

RETIRED DOCUMENT

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College of

HEALTH AND CARE PROFESSIONALS OF BC

The information in this Practice Support checklist is intended to provide general guidance to assist registrants in identifying issues and options that should be considered, and implementing strategies to address issues, resolve problems and improve practice, with respect to a particular aspect of psychology practice. No checklist can anticipate all variables that might be relevant to a specific professional decision or circumstance, but the checklist can provide general guidance to registrants dealing with the identified practice issue. Registrants are also invited to contact the Practice Support Service with any questions.

Readers are advised that documents provided by the Practice Support Service are not legal advice, and do not supplant any applicable legislation, the College's Code of Conduct, its Indigenous Cultural Safety and Humility and Anti-racism Standard, or any other official College communications or professional standards. While an effort has been made to be comprehensive, the information in this checklist is not exhaustive, and the College makes no warranty or representation as to its currency, completeness or accuracy. The College accepts no responsibility for any errors or omissions, and expressly disclaims any such responsibility.

This checklist does not establish standards, limits or conditions for registrants' practice for the purposes of the Health Professions Act, and it is not intended to impose mandatory requirements to the extent that such requirements are not established under the Code of Conduct or the Indigenous Cultural Safety and Humility and Anti-racism Standard. In the case of any inconsistency between this checklist and any Code standard or the Indigenous Cultural Safety and Humility and Anti-racism Standard, the Code standard or Indigenous Cultural Safety and Humility and Anti-racism Standard governs. The final decision on the course of action to be taken in any practice situation is made by the registrant, and checklists are not intended as a substitute for the professional judgment and responsibility of the registrant. Exclusive reliance on checklists is imprudent, as every practice decision depends on its own particular circumstances.

This document may not be copied in part. Registrants wishing to copy it in its entirety must keep this disclaimer attached and must identify it as a College of Psychologists of B.C. Practice Support document. For ease of reference, select Code standards are indicated in brackets following checklist items. Registrants are obligated to consider any other Code standards and legislation that may be relevant to a specific practice situation. All references to the Code of Conduct and other legislation is current to the date indicated at the beginning of each checklist.

Telepsychology Assessment Checklist

This document is intended to assist registrants who are considering providing assessment services via telepsychology. To be clear, assessment via telepsychology is an emerging practice and in-person psychological assessment remains the standard wherever possible. It is expected that any registrant considering telepsychology-based assessment is doing so only after determining that in-person assessment services are not possible or feasible.

Please note, this checklist should be used in conjunction with the Telepsychology Services Checklist as issues noted there are not repeated here. Relevant Code standards are indicated in brackets following the checklist items.

- I am contemplating an assessment via telepsychology in this specific circumstance because an in-person assessment is not feasible, or other specific circumstances are rendering this service necessary. (11.22, 11.23)
- I have reviewed the CPBC Practice Support **Telepsychology Services Checklist** to assist me in considering general requirements related to telepsychology services in conjunction with reviewing this checklist. (Practice Support Telepsychology Services Checklist)
- I am aware that I am fully responsible for the decision to provide telepsychology rather than in-person assessment services in each case I do so. (2.1, 3.1, 3.14, 3.16, 11.2, 11.6, 11.32, 11.33)
- I am aware that organizational/institutional preference or pressure is specifically not a sufficient basis for providing telepsychology-based rather than in-person assessment services. (3.1, 5.24, 7.18)
- I maintain current knowledge of developments with telepsychology assessment services. (3.2, 3.3, 3.5, 3.7, 3.8, 3.10, 3.11, 3.15, 3.21, 3.22, 3.25, 3.30, 11.15)
- I am competent with all aspects of the technology I am considering utilizing, including with issues related to ensuring confidentiality and security risks, and I maintain current knowledge of developments with the specific technology I plan to use. (3.2, 3.3, 3.5, 3.7, 3.8, 3.21, 3.22, 3.25, 3.30)
- I have a procedure in place for dealing with any technology failures that occur during an assessment, including considering any impact on the assessment process and results, and for addressing these in my report. (3.13, 3.18, 3.25, 3.30, 11.11, 11.28)
- I will only utilize assessment procedures for which I have established competence in face-to-face settings. (3.2, 3.3, 3.5, 3.7, 3.10, 3.11, 3.15, 3.25, 11.1)
- I have an established procedure for accurately confirming the identity of the client I am assessing. (3.1, 3.13, 3.14, 11.2, 11.3)
- If the client is in another jurisdiction, I am familiar with the relevant laws and regulatory requirements in the other jurisdiction, including those related to age of consent, mandatory reporting issues, any telepsychology-specific legislation, etc. (3.8, 3.30, 6.7, 6.8, 7.17, 18.1)
- I have established a process for obtaining informed consent to permit me to review any documents I wish to review prior to undertaking my interview, and testing, if any, with the client. (4.1, 4.2, 4.25)

