

INTERNET-MEDIATED PSYCHOLOGICAL SERVICES AND THE AMERICAN PSYCHOLOGICAL ASSOCIATION ETHICS CODE

CELIA B. FISHER AND ADAM L. FRIED

Fordham University

The newly revised American Psychological Association (APA, 2002) Ethics Code provides a set of standards that are broad enough to be applicable to the wide range of ethical challenges that psychologists may encounter in the rapidly growing field of Internet-mediated psychological services. This article illustrates the applicability of the APA Ethics Code to psychological assessment and therapy provided via the Internet within 6 broad categories of ethical conduct: competence, conflicts of interest, informed consent, privacy and confidentiality, public statements and advertising, and test selection and scoring. Discussion includes how these requirements may be met, implications of the new Health Insurance Portability and Accountability Act regulations to the ethical conduct of telehealth, and future directions for ethical consideration.

The use of the Internet has created innovations and opportunities for the provision of psychological services. The process of combining technological advances with established methods for the provision of mental health services is not new. Over 40 years ago, interactive video communications were used for psychiatric consultation between the Nebraska Psychiatric Institute and the Norfolk State Hospital (Maxmen, 1978). During the past half century, a variety of electronic technologies, such as the telephone, have become accepted media for providing health services (Haas, Benedict, & Kobos, 1996).

Historically, the use of electronic media for psychological assessment and treatment was limited by financial concerns related to the sustainability of telehealth programs (Maheu, Whitten, & Allen, 2001). Beginning in the early 1990s, when technological advances made it possible for the Internet to be an affordable alternative for providing healthcare, the use of technological advances has dramatically increased. In fact, behavioral telehealth has been the fastest growing aspect of telehealth (Maheu, Whitten, & Allen, 2001). In this article, we use the terms *Internet-mediated services*, *behavioral telehealth*, and *telehealth* interchangeably to describe the delivery of Internet-mediated psychological assessment and therapy, including e-mail therapy, video conferencing, online therapy, Internet chat rooms, Web-based assessment, and Web-based consultation services. This is a narrow use of a broader application of these terms that applies to delivery of services at a distance through, among other technologies, the Internet, telephone, fax, and interactive televideo (Buchanan, 2002; Jerome & Zaylor, 2000; Laszlo, Esterman, & Zabko, 1999; Maheu & Gordon, 2000; Nickelson, 1996; Vandenbos & Williams, 2000).

Questions about validity, efficacy, and safety

Celia B. Fisher and Adam L. Fried, Center for Ethics Education and Department of Psychology, Fordham University.

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Correspondence regarding this article should be addressed to Celia B. Fisher, PhD, Center for Ethics Education, Department of Psychology, Fordham University, Dealy Hall, 441 East Fordham Road, Bronx, New York 10458. E-mail: fisher@fordham.edu

of different Internet-mediated techniques for psychological assessment and therapy remain largely unanswered as the field rapidly evolves. Constant innovation in telehealth continues to outpace the development of specific guidelines for delivery of services. This article highlights aspects of the newly revised American Psychological Association's (APA) *Ethical Principles of Psychologists and Code of Conduct* (2002; referred to as the *Ethics Code* throughout the remainder of this article) that are particularly relevant to the ethical practice of Internet-mediated psychological services. More detailed discussion and examples of application of the APA Ethics Code to electronic media are provided in Fisher (2003).

In August 2002, the APA's Council of Representatives unanimously approved the ninth revision of the APA Ethics Code. Since the first APA Ethics Code appeared in 1953 (APA, 1953), revisions have been driven by the evolving roles and responsibilities of psychologists viewed within a constantly changing technological, sociocultural, economic, political, and legal landscape. The Ethics Code Task Force (ECTF) responsible for the revision process produced seven drafts over 5 years based on the elicitation and review of over 1,300 comments from APA members, divisions, and committees; state psychological associations; licensing boards; and the public. The growth of Internet-mediated psychological services and the increasing use by providers of other electronic forms of service provision, data use, and disclosure were among the major trends considered during the revision.

