

Newfoundland & Labrador  
**College of  
Social Workers**

**RESOURCE GUIDE  
FOR  
PRIVATE PRACTICE**

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## INTRODUCTION

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The Newfoundland and Labrador College of Social Workers (NLCSW) is established by legislation to regulate and advance the practice of social work in Newfoundland and Labrador (NL). 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 (e.g., 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 Harmonized Sales Tax (HST) exempt services from the Canada Revenue Agency, and obtain legal consultation as required.

From a professional perspective, social workers in private practice continue to seek guidance and information from the NLCSW on issues such as record keeping, informed consent, and on-line communication that follow the [NLCSW \(2024\) Standards of Practice for Social Workers in Newfoundland and Labrador](#), the [Canadian Association of Social Workers \(CASW\) \(2024\) Code of Ethics, Values and Guiding Principles](#), and applicable legislation. This resource guide is meant to supplement these regulatory documents, 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

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Social Workers Act (2010)

CASW (2024) Code of Ethics,  
Values and Guiding Principles

NLCSW (2024) Standards of  
Practice

As noted in the [NLCSW \(2024\) Standards of Practice](#), social workers are required to be familiar with and adhere to the [Social Workers Act \(2010\)](#), [CASW \(2024\) Code of Ethics](#), and [NLCSW \(2024\) Standards of Practice](#).

NLCSW explanatory documents and practice resources can be accessed at [www.nlcsw.ca](http://www.nlcsw.ca).

## DEFINITIONS

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### 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 and well-being of individuals, families, groups and communities by using social work knowledge, theory and skills to

- (i) provide direct counselling and therapy services to a client,
- (ii) develop, implement, manage or deliver human service programs, including those done in collaboration with other professions,
- (iii) contribute to the development and advancement of health and social policy, and,
- (iv) conduct 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.

### Client

Refers to the recipient of social work services and can include an individual, family, group, community, or organization.

## ETHICAL RESPONSIBILITIES & CONSIDERATIONS

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### 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 NLCSW 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 (NLCSW, 2020).

It is the responsibility of the social worker considering private practice to assess one's own competence in working independently. The [CASW \(2024\) Code of Ethics](#) asserts that "Social workers demonstrate concern for the interests and safety of service users by representing themselves as competent only within the boundaries of their education, training, license or registration, certification, consultation received, supervised experience, or other relevant professional experience" (p. 25). The following are some questions one may want to consider.

- 1) What is my experience in the practice area I am interested in pursuing (e.g., 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?
- 5) Am I able to obtain access to consultation/supervision?

#### *Credentials and Title*

In Newfoundland and Labrador, the title social worker and registered social worker is reserved for those who are registered with the NLCSW as outlined in the [Social Workers Act \(2010\)](#). Social work registration is required to use the title and practice within the scope of the profession. When marketing one's private practice, it is important that social workers list their credentials and title (i.e., MSW, RSW; MSW, Social Worker), followed by one's area of expertise and principal services offered. This assures clients that they are receiving services from a qualified and licensed professional who have met the criteria to practice social work in NL.

A common question that is often received is whether social workers in NL can use the titles licensed clinical social worker or registered clinical social worker to promote the clinical nature of their work. It is important to note that these titles are not legislative titles under the [Social](#)

*Workers Act (2010)* of NL. Some US states and Canadian jurisdictions may grant the use of these titles as per their licensing or registration categories **for use in those jurisdictions**. NL does not currently have a separate clinical registration and therefore these are not recognized or legal titles in NL. The use of these titles may be confusing to clients and members of the public in this province. Registered social worker is the professional title in NL.

### ***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 (2010)*, and section 5.4.1 of the *CASW (2024) Code of Ethics*. Members can avail themselves 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/>.

### ***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 themselves 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 NLCSW 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. As noted in the *NLCSW (2024) Standards of Practice*:

- Social workers ensure that clients are aware of their fee structure prior to the delivery of social work services (p. 19),

- Social workers do not charge or accept any fee from a client which is not fully disclosed to the client as part of the informed consent process (p. 19).
- Social workers do not exploit a client by charging a fee for a service that is beyond what is needed to ensure the client’s needs are met (p. 20),
- Session invoices produced by social workers should clearly and accurately reflect the services provided (p. 20).

