in critical incidents and emergencies.

The decision to enter private practice is often based on a number of factors which include the following:

- Increased autonomy and independence in practice.
- Greater flexibility in work hours and number of clients.
- Ability to specialize in a specific area.
- Response to a community or organizational need.
- Supplement to other employment or volunteer work.

Private practice is a professional and business venture. As entrepreneurs, social workers in private practice need to consider all the business aspects of running an independent practice that would normally be handled by an employer (i.e., accounting practices, tax remittances, rental agreements, insurance, record storage and security, fee schedules, administrative tasks, etc.). Social workers considering private practice are encouraged to develop a business plan, implement accounting practices, seek clarification regarding HST exempt services from the Canada Revenue Agency, and obtain legal consultation as appropriate.

From a professional perspective, social workers in private practice continue to seek guidance and information from the NLASW on issues such as record keeping, informed consent, and on-line communication that follow the NLASW Standards of Practice for Social Workers in Newfoundland and Labrador (2018), the Canadian Association of Social Workers' (CASW) Code of Ethics (2005), and applicable legislation. This resource guide is meant to supplement the CASW Code of Ethics & Guidelines for Ethical Practice (2005) and NLASW Standards of Practice (2018), raise awareness of ethical considerations and best practice standards, and support

social workers in developing their own risk management strategies pertaining to private practice.

REGULATORY FRAMEWORK



As noted in the NLASW Standards of Practice (2018), social workers are required to be familiar with and adhere to the *Social Workers Act* (2010), the CASW Code of Ethics (2005) and Guidelines for Ethical Practice (2005), the Standards of Practice and the practice guidelines.

The NLASW developed several guideline documents, which are integrated in the Standards of Practice, to highlight best practices and support social workers in practice. These include:

- Standards for Cultural Competence in Social Work Practice (2016)
- Standards for Social Work Recording (2014)
- Standards for Technology Use in Social Work Practice (2012)
- Standards for Supervision of Social Work Practice (2011)
- Standards for Child Custody and Access Assessments (2007)

Many of these documents are referenced throughout this resource guide.

DEFINITIONS

Social Work

According to the International Federation of Social Workers (2000):

The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work.

The *Social Workers Act 2010* of Newfoundland and Labrador defines social work as:

the assessment, remediation and prevention of psycho-social problems and the enhancement of the social, psycho-social functioning of individuals, families, groups and communities by

- (i) providing direct counselling and therapy services to clients,
- (ii) developing, promoting and delivering human service programs, including those done in association with other professions,
- (iii) contributing to the development and improvement of social policy, and
- (iv) conducting research in the science, technique and practice of social work.

Social Worker

To use the title social worker or to practice within the scope of practice of the social work profession in Newfoundland and Labrador, an individual must meet the criteria for registration as outlined under the *Social Workers Act 2010*. Registered social workers are granted the RSW designation. Use of the RSW designation affirms that the individual has met the criteria for registration and has been granted use of the title and right to practice social work in Newfoundland and Labrador.

Private Practice

The provision of social work services, on a full time or part time basis, by a registered social worker who is self-employed, a member of a partnership/group practice, or independent contractor. Social workers in private practice are autonomous and responsible for the quality of social work services and ensuring compliance with the legislation, code of ethics and standards of practice.

Services in private practice are provided on a fee for service model that is mutually agreed to by a client or third party (i.e., insurance company, employee assistance program, organization) or as set out in a contract.

Clients

Clients include a “person, family, group of persons, incorporated body, association or community on whose behalf a social worker provides or agrees to provide a service or to whom the social worker is legally obligated to provide service” (CASW, 2005a, p. 10). The word, “client,” acknowledges the power differential that exists between giver and receiver of service.

ETHICAL RESPONSIBILITIES & CONSIDERATIONS

ENTERING PRIVATE PRACTICE

Competency

The decision to enter private practice is one that should not be taken lightly. While the Bachelor of Social Work (BSW) sets the minimum educational requirement for social work registration in Newfoundland and Labrador, the NLASW recommends that those entering private practice have a Master of Social Work (MSW) and at least three years of social work experience relevant to the proposed area of private practice (NLASW, 2011a).

It is the responsibility of the social worker considering private practice to assess one's own competence in working independently. The CASW Code of Ethics (2005) asserts that "social workers demonstrate due care for client's interests and safety by limiting professional practice to areas of demonstrated competence". The following are some questions one may want to consider.

