
Security and Confidentiality Guidelines

These guidelines, created by the Education, Training and Practice Committee are designed to assist UKCP Training Organisations to fulfil the Generic Standards of Education and Training for Adults. They are also supportive of the Code of Ethics and Practice for all individual members.

Social media

Social media is now a way of life for many of our clients. We cannot and do not need to know about their use of social media, but we should presume it. Examples of its use in relation to therapy might be how they research you before signing up for therapy, or it may be how they play out their therapy online.

EXAMPLE: Alexandra Chalfont's chapter Challenges and dilemmas in the online consulting room in Psychotherapy 2.0: Where Psychotherapy and Technology Meet (Weitz, 2014, Karnac Books UKCP Book Series, pp 89–101) give a good flavour of the complexities regarding social media.

Consequently,

1. All therapists should consider whether they engage with social media and, if so, how. It is important to ensure that any use of Facebook, Twitter, Instagram etc. meets the following requirement from the Code of Ethics:
 - 1.1. The practitioner recognises that their behaviour outside their professional life may have an effect on the relationship with their clients and takes responsibility for working with these potential negative or positive effects to the benefit of the client.
2. All therapists need to develop a social media policy. This is because even if you don't use social media, your clients will be using it.
3. This social media policy should be presented and considered with the initial paperwork before work commences with a client/patient and considered as part of the contractual arrangements. Some therapists may prefer to include it on their websites, while others may prefer to provide paper copies.
4. If using any form of social media, care should be taken to ensure correct use of your contacts/address book so that Facebook, LinkedIn etc. are not able to contact your clients without your awareness. It may be best not to put any clients in these lists.

Implication of local jurisdiction and working internationally

This is a complex area for consideration. Therapists should recognise the need to obey the law of the country/area in which they practise. This is not just where they are based but, if using technology, it includes where the client is based too.

It is impossible, in guidelines such as this, to provide complete information. Each country will have its own laws which could change at any time, and many (such as the USA) may have laws set at both national and regional levels (e.g. state legislature).

EXAMPLE: you are approached online by a young man living in Zimbabwe. He requests online counselling. He has recently realised he is gay.

This seems like something that you might easily feel able to take on under normal circumstances, but in this case you will need to be mindful of the Zimbabwean law which prohibits homosexual activity. The question therefore is whether you might you create more harm than good by working with him. The secret services may well have surveillance on his internet, which under these circumstances might well put his family and this client at risk.

You might think that within Europe the rules are the same for all countries, but this is not the case and you will need to be mindful to check rigorously the rules/laws within any country where you have a client, or where you are practising. For example, in Germany it is illegal to be an online psychotherapist, but online counselling is acceptable. In each case we advise you to check with the appropriate professional association for that country before starting work with a client.

Three ways in which you can buttress your jurisdiction are to:

1. Include on all your literature/website/contracts that you operate under the jurisdiction of the law in the United Kingdom (or whatever jurisdiction is appropriate to your needs and based on where you live).
2. That you check with your professional indemnity insurer that you will be covered to work abroad, including checking any limits on such practice.
3. When working internationally it is important that ensure the safety of data (client records) and data transfer. This requirement is summarised by the Information Commissioner's Office Data Protection Principles, and in this instance Principle 8, "Sending personal data outside the European Economic Area (Principle 8)". <https://ico.org.uk/for-organisations/guide-to-data-protection/principle-8-international/>. For safety we recommend ensuring that any platform you may use is located within European jurisdiction, and if you are using an online storage facility, that the servers are based within Europe, and preferably the UK.

Phone and messaging technology

Consideration should be given to the use of telephone and texting.

EXAMPLE: if a therapist calls a client and they are not there, should they leave a message? What if the client's partner were to hear it? What if someone else answers the phone? Similarly with text messaging how safe is this for the client?

Therapists should also take care with the way they use phone and messaging technology (if they decide to

use it). Simple and very obvious examples are keeping language professional and neutral and not ending a text with kisses, even though the client may well do!

Therapists should only send text appointment reminders when explicit permission to do so has been received.

Data protection regulations and principles, including data management and retention, and protocols for sharing of data

Since May 2018 all therapists practising in the UK must comply with the new data protection regime of the Data Protection Act 2018 and General Data Protection Regulation (GDPR). For further information please check the GDPR page on UKCP's website, and the website of the Information Commissioner's Office. Those practising elsewhere must comply with that country's legislation.

Email protocols

As with use of telephone, care needs to be taken in the use of email. Security of your emailing system needs to be considered. Could others see your emails (imagine a domestic violence situation where the violent partner saw an email not intended for him), either on your computer or the client's? Is there information within that would be better sent in a password protected word document for example?

Another consideration is being certain who you are emailing. A real example was an occasion when a client's husband set up a Gmail account using her name and emailed the wife's therapist, as if her, asking for a copy of her notes.

Using encrypted email is one solution but there is not the slightest point in you encrypting your emails if your client is not holding to the same level of security. It would be like having a bank safe, but leaving the door open to see all the cash in the safe. Asking clients to encrypt their emails is clunky.

One possible route is to use a very neutral email address (so not jon@therapyonlinetoday.com but perhaps jb@tot.com) and use very neutral language in the title bar, so not "your counselling sessions", but perhaps "hello".

A further route is to combine a neutral email address with using password protected Word documents to include your messages.

Innovative technology including apps and web-based tools in clinical practice

Creating or recommending such tools will likely become more common, and in all cases therapists should take great care that the security employed is adequate to protect the client.

Therapists should be aware that the vast majority of apps are not verified or tested as being effective. Currently legislation is coming in where any app considered to be a medical device will need to be tested under the ISO or BSI systems. If apps are considered as part of wellbeing (such as Weight Watchers), they do not need this certification. All this is to say there are thousands of apps around, many of which are not actually much good.

Therapists should check the small print before recommending an app.

Payment processes

Therapists should ensure that payment processes are secure and maintain confidentiality. For example if a client pays direct into the therapist's bank account, they choose the reference that they attach to the payment and if they use their name this will be visible to the therapist's bank and accountant.

Practice management

Consideration should be given to confidentiality in terms of the comings and goings of clients. Who knows the identity of the client? Just the therapist? Receptionists? Others? How are potential meetings in reception rooms or simply at the door handled? Can clients be seen through windows? If working online can your computer screen be seen by anyone? If using the phone could anyone pick up another extension?

These are just examples of the areas that need to be considered and with reference to all items, it is necessary to be aware that technology is always evolving with an impact on each of these items. For example the arrival of fully integrated secure platforms which will mean that traditional direct methods such as email, video-conferencing (such as Skype or VSee) and chat will be obsolete and not fit for practice. Training organisations will need to keep abreast of these changes and be ready to adapt their trainings accordingly.

To clarify, compliant online platforms (such as iCam, PlusGuidance) now exist within the UK.

With regard to all items you need to be mindful that it is the therapist's responsibility to ensure security and confidentiality and it is not sufficient to inform the client that their exchanges may not be secure.

Because of the rapid rate of change these guidelines will be regularly updated to reflect changes in both law and technology.

No therapist is expected to be a mini-expert on security and confidentiality relating to all matters digital. However, we would expect all to have a minimum understanding of the issues of security and confidentiality of digital matters, for both face-to-face and online work, and to be aware that just because you don't work online does not mean that these guidelines do not refer to you – your clients are likely to be online and that will inevitably have an impact at some stage on what happens in the consulting room.

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