As in previous versions, the most recent Ethics Code applies to all activities, all persons, all settings, and all communication contexts that are conducted, encountered, or used in one's role as a psychologist. Communication contexts explicitly referred to in the 2002 Ethics Code include telephone, Internet, and other electronic transmissions. In reviewing the professions' evolving use of the Internet and other electronic media for behavioral telehealth, psychological assessment, consulting, video conferencing, and research, the ECTF concluded that the broadly worded enforceable standards were applicable to electronic media, and therefore, telehealth did not need a special section or special references. However, the ECTF did decide it was important to explicitly highlight the relevance of four standards for psychologists using the Internet and other electronic media: Standards 3.10a, Informed Con-

sent; 4.02c, Discussing the Limits of Confidentiality; 5.01a, Avoidance of False or Deceptive Statements; and 5.04, Media Presentations.

In this article, we discuss the applicability of the APA Ethics Code to telehealth through the discussion of enforceable standards within six broad categories of ethical conduct: competence, conflicts of interest, informed consent, privacy and confidentiality, public statements and advertising, and test selection and scoring.

Competence

Training, Education, Consultation, and Experience

Competence is the linchpin enabling psychologists to fulfill other ethical obligations required by the Ethics Code. Several standards under 2.01a–2.01e, Boundaries of Competence, are particularly relevant to the use of the Internet in providing psychological services. Under Standard 2.01a, psychologists must refrain from providing services in areas in which they have not had the education, training, supervised experience, consultation, study, or professional experience recognized by the discipline as necessary to conduct their work competently. Determinations regarding whether psychologists are engaged in activities outside the boundaries of their competence vary with current and evolving criteria in the relevant field. This is especially true for the use of continuously changing equipment and technologies such as the computer and Internet services. Standard 2.01c requires psychologists who wish to expand the scope of their practice to techniques or technologies that are new to them to undertake relevant education, study, consultation, or experiences to obtain the qualifications necessary as established by the field.

Use of Emerging Technologies

Standard 2.01e applies when psychologists wish to develop or implement new practice techniques for which there are no generally agreed upon scientific or professional qualifications. The standard recognizes the value of innovative techniques as well as the added risks that such innovations may place on those with whom psychologists work. Psychologists must take reasonable steps to ensure the competence and safety of their work in new areas. In using the term *competence*,

the standard reflects the assumption that to be considered *psychology*, an emerging area must draw on established scientific or professional knowledge of the discipline of psychology (see also Standard 2.04, Bases for Scientific and Professional Judgments). Adherence to this standard thus requires that psychologists have the foundational knowledge and skills in psychology and computer technology necessary to construct or implement novel approaches in Internet-based assessment and psychotherapy and to evaluate their effectiveness.

For example, psychologists using e-mail or chat rooms to provide behavioral health services to clients/patients at a distance are venturing into relatively uncharted territories in which traditional assessment and psychotherapy techniques based on oral and nonverbal cues may not transfer to communications through written text (Nickelson, 1998). Harm to Internet clients/patients may be incurred when psychologists fail to appropriately diagnose a disorder, fail to identify suicidal or homicidal ideation, or reinforce maladaptive behavior, for example, social phobia (see also Standard 3.04, Avoiding Harm). Steps that psychologists using Internet-mediated assessment or therapeutic services might take to ensure the competence of one's work and to protect clients/patients from harm include staying abreast of advances in the field, requiring an in-person initial consultation, and identifying professionals and health and social service agencies that are in the area in which the client/patient lives that can be called in crises situations (Maheu, 2001).

Conflicts of Interest

Psychologists strive to benefit and establish relationships of trust with those with whom they work through the exercise of professional and scientific judgments based on their training, experience, and established knowledge of the discipline. Standard 3.06, Conflict of Interest, prohibits psychologists from taking on a professional role when it competes with professional, personal, financial, legal, or other interests or relationships that could reasonably be expected to impair the psychologists' objectivity, competence, or ability to effectively perform this role. An example of a conflict of interest in the use of the Internet sufficient to appear to compromise professional services is when psychologists use

their professional Web site to recommend Internet mental health services in which they have an undeclared financial interest.