- 1) What is my experience in the practice area I am interested in pursuing (i.e., mental health counselling, trauma informed therapy, workplace stress, etc.)?
- 2) What formal training or continuing education have I completed to ensure that I have the appropriate skills, knowledge and competencies to practice in this area?
- 3) What are my identified gaps and how will I address them?
- 4) Are there practice resources or standards/guidelines that I should be knowledgeable about (i.e., Standards for Technology Use in Social Work Practice, Complementary and Adjunct Therapies: A guide for registered social workers, Standards for Child Custody and Access Assessments)?
- 5) Am I able to obtain access to consultation/supervision?

Liability Insurance

Social workers in private practice must have adequate malpractice, defamation and liability insurance. This requirement is outlined in section 18.1 of the Social Workers Act, and section 5.1 of the Canadian Association of Social Workers Guidelines for Ethical Practice (2005). Members can avail of liability insurance through CASW's Professional Liability Insurance Program. The insurance provider is BMS Group. For more information, please visit <http://www.casw.bmsgroup.com/index.html>.

E-Services & Liability Insurance

E-service delivery is covered by the CASW Professional Liability Insurance Program. While the program's coverage territory is worldwide, social workers providing the service must be residing and practicing within Canada.

Legal Advice for Members with Professional Liability Insurance

Members with liability insurance through CASW's Professional Liability Insurance can access pro bono legal advice through Gowling WLG (Canada) LLP (Gowlings), one of Canada's largest national legal firms. Members can avail of this complimentary service for practice related questions on issues pertaining to privacy and confidentiality, conflicts of interest, information requests from third parties, ethical and professional obligations, etc. For more information, please visit the CASW website at <http://www.casw-acts.ca/en/about-casw/becoming-member/legal-advice-members>.

Responsible Fee Practices

Client Fees

The NLASW does not set or recommend fees for private practice. It is the responsibility of individual private practitioners to set reasonable fee structures that are in line with the social work services being provided, and for clients to be aware of these fees at the onset of the professional relationship. Requests for additional services outside of the initial contract (i.e., requests for letters) should be discussed prior to the additional service being provided as part of the on-going informed consent process. This is congruent with Section 5.3.1 of the CASW Guidelines for Ethical Practice (2005) which states:

Social workers who enter into a fee for services contract with a client:

- Disclose at the onset of the relationship, the fee schedule for social work services including their expectations and practices with respect to cancellations and unpaid bills.
- Only charge a fee that was disclosed to and agreed upon by the client
- Charge only for the reasonable hours of client services, research, consultation and administrative work on behalf of a given client. (5.3.1)

Fee Recovery

It is the responsibility of the social worker to develop policies on how fees will be collected, and to ensure that clients are aware of this policy at the onset of the professional relationship. The CASW Guidelines for Ethical Practice (2005) provides some guidance for social workers in developing these policies.

5.3.3 Social workers may charge a rate of interest on delinquent accounts as is allowed by law. When such interest is being charged, social workers state the rate of interest on all invoices or bills.

5.3.4 Social workers may pursue civil remedies to ensure payment for services to a client, where the social worker has advised the client of this possibility at the outset of the contract. (See section 1.5 regarding confidentiality).

Social Work included in Medical Expense Tax Credit

Social workers are recognized by the Canada Revenue Agency as medical practitioners for the purposes of the medical expense tax credit. Therefore, clients of private practitioners providing health care services may claim service fees on their income tax returns. This information can be communicated to clients. Information on the medical expense tax credit can be accessed on the Canada Revenue Agency website at <https://www.canada.ca/en/revenue-agency/services/tax/technical-information/income-tax/income-tax-folios-index/series-1-individuals/folio-1-health-medical/income-tax-folio-s1-f1-c1-medical-expense-tax-credit.html#N10468>

Harmonized Sales Tax (HST) Exemption

Health related services provided by social workers are HST exempt as per Federal legislation (The Excise Tax Act). It is recommended that social workers in private practice be familiar with this legislation and consult with their accountant and/or the Canada Revenue Agency to ensure they are interpreting this legislation correctly. The link to the legislation and other helpful resources are provided below.

- Excise Tax Act. 1985. <https://laws-lois.justice.gc.ca/eng/acts/E-15/page-172.html#h-160>
- Excise and GST/HST News – No. 103 <https://www.canada.ca/en/revenue-agency/services/forms-publications/publications/news103/news103-excise-gst-hst-news-no-103-december-2017.html>
- CASW Private Practice Portal <https://www.casw-acts.ca/en/private-practice-all>

Insurance Coverage

Some insurance companies will cover the cost of social work services that are provided by private practitioners. Members are encouraged to explore this with clients who have private health insurance.