- I will discuss with the client all relevant issues as part of obtaining informed consent to proceed, including all regular elements of consent for an assessment, and any elements specific to the telepsychology process and the technology being used. Specific elements may include possible limitations to my opinions due to the telepsychology nature of the service, any additional threats to confidentiality, etc. **(3.22, 3.30, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.12, 5.2, 5.13, 6.1, 6.4)**
- I have identified client characteristics that should be considered when determining whether a telepsychology assessment is appropriate, and I will undertake a consideration of these characteristics for each and every client prior to proceeding with an assessment. **(3.23, 3.24, 3.30, 5.1, 5.26)**
- I have considered specific client characteristics that may lead the assessment results to be influenced by the telepsychology medium itself (e.g., acute mental health status, cognitive ability, culture, language, socioeconomic status, familiarity with the technology, etc.), and I will address these in my report, including by noting any limitations to the assessment results and my opinions. **(3.13, 3.18, 3.23, 3.24, 3.30, 11.9, 11.11, 11.23, 11.28, 11.33)**
- I have an established procedure for evaluating the setting the client is in, including: whether anyone else is present, or enters the room after the assessment has begun; possible distractions that will not be apparent to me during the assessment (such as sights, sounds, or smells outside of my awareness); whether the client has access to response aids, such as to printed material, the Internet, or another person providing prompts; and any other setting-specific factors that may affect the assessment results. I will address this issue in my report. **(3.13, 3.14, 3.18, 11.1, 11.2, 11.3, 11.6, 11.9, 11.11, 11.16, 11.23, 11.28, 11.32, 11.33)**
- I will remain attentive during my assessment to any client characteristics or other emergent events or factors that suggest the assessment should be paused or terminated, and I have a plan for addressing this need should it arise. **(3.6, 3.23, 3.30, 5.1, 5.19, 5.26, 11.2)**
- I will consider the impact of the technology on the establishment and maintenance of rapport with the client being assessed and thereby on the assessment results, and I will address this issue during the assessment and/or in my report, as appropriate. **(3.13, 3.18, 3.23, 3.24, 11.9, 11.11, 11.23, 11.28, 11.33)**
- I have considered whether the use of any psychology test via telepsychology will create a threat to test security, and whether the test publisher has a secure online option available to users that would be preferable to use in this circumstance. **(11.1, 11.2, 11.14, 11.16)**
- I have reviewed any and all policies from the test companies regarding any opinion they have about using each test I am contemplating employing in a telepsychology format. **(11.1, 11.2, 11.15, 11.16)**
- I will not let any test materials out of my possession or the possession of an assistant who is under my supervision. **(11.1, 11.13, 11.14, 11.16)**
- I have carefully considered the standardized administration requirements specified for each psychology test I am contemplating utilizing as part of my assessment, and whether the integrity of the test's psychometric properties (including reliability and validity) can be maintained sufficiently to proceed via telepsychology. I will not utilize any psychology test via telepsychology if the planned administration will invalidate the test results or unduly threaten the security of that test, and for those tests I do use, I will note any limitations to the reliability and validity of the test results and to my opinions in my report as appropriate. **(3.13, 3.14, 3.18, 3.25, 11.1, 11.2, 11.9, 11.11, 11.14, 11.15, 11.16, 11.23, 11.28)**
- I have considered whether there is a greater risk of failing to detect client comprehension difficulties or other emergent problems due to the technology, and I will address this issue in my report and/or during the assessment, as appropriate. **(3.13, 3.14, 3.16, 3.18, 3.23, 11.1, 11.2, 11.3, 11.6, 11.9, 11.11, 11.15, 11.22, 11.23, 11.28, 11.32, 11.33)**
- I will ensure that I address any and all limitations to my assessment, the results, and any conclusions I draw, opinions I offer, or recommendations I make, whether these are related to client characteristics, issues related to the client's environment, test factors, the telepsychology medium, or any other factor. **(3.13, 3.18, 11.11, 11.23, 11.28)**
- I will ensure that any personnel with whom I do not have a supervisory relationship (e.g., persons escorting the client) who are located at the site where the client is situated either leave the room during the assessment or have agreed to confidentiality requirements, as appropriate. **(6.5, 11.7)**
- I bear professional responsibility for any personnel who are located at the site where the client is situated and who are assisting me with test administration or any other aspect of my assessment, and I will make this known to the client and any third-party payer. **(4.7, 5.21, 5.22, 5.23, 8.6, 8.7, 12.15)**
- I have considered that the client may need support or other local resources after the assessment and have taken steps to ensure the client is apprised of any available resources. **(5.1, 5.19, 5.26)**
- I have a plan in place to provide the client with feedback about the assessment, unless this is not possible due to the requirements or legal parameters of the assessment. **(4.11, 11.8, 11.10)**