Informed Consent

Informed consent is seen by many as the primary means of protecting the self-governing and privacy rights of those with whom psychologists work. In the previous APA (1992) Ethics Code, the obligation to obtain informed consent was limited to research and therapy. The broader informed consent requirements introduced into the current revision of the Ethics Code reflect the societal change from a paternalistic to an autonomy-based view of professional ethics. Required elements of informed consent specifically relevant to Internet practice are detailed in Standards 9.03, Informed Consent in Assessments, and in 10.01, Informed Consent to Therapy. The obligations described in Standard 3.10, Informed Consent, apply to these other consent standards. When psychologists provide assessment, therapy, counseling, or consulting services over the Internet, these psychologists must obtain the informed consent of the individual by providing an appropriate explanation of the nature and purpose of services provided, fees, involvement of third parties, and limits of confidentiality as well as sufficient opportunity for the client/patient to ask questions.

Client/Patient Identification

A unique challenge for psychologists engaged in telehealth activities, and in Internet-mediated services in particular, is client/patient identification. When administering Web-based assessments or providing e-therapy, psychologists need to ensure that the individual who gave consent is in fact the individual completing the assessment or receiving the psychologist's services. Psychologists must also confirm the age and legal status of the service recipient. For example, states vary in terms of the age at which providing services to a minor without parental permission is a violation of law. When minors or older adults with impaired consent capacities are the recipients of services, telehealth providers must ensure that appropriate guardian permission and assent is obtained (Standard 3.10b, Informed Consent). To meet these challenges, psychologists might consider the use of client/patient passwords, an initial in-person interview, or video conferencing.

Language

Psychologists must obtain informed consent using language that is reasonably understandable to the person who is asked to consent (Standard 3.10a, Informed Consent). For example, psychologists must use appropriate translations of consent information for individuals for whom English is not a preferred language. Psychologists must also adjust reading and language comprehension levels of consent procedures to an individual's educational level, reading level, or learning disability. Psychologists obtaining informed consent over the Internet may need to take special steps to identify the language needs of those from whom they are obtaining consent.

Fees

Discussion of fees must include the cost of services, the payment schedule, and what form of payment is acceptable (e.g., credit card, checks; Standards 9.03, Informed Consent in Assessments, and 10.01, Informed Consent to Therapy). Telehealth providers need to develop secure procedures for receiving credit card payments if clients/patients are to be billed and/or are to pay for services over the Internet. In addition, psychologists need to determine and inform clients/patients of the payment method as soon as is feasible and, if appropriate, whether their health plan covers Internet health care (see also Standard 6.04, Fees and Financial Arrangements).

Confidentiality

Informed consent to assessment and therapy must provide a clear explanation of the extent and limits of confidentiality, including (a) when the psychologist must comply with reporting requirements such as mandated child abuse reporting or duty to warn laws and (b) in the case of assessments involving minors, guardian access to records (see also Standards 4.01, Maintaining Confidentiality, and 4.02, Discussing the Limits of Confidentiality). Psychologists providing services over the Internet must inform clients/patients about the procedures that are used to protect confidentiality and the threats to confidentiality unique to this form of electronic transmission of information. As laws regarding the use of telehealth across state boundaries continue to evolve, psychologists must become knowledgeable about reporting laws on child abuse and ne-

glect, elder abuse, duty to warn, and other mandatory disclosures in the state in which the client/patient is receiving the services. Measures to take to protect confidentiality over the Internet are discussed in the Privacy and Confidentiality section.

Third Parties

Standards 3.10a, Informed Consent; 9.03a, Informed Consent in Assessments; and 10.01a, Informed Consent to Therapy, also require informed consent to include the psychologists' discussion of third party involvement: individuals, health insurance companies, employers, organizations, or legal or other governing authorities requesting the assessment or to whom the results of the assessments or other information may be provided. Psychologists providing assessment or psychotherapy over the Internet need to identify the form in which information will be shared with third parties as well as the form in which client/patient release for disclosure of information will be acceptable. Federal regulations (see Health Insurance Portability and Accountability Act, HIPAA, below) and good ethical practice do not permit open-ended release forms. With few exceptions, for example, when services are court ordered, psychologists must have specific and time-limited signed releases or authorizations to disclose information to third parties. Telehealth providers need to ascertain the form in which such releases have legal standing and inform clients/patients of these requirements.