CONFLICTS OF INTEREST

Workplace

It is often the case that social workers in private practice are also employed with organizations providing health/social service delivery (i.e., regional health authority). A common dilemma for some social workers is whether or not they are able to see agency clients privately. The CASW Guidelines for Ethical Practice (2005) speaks to this issue.

5.2.1 Social workers do not solicit clients for their private practice from their colleagues or their place of work, unless there is a request for social workers to do so. (For example, in hard to service areas, employers may need employees who also have a private practice to provide follow-up services).

5.2.2 Subject to 5.2.1, social workers may accept clients from their workplace when the workplace does not provide a similar service or in accordance with established workplace guidelines regarding such referrals.

It is also important that social workers engaged in private practice, while being employed with organizations providing health/social services, consult with their agency regarding conflict of interest policies. In situations where agency referrals are made to one's private practice, and in keeping with Value 4 in the Code of Ethics (Integrity in Professional Practice), it is important that the social worker clearly document the nature of the request and ensure that the agency and the client is aware of the social worker's documentation policy and how information will be shared as part of the informed consent process.

Professional Relationships

As outlined in the CASW Guidelines for Ethical Practice (2005), "social workers avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment" (p. 11). These conflicts of interest may be real or perceived.

Social workers who anticipate a conflict of interest, based on the nature of the work (i.e., individual versus family therapy) must inform clients about the possible conflict and develop a strategy to address this conflict.

Social workers have an ethical responsibility to establish and maintain appropriate professional boundaries throughout the course of the professional relationship and once the relationship has ended. Issues that warrant consideration include but are not limited to:

- Development of social media policies and handling of friend requests from clients.
- Evaluating potential for dual and multiple relationships (i.e., providing service to a friend or family member).
- Establishing ones' private practice in a home-based setting and considerations of professional/personal self-disclosure.

The NLASW continues to develop resources social workers may avail of in thinking through many of these issues, including articles in Connecting Voices and Practice Matters publications. These resources can be accessed through the NLASW website at www.nlasw.ca.

Advertising & Testimonials

Social workers in private practice are increasingly developing professional websites and exploring social media platforms (i.e., LinkedIn) to promote their private practice. While advertising is not specifically addressed in the CASW Code of Ethics (2005), there are several areas that warrant attention: integrity in practice, the use of testimonials, and client confidentiality.

The CASW Guidelines for Ethical Practice (2005) emphasizes that:

“Social workers do not claim formal social work education in an area of expertise or training solely by attending a lecture, demonstration, conference, workshop or similar teaching presentation” (p. 22)

“Social workers do not make false, misleading or exaggerated claims of efficacy regarding past or anticipated achievements regarding their professional services” (p. 22).

While related to the issue of competency, it is important for social workers to keep these guidelines in mind when developing professional websites. When advertising fee-based services, it is crucial that social workers are transparent in promoting the experience and

expertise they bring to providing the highest quality service, accurately stating their professional training and education, and promoting excellence in the social work profession.

Some regulatory bodies, including the Ontario College of Social Workers and Social Service Workers prohibits the use of client testimonials in promotional activities. While there may be benefits for using testimonials from a business perspective, when used in a professional manner, testimonials may have the potential to create a conflict of interest between the social worker and client; particularly if the relationship becomes challenging. Testimonials may impact upon the professional boundary, with the client feeling that they have a different or more special relationship with the social worker than other clients. Testimonials may also be misleading to other clients needing to access service. Every individual will respond to treatment and intervention differently. A client reading about a positive testimonial from a current or previous client may enter the social work relationship with unrealistic expectations for change.

While the NLASW does not have a formal position on the use of testimonials, it is imperative that social workers give due attention to the ethical issues and considerations of using client testimonials and make decisions that are in the best interest of the client. This is also in keeping with Value 3: Service to Humanity of the CASW Code of Ethics (2005) and the principle which affirms that “social workers place the needs of others above self-interest when acting in a professional capacity” (p. 6).