Requests for additional services outside of the initial contract (e.g., requests for letters, administrative work) should be discussed prior to the additional service being provided as part of the on-going informed consent process. This is congruent with the [NLCSW \(2024\) Standards of Practice](#) which states :

- Social workers charge for only reasonable hours of client services, research, consultation and administrative work on behalf of a given client (p. 20).

Information about policy changes to fee structures should be provided to clients at the earliest opportunity to allow time for questions and requests for a referral to another practitioner if necessary. Informing clients at least three months in advance of a scheduled fee change for social work services is reasonable.

### ***Differential Fees***

As outlined in the [NLCSW \(2024\) Standards of Practice](#), “Social workers may charge differential fees for services when such a difference in fee is for the benefit of the client and the fee is not discriminatory” (p. 20). It is important to ensure that any differential fee is fully disclosed to clients and agreed upon as part of the informed consent process, and the rationale for this fee adjustment is documented. Having a written policy that clearly outlines the use of differential fees and how this would be implemented is recommended to avoid bias, or the perception of bias, and arbitrary decision-making.

### ***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 \(2024\) Code of Ethics](#) and [NLCSW \(2024\) Standards of Practice](#) provides some guidance for social workers in developing these policies:

[CASW \(2024\) Code of Ethics](#):

“Social workers maintain honest business practices by:



5.4.4 - Disclosing at the onset of the relationship with service users, the fee schedule for social work services, including the possibility of pursuing civil remedies to secure payment for services” (p. 18).

**NLCSW (2024) Standards of Practice:**

“Social workers provide clients with information on their practice and fees with respect to cancellations, missed appointments and unpaid bills” (p. 19).

***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/>
- 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> (through the CASW members portal which requires a CASW account that can easily be set up).

***Insurance Coverage***

Many 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.

## INFORMED CONSENT

Informed consent is defined as the “granting of permission by the client to the social worker...to use specific intervention, including diagnosis, treatment, follow-up and research. This permission must be based on full disclosure of the facts needed to make the decision intelligently. Informed consent must be based on knowledge of the risks and alternatives” (Barker, 2014, p. 216). As noted in the [NLCSW \(2024\) Standards of Practice](#) “Informed consent is integral to the therapeutic alliance between a client and social worker, and is in keeping with a client’s right to self-determination, autonomy, dignity, privacy and respect. For consent to be valid, the client must have capacity to provide consent and it must be given voluntarily” (p. 6).

The [NLCSW \(2024\) Standards of Practice](#) addresses informed consent and social workers must be familiar with these standards and to adhere to them accordingly. NLCSW also has a broad range of resources on the [NLCSW website](#) pertaining to informed consent. Social workers in private practice are encouraged to consult these resources as necessary.

The issue of informed consent with children and youth in practice is one that generates a lot of questions. NLCSW has developed [Informed Consent with Children & Youth: Practice Guidelines for Social Work](#) that outlines some of the things social workers should consider when working with children and youth as it relates to informed consent and client confidentiality.

## 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 (e.g., regional health authority). A common dilemma for some social workers is whether or not they are able to see agency clients privately. The [CASW \(2024\) Code of Ethics](#) speaks to this issue.

“...social workers who are in private practice and have an employer relationship (e.g., employed full-or part-time) limit:

5.4.8 - refraining from soliciting service users for their private practice from their colleagues or their place of employment,

5.4.9 - accepting referrals from their employer only when the organization does not provide a similar service and in accordance with established policies regarding such referrals”.

(p. 18)

It is important that social workers engaged in private practice, while being employed with organizations providing health/social services, consult with their agency regarding conflicts of interest policies. In situations where agency referrals are made to one's private practice, and in keeping with Value 5 in the [CASW \(2024\) Code of Ethics](#) (Preserving 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 [NLCSW \(2024\) Standards of Practice](#), "Social workers avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment, or which may result in client harm" (p. 15). These conflicts of interest may be real or perceived.

Social workers who anticipate a conflict of interest, based on the nature of the work (e.g., 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 (e.g., providing service to a friend or family member).
- Establishing one's private practice in a home-based setting and considerations of professional/personal self-disclosure.

The NLCSW continues to develop resources social workers may avail of in thinking through many of these issues that can be accessed on the [NLCSW website](#).

### ***Advertising & Testimonials***

Social workers in private practice are increasingly developing professional websites and exploring social media platforms (e.g., LinkedIn) to promote their private practice. The [CASW \(2024\) Code of Ethics](#) highlights the responsibility of social workers to ensure "that the practice advertised on websites, telecommunications, telehealth web-based platforms and social media is accurate, current, and does not elicit testimonials or endorsements" (p. 18).