Implications of HIPAA

Psychologists who use, disclose, or provide health services over the Internet are covered entities under the HIPAA (<http://www.hhs.gov/ocr/hipaa/finalreg.html>). At the beginning of the professional relationship, covered entities are required to provide clients/patients with a written notice of privacy practices that provides information on the uses and disclosures of protected health information (PHI; individually identifiable health information created or received by a health care provider relating to the past, present, or future health, provision of health care, or payment for health care) that may be made by the covered entity, and the individual's rights and covered entity's legal duties with respect to PHI.

Treatments for Which Generally Recognized Techniques and Procedures Have not Been Established

Most techniques that are now accepted practice in the profession of psychology emerged from new technologies or treatment needs unmet by existing therapies. Standard 10.01b, Informed Consent to Therapy, recognizes that innovation in mental health services is critical if a profession is to continue to adequately serve a diverse and dynamic public. The standard also recognizes that during the development and refinement of new therapeutic techniques, the risks and benefits to clients/patients are unknown. Consequently, respect for a client's/patient's right to informed, rational, and voluntary consent requires that when the treatment needs of a client call for innovative techniques, during informed consent, psychologists have the obligation to (a) explain the relatively new and untried nature of the therapy, (b) clearly describe alternative established treatments that may be available, and (c) clarify the client's/patient's right to dissent in favor of more established treatments, whether they are offered by the psychologist obtaining the consent or other mental health professionals.

As the series of articles in this special issue attest, techniques and procedures to provide therapy over the Internet (e.g., E-mail, chat rooms, video conferencing) and the mental health benefits and risks of different forms of telehealth for different clients/patients are still being explored and debated in the literature. Psychologists developing and using such techniques are pioneers in the field. Under Standard 10.01b for specific aspects of telehealth that remain in this developing state or new forms that emerge, psychologists need to inform prospective clients/patients of the following: (a) that the use of the specific telehealth technique is a new and still developing form of therapy; (b) that although there is reason to believe this form of therapy may serve the client's/patient's mental health needs, the extent of such benefits are still largely unknown; (c) that current risks associated with E-mail therapy include, for example, confidentiality concerns and lack of immediacy; (d) that traditional treatments for the client's/patient's presenting problem include, for example, face-to-face therapy at a local clinic; and (e) that if the client/patient prefers to receive a more traditional

therapy, the psychologist, for example, is able to offer such therapy or to provide a referral.

Privacy and Confidentiality

Protecting Confidentiality

Protecting the confidentiality of the clients with whom psychologists work reflects their obligation to respect the privacy and dignity of persons (Principle E: Respect for People's Rights and Dignity). Standard 4.01, Maintaining Confidentiality, and Standard 6.02, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work, are broadly written and require all psychologists to take reasonable precautions to protect confidential information. The nature of precautions required to protect confidential information differ with respect to (a) the psychologist's role, (b) the purpose of the psychological activity, (c) the legal status of the person with whom the psychologist is working, (d) federal regulations, (e) state and local laws, and (f) institutional and organizational policies. The terms *reasonable precautions* in Standard 4.01 in telehealth pertain to the psychologist's responsibility to become familiar with or obtain assistance when technical expertise is required to protect confidentiality.

The privacy of data and physical security of electronic devices, whether they are housed in a working environment or at home or whether they are portable, is essential. Below are general recommendations for maintaining confidentiality when services are provided over the Internet.

- Use encrypted data transmission, password protected data storage, and firewall techniques.
- Discuss and develop security measures with appropriate personnel when files are stored via a common server or are backed up on an institutional system or hub.
- Include instructions for trainees on appropriate procedures to protect client/patient confidentiality when using the Internet for supervision.
- Keep disks and other data storage devices in safe locations or use passwords to protect computer access.
- Distort voice recordings or mask faces in visual images to protect confidentiality.
- Destroy recordings when they are no longer needed as long as their destruction does not conflict with other ethical or legal obligations to maintain scientific or professional records.

- Do not share passwords and do change them often.
- Be mindful of ways to protect security of wireless devices.
- Avoid use of confidential information in e-mail or instant messaging unless you use encryption.
- Take extra measures to protect physical security of portable devices such as laptop or notebook computers, palmtops, and smart phones whether they are in the office or at home.
- Use privacy screens to protect monitors or other types of screens from viewing by others.
- Update virus protection software and other security measures frequently for both personnel and work space computing devices on which PHI is kept.
- Remove all data when disposing or recycling old computers. This will most likely require assistance from technical experts because even after erasing data or using reformatting disks, traces of data may remain.

