

unication. E-mails, in particular, are vulnerable to such unauthorized access because servers have unlimited and direct access to all e-mails through them. Additionally, Dr. XX's e-mails are not encrypted. Dr. XX's computers are equipped and regularly updated with a firewall, virus protection, and a password. He also backs up all confidential information on his computers on a regular basis. The CDs are stored securely in his home. Please notify Dr. XX if you decide to avoid or limit in any way the use of any or all communication devices such as e-mail, cell phone, or fax. Dr. XX hears from you otherwise, he will continue to communicate with you via e-mail when necessary or appropriate. Please do not use e-mail for emergencies. Although Dr. XX checks phone messages frequently during the day when he is in town, he does not always check his e-mails during the day when he is in town. (2007:14)

Identify the client and obtain basic information such as full name, address, age, gender, phone, fax, emergency contacts, and so on. Provide clients with a clear informed consent form detailing the limits of telehealth (the delivery of health-related services using telecommunication technology, such as email, social media, videoconferencing, etc.), in general, and confidentiality and privacy, in particular. Inform the clients of potential limitations of telehealth when it comes to crisis intervention and dealing with dangerous situations. Practice within your limits of clinical and technological competence. Have a crisis intervention plan in place, including ways to reach local emergency services and make referrals to local psychotherapists, psychiatrists, and psychiatric hospitals in the client's vicinity. Provide thorough screening when considering which clients may not be suited to this kind of medium. Have a clear agreement with regard to what is being charged, how it is being charged, and the rates and method of payment. Do not render medical or psychiatric advice by giving a diagnosis or using a course of treatment except to those with whom you have established professional psychotherapeutic relationships. Follow your state laws, your licensing board rules, and your state and

national professional association guidelines and practice within the standard of care.

10. Screen clients for technical and clinical suitability for telehealth.
11. Telehealth is one of the fastest growing fields in medicine. Update yourself on the latest research on telehealth. (2007:144-45)

Practitioners who provide clinical services electronically using online counseling, cybertherapy, email, and telephone should develop clear guidelines that draw on emerging ethical standards. For example, the International Society for Mental Health Online, American Distance Counseling Association, and Association for Counseling and Therapy Online have developed useful ethics standards. In addition, literature is beginning to emerge that addresses boundary and other ethical issues associated with online counseling (Jones and Stokes 2009; Kraus, Stricker, and Speyer 2011).

RISK-MANAGEMENT GUIDELINES

Effective risk management concerning dual relationship and boundary issues should provide both conceptual guidance and practical steps that enhance protection of all parties involved. The following is a decision-making model, based on several available frameworks (Corey and Herlihy 1997; Gottlieb 1993; Reamer 1990, 2003, 2005, 2006c, 2008b-c; Gutheil 2005; Younggren and Gottlieb 2004; Zur 2007), that practitioners can use when they encounter potential or actual dual relationships and boundary issues. This model incorporates various factors I highlighted throughout this discussion:

1. Attempt to set unambiguous boundaries at the beginning of all professional relationships. Document relevant discussions.
2. Evaluate potential dual relationships and boundary issues by considering (a) the amount of power the practitioner holds over the client, (b) the duration and intensity of the relationship, (c) the clarity of conditions surrounding planned or actual termination, (d) the client's clinical profile (when involved in clinical work), and (e) prevailing ethical standards as reflected in relevant codes of ethics. How much power does the professional have over the client? How long has the relationship lasted? How likely is it that the client will return for additional services? In dual relationships, to