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.

The [NLCSW \(2024\) Standards of Practice](#) notes that “social workers identify as a registered social worker at the onset of the professional relationship and provide their registration number when requested” and “inform clients of their legal name as it appears on the social work registry and certificate of registration” (p. 4). Noting registration with the NLCSW is recommended and a link to the [NLCSW website](#) can be provided. However, the use of the NLCSW logo, which is an organizational logo, is not permitted.

NLCSW recognizes that there are circumstances when individuals use a name other than their legal name. Some examples include individuals who use their initials, a middle name, a shorter version of their name, are in the process of transitioning to another gender, or use another name within their cultural context. Registered social workers who refer to themselves by another name and have not legally changed their name should advise clients both verbally and in writing of their legal name. They can also advise clients of another name that they use. This can be indicated as in the following example:

Verbally: My name is Sidney Smith however I am referred to/my preference is Sage Smith.

Written: Sidney (Sage) Smith RSW

## **DOCUMENTATION AND RECORDING**

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 \(2024\) Code of Ethics](#), and the [NLCSW \(2024\) Standards of Practice](#), outlines the responsibility social workers have in documenting interventions with clients and client systems.

### ***Record Retention***

One of the questions 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 NLCSW recommends that client records be kept for a minimum of ten years from the date of last entry, unless otherwise specified by legislation or organizational policy. If the client is under the age of 19 when the last entry is made, the client file should be kept for a minimum of 10 years from the date that the client turns or would turn nineteen. 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 ten-year time frame.

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 \(2024\) Code of Ethics](#):

*“Social workers uphold people’s right to privacy and confidentiality of information shared and documented by....advising service users of the right to access their official records according to the policies of the organization and provincial or territorial regulations.... advising service users of the appeal process and their right to a review if they are denied access to their official records....and advising service users of reporting or complaint resolution mechanisms related to access to or correction of records” (p. 20).*

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 \(2024\) Code of Ethics](#), [NLCSW \(2024\) Standards of Practice](#), 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 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 private 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, Youth and Families Act (2018)***

This Act provides the legislative framework for the protection of children and youth in Newfoundland and Labrador. The Act outlines the definition of a child/youth 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 (under the age of 16) and youth (age 16 and 17) who may be in need of protective intervention. Specifically, Section 11 of the Act addresses duty to report.

### ***Adult Protection Act (2021)***

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. Section 5 of the Act defines an adult in need of protection as an adult who:

- a) Lacks capacity with respect to one or more of their health care, physical, emotional, psychological, financial, legal, residential or social needs; and
- b) with respect to the area in which the adult lack capacity under paragraph (a), is
  - (i) incapable of caring for themselves, or who refuses, delays or is unable to make provision for adequate care and attention for themselves, or
  - (ii) 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 report 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.

### ***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 2010)*. 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* (2010).

<https://www.assembly.nl.ca/legislation/sr/annualregs/2018/nr180021.htm>

### ***Public Health Protection and Promotion Act (2018)***

This Act focuses on the promotion and protection of individuals and communities in NL and includes information on the responsibilities of health care professionals. The purpose of this Act as outlined in Section 5 of the Act is to a) promote the health and well-being of individuals and communities; b) protect individuals and communities from risks to the health of the population; c) prevent disease, injury and disability; d) provide a healthy environment for individuals and communities; e) provide measures for the early detection and management of risks to the health of the population, including monitoring of a disease or health condition of significance; f) improve the health of the population and of vulnerable groups; and g) promote health equity within the population by addressing the social determinants of health.

### ***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 (e.g., 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 INTERVENTIONS AND TECHNIQUES**

The NLCSW produced a [Practice Guideline on the Use of Complementary and Adjunct Interventions and Techniques in Social Work Practice](#). As outlined in this document “complementary and adjunct techniques refer to interventions by registered social workers within the context of the social work relationship which are outside of the conventional practice of social work and is not the primary modality of treatment” (p. 1). Examples include but are not limited to, relaxation therapy, meditation, hypnotherapy, faith-based counselling,

nutrition counselling, and animal assisted interventions. Relevant standards are highlighted, and a series of reflection questions are included for consideration.