Discussing the Limits of Confidentiality

Standard 4.02c, *Discussing the Limits of Confidentiality*, specifically highlights the importance of discussing the limits of confidentiality when services are provided via electronic media. Psychological services or transmission of records conducted over the Internet and other electronic media are vulnerable to breaches in confidentiality that may be beyond the individual psychologist's control. Under Standard 4.02c, clients/patients must be made aware of the risks to privacy and the limitations to protections that the psychologist can institute to guard against violations of consumer confidentiality when information is transmitted electronically. For example,

- Psychologists conducting therapy or assessments via e-mail or through secure chat rooms need to inform clients/patients about the possibility of strangers hacking into secure sites or, when applicable, the extent to which institutional staff has access to secure sites on a hub server.
- Sometimes clients/patients may access their therapist's personal e-mail account and send unsolicited sensitive communications. In these situations, psychologists should inform such clients about the risks of others reading these

e-mails and discourage clients/patients from future e-mail communications if appropriate.

- Psychologists providing services on a Web site should include a visible and easy to understand privacy statement whenever a consumer's personal information is requested. The privacy statement should advise consumers of how personal information is used (i.e., sold to other sites, used to contact the consumer at a later date) and whether clients can opt out of these uses. Psychologists can download a sample privacy policy statement from the APA's Web site at <http://helping.apa.org/dotcomsense/privacy.html>.

Implications of HIPAA

Standard 4.05a permits psychologists to disclose confidential information with the appropriate consent of the client/patient. Except as otherwise permitted or required by law, under HIPAA, a covered entity may not use or disclose PHI without valid client/patient authorization. The HIPAA core elements for authorization to provide PHI to others go beyond the information psychologists have typically required for client/patient signed releases, and telehealth providers must be familiar with these requirements. Psychotherapy notes have special protections under HIPAA. For example, psychologists who work for or with other covered entities such as hospitals or health management organizations should be aware that these covered entities are prohibited from requiring patient authorization to disclose psychotherapy notes as a condition for evaluating eligibility. In addition, when appropriate releases and authorizations are obtained, the HIPAA Privacy Rule requires psychologists to share only the minimum amount of information necessary for billing agencies and nonhealth provider internal staff to perform their roles.

HIPAA regulations may require special creativity for telehealth psychologists using and disclosing PHI. In particular, for psychologists to have control over client/patient access to psychotherapy notes, HIPAA requires that these notes must be kept in a separate file from the rest of the client's/patient's designated record set. Similarly, HIPAA requires that authorizations are separate from other informed consent materials. The legal meaning and process of separate files in Internet-mediated services and computer data storage is an important and fruitful avenue for future explo-

ration. Psychologists may wish to use the HIPAA-compliant Notice of Privacy Practices and Authorization model forms developed by the APA Insurance Trust and the APA Practice Directorate (<http://www.apa.org/apait>).

Public Statements and Advertising

Avoidance of False Statements

Psychologists aspire to promote accuracy, honesty, and truthfulness in the practice of psychology and do not engage in subterfuge or intentional misrepresentation of fact (Principle C: Integrity). Standard 5.01a, Avoidance of False or Deceptive Statements, prohibits false, deceptive, or fraudulent public statements regarding work activities or the activities of persons or organizations with which psychologists are affiliated. The terms *avoidance* and *knowingly* exclude as violations statements that psychologists would reasonably be expected to believe are true, but which they may later learn are false. Public statements that might appear on the Internet include (a) paid or unpaid advertising or product endorsements; (b) Web brochures or printed matter describing a psychologist's services; (c) directory listings, personal resumes, or curricula vitae; (d) commentary on Internet news sites; or (e) Web-linked advice columns.

Statements by Others

Standard 5.02c, Statements by Others, permits psychologists to run paid advertisements, including those on Web sites, describing their services, as long as it is identified or otherwise clear to consumers that it is a paid advertisement. Canned columns are an example of a paid advertisement that often is presented in a way that can be deceptive to consumers. Canned columns written and paid for by psychologists are typically presented in news or advice Web format intended to lead readers to erroneously believe that the psychologist has been invited or hired by the media outlet to write the column because of his or her expertise. The column usually includes a description of the psychologist's services, picture, and contact information. Canned columns that do not include a clear statement that the column is a paid advertisement are in violation of this standard. In some instances, psychologists do not write the column themselves but purchase it from a writer who sells the columns to psychologists nation-

wide. In such instances, the column must state that the psychologist is providing—but has not written—the column (see also Standard 5.01a, Avoidance of False or Deceptive Statements).