The posting of client information on internet or social media platforms also warrants caution, particularly as it relates to client confidentiality and privacy. Posting of client information, even without disclosing a client’s name, age, or ethnicity may not be enough to protect client confidentiality (Kolmes, 2009). Therefore, if client testimonials are used, client informed consent is imperative. As outlined in the CASW Guidelines for Ethical Practice (2005):

Social workers respect client’s right to privacy.....Once information is shared or observed in the professional context, standards of confidentiality apply. Social workers protect clients’ identity and only disclose confidential information to other parties (including family members) with the informed consent of clients or the clients legally authorized representatives, or when required by law or court order. This obligation continues indefinitely after the social worker has ceased contact with the client (p.6).

DOCUMENTATION AND RECORDING

Record Retention

Documentation is an integral part of professional social work practice, and all social workers have an ethical and legal obligation to maintain records of social work intervention (s). The CASW Code of Ethics (2005), NLASW Standards of Practice (2018), and the NLASW Standards for Social Work Recording (2014), outlines the responsibility social workers have in documenting interventions with clients and client systems.

One of the questions that many private practitioners have is around the length of time client files must be kept following the termination of the social work relationship. Nationally, there is no consistency in relation to best practice guidelines respecting the length of time that client files should be maintained following the social work intervention. The NLASW recommends that client records be kept for a minimum of seven to ten years from date of last entry, unless otherwise specified by legislation or organizational policy. Social workers in private practice need to use their own professional judgment in assessing whether a client file needs to be kept longer than the recommended time period. This may depend on the nature of the social work intervention and whether access to the file may be needed beyond the seven-year time frame.

If the client is under the age of 18 when the last entry is made, the client file should be kept for a minimum of 7 to 10 years from the date that the client turns or would turn eighteen. This guideline is reflected in the Ontario College of Social Workers and Social Service Workers (2008) Code of Ethics.

“College members ensure that each client record is stored and preserved in a secure location for at least seven years from the date of last entry or, if the client was less than eighteen years of age from the date of last entry, at least seven years from the day the client became or would become eighteen” (p. 17).

It is the responsibility of the social worker in private practice to develop procedures and policies for record storage (paper or electronic), maintenance and security, and for ensuring that clients are aware of these policies as part of the informed consent process.

Client Access to Files

Giving clients the right to access their files and to correct any inaccuracies in the information documented about them is an ethical and legal responsibility. According to the CASW (2005) Guidelines for Ethical Practice:

“Social workers ensure that clients have reasonable access to official social work records concerning them. However, if there are compelling professional, ethical, or legal reasons for refusing access, social workers advise clients of their right to request a review of the decision through organizational or legal channels” (p. 10).

Generally, organizations and employers have policies and procedures established for clients wishing to access their records. It is the responsibility of the social worker in private practice to develop one’s own policies in keeping with the CASW Code of Ethics (2005) and relevant legislation and to advise clients of same.

LEGISLATION

It is the responsibility of social workers in private practice to be familiar with legislation governing their practice and/or impacting on the clients with whom they are working. This includes, but is not limited to the following:

Personal Health Information Act (2008)

The Personal Health Information Act (PHIA) is a provincial law that governs the collection, use and disclosure of personal health information by individuals and organizations, also known as custodians, in the delivery of health care services. It is important to note that social workers engaged in private practice are custodians under this Act. Therefore, social workers in independent practice should be familiar with this Act and develop policies regarding the collection, use and disclosure of client information. Further information can be found at <http://www.health.gov.nl.ca/health/phia/#overview>. It is also incumbent upon the social worker to ensure that clients are familiar with these policies as part of the informed consent process.

Children and Youth Care and Protection Act (2010)

This Act provides the legislative framework for the protection of children in Newfoundland and Labrador. The Act outlines the definition of a child in need of protective intervention, and the duty to report. Social workers in all areas of practice have a legal and ethical responsibility to report concerns about children who may be in need of protective intervention. Specifically, Section 11 of the Act states that:

(1) Where a person has information that a child is or may be in need of protective intervention, the person shall immediately report the information to a manager, social worker or a peace officer.

An Act Respecting the Protection of Adults (Adult Protection Act, 2011)

This Act sets the legislative framework for the protection of adults in Newfoundland and Labrador. The Act outlines the definition of an adult in need of protection and replaces the Neglected Adults Welfare Act (1973). Section 5 of the Act defines an adult in need of protection as an adult who lacks capacity and who

- (a) is incapable of caring for himself or herself, or who refuses, delays or is unable to make provision for adequate care and attention for himself or herself; or
- (b) is abused or neglected.