When choosing to utilize complementary or adjunct techniques or interventions within the context of social work practice, social workers need to:

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

### **SUPERVISION/CONSULTATION**

As outlined in the NLASW (2011) [Supervision of Social Work Practice Explanatory Document](#), “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 explanatory document, 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 this documented in 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 NLCSW produced [Technology Use in Social Work Practice Explanatory Document](#) 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 practices. It is imperative



that social workers utilizing technology in their practice are familiar with technology standards and best practices, and to seek consultation where appropriate.

When using technology in practice, the informed consent of clients is crucial. NLCSW has developed [Self-Assessment Tools for Informed Consent and Documentation](#) that can help social workers evaluate their practices in relation to informed consent. A checklist focused on technology use as it pertains to informed consent is included in this document. The broker for the CASW's Professional Liability Insurance Program, BMS, has also developed an informed consent template [Consent to Use Electronic Communications to Provide Telehealth Services](#) that can be adapted to one's practice.

There are numerous technology programs available for service delivery and social workers may prefer one that works best for them and for their clientele. Each platform is unique and questions pertaining to client privacy and confidentiality must be considered when choosing the best platform to meet your needs. Engaging in communication with clients about what technologies they have access to would also be important.

### **MULTI-JURISDICTIONAL PRACTICE**

As outlined in the [NLCSW \(2024\) Standards of Practice](#), "social workers have a responsibility to be aware of interjurisdictional issues when providing therapy or social work services in another jurisdiction" (p. 13).

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 is receiving services. Social workers should also ensure that they have professional liability insurance which provides adequate coverage for the practice and the jurisdiction in which the service 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.

NLCSW produced [Interjurisdictional Social Work Practice FAQ & Practice Guidance for Social Workers in NL](#) that addresses some of the most frequently asked questions about multi-jurisdictional practice and provides guidance to members.

## 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 [NLCSW \(2024\) Standards of Practice](#):

“Social workers make reasonable efforts to ensure arrangements are made for clients to receive service during periods of foreseeable absences for the social worker” (p. 20).

“When obligated to interrupt, or terminate a professional relationship, social workers ensure clients are advised, and if possible, coordinate a referral to another professional” (p. 16).

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 [CASW \(2024\) Code of Ethics](#) 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 [CASW \(2024\) Code of Ethics](#) states that *“Social workers uphold people’s right to privacy and confidentiality of information shared and documented by...transferring or disposing of service users’ written or electronic records in accordance in with applicable legislation governing records... and employing reasonable precautions to protect confidential information in the event of the termination of practice, incapacity, or death”* (p. 20). 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 [NLCSW \(2024\) Standards of Practice](#):

- Social workers leaving or closing a private practice ensure that clients receive adequate notice so that alternative arrangements or a referral to another professional can be made to ensure continuity of care. Social workers make reasonable efforts to notify former clients of their departure (p. 20).
- Social workers document decisions and actions related to termination of services (p. 16).
- Social workers discuss client's needs, options and preferences before continuing or discontinuing services, or offering to seek transfer or referral (p. 16).

***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 NLCSW Private Practice Roster, social workers should let the NLCSW 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 [NLCSW \(2024\) Standards of Practice](#), 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.

**Logistics:** 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 (e.g., 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 (e.g., 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 [NLCSW Continuing Professional 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 \(2024\) Code of Ethics](#) whereby "social workers continuously develop their professional knowledge and skill at the level to provide competent professional services" (p. 24). 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 (e.g., 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 (e.g., Newfoundland and Labrador College 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. This may include consulting with another professional regulatory body if the colleague is from another discipline. When the concern is about a social work colleague, an amendment to the [Social Workers Act \(2010\)](#) to include Quality Assurance Provisions and a duty to report came into effect on January 1, 2020. Social workers have a professional obligation to report knowledge of conduct deserving of a sanction as outlined in the Act (section 39.7):

- A social worker who has knowledge, from direct observation or objective evidence, of conduct deserving of a sanction of another social worker shall report the known facts to the registrar, and
- A person who terminates the employment of or dissolves a partnership with a social worker based on direct knowledge of the social worker's conduct deserving of sanction shall report the known facts to the registrar.

Consultation with the NLCSW may be helpful when working through this issue in practice.

## NLCSW PRIVATE PRACTICE ROSTER

NLCSW offers a voluntary private practice roster for RSW's to promote their practice. The roster allows NLCSW to identify, recognize, and promote those social workers who meet the College's criteria for the private practice roster 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**

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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 (e.g., legal) for questions pertaining to the business aspect of private practice.

### **ACKNOWLEDGEMENTS**

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