Media Presentations

Standard 5.04, Media Presentations, only applies to psychologists' public statements in various mediums when the purpose of the statement is information sharing, commenting, or advice giving. It does not apply to therapist-client/patient communications regarding treatment, assessment, or consultation made in video conferencing, e-mail, Web based or other forms of Internet transmission. This standard prohibits psychologists from giving public advice or comment via the Internet or from other forms of communication on topics and issues that are outside the boundaries of the psychologists' competence on the basis of their education, training, supervised experience, or other accepted means of acquiring professional or scientific expertise (see Standard 2.01a, Boundaries of Competence). The standard also prohibits psychologists from giving public comment or advice that significantly deviates from or is otherwise inconsistent with established psychological literature and practice (see Standard 2.04, Basis for Scientific and Professional Judgments).

Psychologists providing public advice in response to questions over the Internet or to published advice columns should clarify the educative versus therapeutic nature of their answers, avoid language that refers personally to the person asking the question, and take steps to avoid repeat communications with the person, which may encourage the mistaken impression that a professional relationship has been established (Shapiro & Schulman, 1996).

Test Selection and Computerized Scoring Services

Bases for Assessment

Psychological assessment serves the public good by providing information to guide decisions affecting the well-being of individuals, families, groups, organizations, and institutions. Psychologists who draw their conclusions on information and techniques based in the scientific and professional knowledge of the discipline are uniquely qualified to interpret the results of psychological

assessments in ways that merit the public trust. However, the public and the profession are harmed when psychologists provide opinions unsubstantiated by the information obtained or drawn from data gathered through improper assessment techniques. Standard 9.01a prohibits psychologists from providing opinions that cannot be sufficiently substantiated by the information obtained or the techniques used. This standard is especially relevant to psychologists using the Internet who may not be able to observe behaviors or confirm relevant information typically available in in-person testing procedures.

Appropriate Use of Assessments

The appropriate use of psychological assessments can benefit individuals, families, organizations, and society by providing information on which educational placements, mental health treatments, health insurance coverage, employee selection, job placement, workers' compensation, program development, and legal decisions can be based. The inappropriate use of assessments can lead to harmful diagnostic, educational, institutional, and legal decisions on the basis of inaccurate and misleading information.

Standard 9.02, Use of Assessments, is concerned with the proper selection, interpretation, scoring, and administration of assessments. According to this standard, ethical justification for the use of assessments is determined by the research or evidence supporting the purpose for which the test is administered, the method of administration, and the interpretation of scores. To comply with the standard, psychologists conducting assessments over the Internet should be familiar with the data and other information provided in test manuals detailing the evidence and theory supporting the use in this medium and special administration or scoring procedures.

The proper use of tests can further principles of fairness and justice by ensuring that all persons benefit from equal quality of assessment measures, procedures, and interpretation. Fair applicability of test results rests on assumptions that the validity and reliability of a test is equivalent for different populations tested. This standard also requires psychologists to select assessment instruments whose validity and reliability have been established for administration over the Internet for the specific type of individual tested.

Test Scoring and Interpretation Services

Standard 9.09a, Test Scoring and Interpretation Services, applies to psychologists who develop or sell computerized, automated, Web-linked, or other test scoring and interpretation services to other professionals. Psychologists offering these services must provide in manuals, instructions, brochures, and advertisements accurate statements about the purpose, the basis and method of scoring, the validity and reliability of scores derived from the service, the professional contexts in which the scores can be applied, and any special user qualifications necessary to competently use the service.

When test interpretations in addition to scores are provided to users of the services, psychologists providing the services must document the sources, theoretical rationale, and psychometric evidence for the validity and reliability for the particular interpretation method used. Descriptions of the application of test scoring and interpretation procedures must include a discussion of their limitations. For example, Web-based systems may not be able to take into account specific features of the examinee that are relevant to test interpretation such as medical history, gender, age, ethnicity, employment history, education, competence in the language of the test, motor problems that might interfere with test taking, current life stressors, or special conditions of the testing environment.