Section 12 of the Act states that “A person who reasonably believes that an adult may be an adult in need of protective intervention shall immediately give that information, together with the name and address of the adult, if known, to the provincial director, a director, a social worker or a peace officer”.

Mental Health Care and Treatment Act (2006)

This Act replaces the Mental Health Act (1971) and is focused on the protection and treatment of people suffering from severe and persistent mental illness. In keeping with a “*rights based approach*”, the act sets forth the criteria and procedures for deciding if a person should be involuntarily certified, and allows for the provision of community treatment orders.

Medical Assistance in Dying (MAID)

Bill C-14, the Canadian legislation on medical assistance in dying, received royal assent on June 17, 2016, and is now law. The Act defines what is meant by medical assistance in dying and outlines the criteria that must be met for individuals wanting to avail of this medical service. While social workers will not be involved in the administration of medication to cause death, social workers must be familiar with the legislation in relation to their scope of practice and seek appropriate legal and regulatory information. For more information, social workers can access material produced by the NLASW and CASW through the following links:

NLASW. (2016). Medical Assistance in Dying: What Social Workers Need to Know. <http://www.nlasw.ca/sites/default/files/inline-files/Medical%20Assistance%20in%20Dying%20%28final%29.pdf>

CASW. Medical Assistance in Dying: Resource Hub. <https://www.casw-acts.ca/en/resources/medical-assistance-dying-resource-hub>

Social Workers Act (2010)

Social work in Newfoundland and Labrador is regulated under provincial legislation titled *An Act Respecting the Practice of the Social Work (Social Workers Act)*. Following are links to the Act and the 2018 Regulations.

Social Workers Act. (2010). <https://www.assembly.nl.ca/Legislation/sr/statutes/s17-2.htm>

Social Workers Regulations under the Social Workers Act. (2018). <https://www.assembly.nl.ca/legislation/sr/annualregs/2018/nr180021.htm>

Other Legislation

There may be other legislation relevant to different practice areas. Social workers in all areas of practice are encouraged to be familiar with these Acts. Provincial legislation can be accessed through the House of Assembly on the Government of Newfoundland and Labrador website at <http://www.assembly.nl.ca/legislation/default.htm>. As social workers in private practice do not have access to an employer who can interpret legislative policies and aid in the decision-making process, social workers are encouraged to seek legal advice if they are unclear about legal requirements in any given case (i.e., reporting requirements). It is important that these consultations be documented as part of the decision-making process. This is also an important risk management strategy. It is also the responsibility of the social worker to ensure that clients are aware of any reporting requirements under provincial/federal legislation as part of the informed consent process and limits to confidentiality.

COMPLEMENTARY AND ADJUNCT THERAPIES

The NLASW produced a guideline document titled “*Complementary and Adjunct Therapies: A Guide for Registered Social Workers*” in 2011. “Complementary and adjunct therapies and techniques refer to intervention by a registered social worker within the context of the social work relationship which is outside of the conventional practice of social work and is not the primary modality of treatment” (NLASW, 2011b). Examples include but are not limited to relaxation therapy, play therapy, Eye Movement Desensitization Reprocessing (EMDR), faith-based counselling.

As outlined in the document, when choosing to utilize complementary or adjunct therapies and techniques within the context of social work practice, social workers need to:

- Engage in a process of clear informed consent with the client.
- Determine that the form of intervention is in the best interest of the client.
- Clearly assess personal competence to engage in the use of the specific therapy or technique.
- Maintain appropriate professional boundaries.

The complete guideline document, which contains a series of questions to reflect upon prior to incorporating complementary and adjunct therapies in practice, can be accessed on the NLASW website at www.nlasw.ca.

SUPERVISION/CONSULTATION

As outlined in the NLASW *Standards for Supervision of Social Work Practice* (2011c), “social workers in practice should have access to regular, consistent and structured supervision” (p.10). While the need for social work supervision may change over the course of one’s career, it never diminishes. Social workers in private practice should seek reasonable and timely access to supervision or peer consultation to foster knowledge and skill development, critical thinking and self-reflection. As outlined in the standards, factors that may be helpful in determining how much supervision/consultation is required include “the education, knowledge and experience of the social worker, the level of risk involved in the practice activity and the level of stress experienced by the social worker” (p 10). The amount of supervision or consultation may also be impacted by the size of one’s caseload and the complexity of the work. When social workers consult on complex cases, and identifying information is being used, it is the responsibility of the social worker to seek informed consent from the client and have same documented on the client file.

TECHNOLOGY USE

Increasingly, social workers use technology to provide social work interventions, document client service delivery, and communicate with clients, colleagues and organizations. On-line counselling (or e-therapy) and social media are also being used more frequently in social work practice.

The NLASW produced *Standards for Technology Use in Social Work Practice* in 2012 to support social workers in their use of technology in social work practice, highlight awareness of the practice considerations and ethical responsibilities, and promote best practice standards. This document can be found on the NLASW website at www.nlasw.ca.

It is imperative that social workers utilizing technology in their practice are familiar with technology standards and to seek consultation where appropriate.

MULTI-JURISDICTIONAL PRACTICE

As outlined in the NLASW *Standards for Technology Use in Social Work Practice* (2012), “social workers have a responsibility to be aware of inter-jurisdictional issues when providing therapy or social work services using electronic technologies (i.e., on-line counselling, on-line support groups, video conferencing etc.” (p. 9).

Regulatory requirements pertaining to social work practice vary across provinces, US states and countries. It is the responsibility of social workers who reside in NL to be aware of and adhere to the registration requirements for social work practice in this province, as well as the jurisdiction where the client resides. Social workers should also ensure that they have professional liability insurance policies which provide adequate coverage for the practice and the jurisdiction in which practice is being provided. Further information on the jurisdictional regulatory requirements can be obtained by contacting the appropriate regulatory agency in the jurisdiction where the client resides.

Social workers who use technology in their work with clients residing in other jurisdictions also need to be familiar with local resources that clients may be able to access in addition to the social work relationship and to integrate this into the informed consent process.

SUCCESSION PLANNING

Independent work brings unique challenges one must consider in ensuring that clients receive appropriate services across the continuum of care. Some of the issues include:

- Medical/extended leave and its impact on service delivery.
- Competency.
- Death of the social worker and protection of client files.
- Sudden interruptions to services.

Social workers in private practice who anticipate having to take medical/extended leave should ensure that clients receive advanced notice (when possible) to the disruption of services, and to make necessary referrals for timely and appropriate access to continuing care with the informed consent of the client. As outlined in the CASW Guidelines for Ethical Practice (2005), “when obligated to interrupt or terminate a professional relationship, social workers advise clients regarding the discontinuation of service and if possible, ensure their referral to another professional” (p. 11).

Similarly, a referral to another professional may be warranted when issues arise during the professional relationship that fall outside the parameters of the social workers’ expertise and knowledge, and cannot be addressed in the interim with additional professional development. It is the responsibility of the social worker to acknowledge one’s knowledge, skills and competencies and to be transparent with clients on their limitations.

While the Code does not specify what to do in terms of the death of a social worker in private practice, social workers should make advance preparations respecting client files and for this to become part of the informed consent process.

It is preferable to have files transferred to another social work colleague. Through informed consent, clients should know where their files will be located if their social worker becomes deceased. The 2005 CASW Code of Ethics states that *“Social workers transfer or dispose of clients’ records in a manner that protects clients’ confidentiality and is consistent with provincial/territorial statutes governing records and social work regulation”* (p. 10). Legal consultation would be helpful in this process, as this information can be incorporated in a last will and testament, or as part of a contract with a supervisor.

RETIRING OR CLOSING A PRIVATE PRACTICE

The decision to retire from or close a private practice is one that requires thoughtful consideration and planning. Social workers consider the following elements.

- Termination of Service Delivery
- Referrals for Service
- Documentation
- Professional Liability Insurance
- Logistical Considerations

As noted in the NLASW Standards of Practice (2018):

- Social workers make reasonable efforts to ensure arrangements are made for clients to receive service during periods of foreseeable absences for the social worker.
- Social workers document decisions and actions related to termination of services.
- Social workers discuss client's needs, options and preferences before continuing or discontinuing services, or offering to seek transfer or referral.

Termination of Service Delivery: Social workers retiring from or closing a private practice need to develop a plan of how and when they will communicate this decision to clients. The National Association of Social Workers (NASW) (2015) recommends at least 60 days of advanced notice to allow for adequate termination and appropriate referrals if necessary. Former clients should also be informed the practice is closing. The NASW recommends notice to former clients whose cases were closed within the past two years. However, social workers should also consult their professional liability insurer.