Standard 9.09b, Test Scoring and Interpretation Services, applies to psychologists who use computerized, automated, Web-linked, or other test scoring and interpretation services developed by other professionals or test vendors. Psychologists should select test scoring and interpretation services that provide evidence of the validity of the program and procedures for the types of evaluation or treatment decisions that are to be informed by the assessment and that are appropriate for the individual case only.

Conclusion

The use of Internet technology is an exciting opportunity to extend the range of professional services that can be offered to consumers in various regions and personal circumstances. The use of such technology is considered both an innovative way to provide services as well as a medium that demands unique approaches to ethical decision making. Ongoing technological advances

produce new methods of providing services that continually outpace specific guidelines pertaining to these new methods. The newly revised Ethics Code, recognizing the dynamic nature of telehealth, provides a set of standards that allow for contextually based decision making in this evolving field.

Ethical practice is ensured only to the extent that there is a personal commitment accompanied by ethical awareness and active engagement in the ongoing construction, evaluation, and modification of ethical actions. The APA Ethics Code principles and standards encourage psychologists venturing into telehealth services to envision ethics as a process that draws on the psychologists' human responsiveness to those with whom they work and awareness of their own boundaries, competencies, and obligations. In their commitment to the ongoing identification of key ethical crossroads and the construction of contextually sensitive ethical courses of action, psychologists who use the Internet and ensure that it is done in a manner that respects the welfare and rights of those served are exemplars of the highest ideals of the profession and merit the trust of clients/patients with whom they work.

References

- American Psychological Association. (1953). *Ethical standards of psychologists*. Washington, DC: Author.
- American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist*, *47*, 1597–1611.
- American Psychological Association. (2002). *Ethical principles of psychologists and code of conduct*. Washington, DC: Author.
- BUCHANAN, T. (2002). Online assessment: Desirable or dangerous? *Professional Psychology: Research and Practice*, *33*, 148–154.
- FISHER, C. B. (2003). *Decoding the ethics code: A practical guide for psychologists*. Thousand Oaks, CA: Sage Publications.
- HAAS, L. J., BENEDICT, J. G., & KOBOS, J. C. (1996). Psychotherapy by telephone: Risks and benefits for psychologists and consumers. *Professional Psychology: Research and Practice*, *27*, 154–160.
- JEROME, L. W., & ZAYLOR, C. (2000). Cyberspace: Creating a therapeutic environment for telehealth applications. *Professional Psychology: Research and Practice*, *31*, 478–483.
- LASZLO, J. V., ESTERMAN, G., & ZABKO, S. (1999). Therapy over the Internet? Theory, research and finances. *Cyber-Psychology & Behavior*, *2*, 293–307.
- MAHEU, M. M. (2001). *Exposing the risk, yet moving forward: A behavioral e-health model*. Retrieved October 21, 2002, from <http://www.ascusc.org/jcmcl>
- MAHEU, M. M., & GORDON, B. L. (2000). Counseling and therapy on the Internet. *Professional Psychology: Research and Practice*, *31*, 484–489.
- MAHEU, M. M., WHITTEN, P., & ALLEN, A. (2001). *E-health, telehealth, and telemedicine. A guide to start-up and success*. San Francisco: Jossey-Bass.
- MAXMEN, J. S. (1978). Telecommunications in psychiatry. *American Journal of Psychotherapy*, *32*, 450–456.
- NICKELSON, D. W. (1996). Behavioral telehealth: Emerging practice, research and policy opportunities. *Behavioral Sciences and the Law*, *14*, 443–457.
- NICKELSON, D. W. (1998). Telehealth and the evolving health care system: Strategic opportunities for professional psychology. *Professional Psychology: Research and Practice*, *29*, 527–535.
- SHAPIRO, D. E., & SCHULMAN, C. E. (1996). Ethical and legal issues in e-mail therapy. *Ethics & Behavior*, *6*, 107–124.
- VANDENBOS, G. R., & WILLIAMS, S. (2000). The Internet versus the telephone: What is telehealth, anyway? *Professional Psychology: Research and Practice*, *31*, 490–492.