As a best practice, social workers in private practice should also inform third party payers about their decision to retire from or close their private practice. Organizations that would refer clients to their practice as part of their employee assistance program should also be informed. If on the NLASW Private Practice Roster, social workers should let the NLASW know about their decision as well to determine when their business should be removed from the public roster.

Referrals for Service: A discussion with current clients on whether they would like to be referred to another practitioner would be important in promoting the self-determination of clients and part of an effective termination plan. This information should be documented in the client file.

Documentation: A closing summary note of treatment goals, client progress and recommendations moving forward would be important to include in the file. This is something that may be shared, with the informed consent of clients, to a referring practitioner if needed.

Social workers must retain client files, as per the NLASW Standards of Practice (2018), and develop a plan of how records will be stored and accessed by the client in the future if needed.

Professional Liability Insurance: Social workers retiring from or closing their private practice should consult with their professional liability insurer to ensure appropriate coverage is maintained and there are no gaps in coverage after their practice is closed.

Logistical Considerations: Social workers who are still in the contemplation stage of thinking about retiring or closing their private practice should decide how they will address any new referrals and when they will not accept any new referrals. Any new referrals should be provided with information regarding the social workers plan to retire or close their practice so that clients can decide if they wish to continue to access services from the social worker as part of the informed consent process.

Social workers need to decide how they will let clients know they are leaving private practice (i.e., during session for current clients; a telephone call; a formal letter for former clients; notice in a newspaper). This should be documented in the client file as well.

Following the closure of one's private practice, social workers may wish to maintain their phone number and email address for several months with an automatic message about the closure and how clients can contact emergency services (i.e., mental health and crisis information line).

PROFESSIONAL DEVELOPMENT

It is the responsibility of social workers in private practice to engage in professional development events and activities that meet the NLASW Continuing Education Policy as per the yearly registration renewal process. While it is recognized that social workers in private practice must take time away from work and cover the necessary expenses, the need for continuing professional education does not dissipate with experience in the field or as one enters private practice. This is consistent with the CASW Code of Ethics whereby "social workers have a responsibility to maintain professional proficiency, to continually strive to increase their professional knowledge and skills, and to apply new knowledge in practice...." (p. 8). This includes education that allows one to enhance their competencies in theory, practice, relevant legislation, and technology.

PRIVATE PRACTITIONER AS OWNER AND/OR PARTNER

Private practice is often equated with independent practice. However, many social workers in private practice decide to establish a business and contract other professionals, including social workers, in the provision of client services under the umbrella of their business. Opportunities for business partnerships among social workers engaged in private practice also arise.

Social workers who are owners/partners in private practice are responsible for the operation of the business and must ensure that:

- All policies impacting on client care (i.e., recording/storage of client information, use of technology, informed consent, etc.) are developed.
- Contracted professionals that are part of regulated professions are appropriately licensed to practice and are registered in good standing with their respective regulatory bodies (i.e., Newfoundland and Labrador Association of Social Workers).

For regulated health professions, of which social work is included, it is the responsibility of the owner/partner to seek input on the regulatory requirements for reporting concerns about the professional practice a colleague who provides services under their business venture and/or where termination of the contract was the result of these concerns. For concerns regarding the professional practice of a social work colleague, contact the NLASW office.

NLASW PRIVATE PRACTICE ROSTER

The private practice roster is a method for registered social workers to promote their practice. Voluntary registration allows the NLASW to identify, recognize, and promote those social workers who meet the Association's criteria for practice and is a resource for members of the public. These criteria include:

- MSW from an accredited Canadian School of Social Work or international equivalency.
- Three or more years of experience as a registered social worker relevant to the proposed area of practice.
- Ongoing professional development in the proposed fields of practice.
- Access to registered professionals for consultation.
- Proof of liability insurance.
- RSW in good standing.

CASW PRIVATE PRACTICE PORTAL

The CASW launched a Private Practice Portal with a wealth of information for social workers to help start, grow, diversify or close a private practice. Members can access the portal on the CASW website (member site). Social workers can create their own Login and Password to access the member site by visiting <http://www.casw-acts.ca/en/user/register>.

SUMMARY

This resource document is intended to raise awareness of some of the ethical and professional practice considerations for social workers engaged in private practice. It is important for social workers who are considering private practice, in the process of beginning their practice, or those entrenched in the practice to consider the areas identified in this document in developing their business and risk management strategies. Social workers in private practice are also encouraged to consult appropriate resources (i.e., legal) for questions pertaining to the business aspect of private practice.

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