

MINNESOTA BOARD OF PSYCHOLOGY

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RULES OF CONDUCT

Minnesota Statutes: 148.98

Minnesota Administrative Rules: 7200.4500 – 7200.5750

148.98 RULES OF CONDUCT.

The board shall adopt rules of conduct to govern an applicant's or licensee's practices or behavior. The board shall publish the rules in the State Register and file the rules with the secretary of state at least 30 days prior to the effective date of the rules. The rules of conduct shall include, but are not limited to, the principles in paragraphs (a) to (c).

(a) Applicants or licensees shall recognize the boundaries of their competence and the limitations of their techniques and shall not offer services or use techniques that fail to meet usual and customary professional standards.

(b) An applicant or licensee who engages in practice shall assist clients in obtaining professional help for all important aspects of the client's problems that fall outside the boundaries of the applicant's or licensee's competence.

(c) Applicants or licensees shall not claim either directly or by implication professional qualifications that differ from their actual qualifications, nor shall they misrepresent their affiliations with any institution, organization, or individual, nor lead others to assume affiliations that do not exist.

7200.4500 RULES OF CONDUCT.

Subpart 1. **Scope.** The rules of conduct required by Minnesota Statutes, section 148.98, apply to the conduct of all providers, including conduct during the period of education, training, and employment that is required for licensure.

Subp. 2. **Purpose.** The rules of conduct constitute the standards by which the professional conduct of the provider is measured.

Subp. 3. **Violations.** A violation of the rules of conduct is a sufficient reason for disciplinary action, corrective action, or denial of licensure.

Subp. 4. [Repealed, 37 SR 1085]

Subp. 5. **Conflicts between rules and organizational demands.** If the organizational requirements at the provider's work setting conflict with the rules of conduct, the provider shall clarify to the employer the nature of the conflict, make known the requirement to comply with the rules of conduct, and resolve the conflict in a manner that results in compliance with the rules of conduct.

Statutory Authority: *MS s 148.90; 148.905; 148.98*

History: *17 SR 2285; 37 SR 1085*

Published Electronically: *January 31, 2013*

7200.4600 COMPETENT PROVISION OF SERVICES.

Subpart 1 **Competent practice.** Providers shall limit practice to the services that they can provide competently as defined in part 7200.0110, subpart 5.

Subp. 2. [Repealed, 37 SR 1085]

Subp. 2a. [Repealed, 37 SR 1085]

Subp. 3. [Repealed, 37 SR 1085]

Subp. 3a. **Developing new services.** While the provider is developing a new service, the provider shall obtain professional education, training, continuing education, consultation, supervision, experience, or a combination thereof necessary to ensure that the service is provided competently. If a complaint is submitted alleging a violation of this subpart, the provider has the burden of proof to demonstrate that the provider took the necessary steps to ensure the competent provision of services during the period of development.

Subp. 4. [Repealed, 37 SR 1085]

Statutory Authority: *MS s 148.90; 148.905; 148.98; 214.06*

History: *14 SR 74; 37 SR 1085*

Published Electronically: *January 31, 2013*

7200.4700 PROTECTING THE PRIVACY OF CLIENTS.

Subpart 1. **Safeguarding private information.** The provider shall safeguard the private information obtained in the course of the practice of psychology. Private information may be disclosed to others only according to part 7200.4710 and with the exceptions in subparts 2 to 13.

Subp. 2. **Limited disclosure to others without consent.** Private information may be disclosed without the consent of the client when disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by the client on the client or another individual, including the provider. In such case the private information is to be disclosed only to law enforcement agencies, the potential victim, the family of the client, or appropriate third parties in a position to prevent or avert the harm.

Subp. 3. **Services to multiple clients.** Whenever psychological services are provided to multiple clients, the provider shall initially inform each client of the provider's responsibility to treat any information gained in the course of rendering the services as private information, including any limitations to each client's right to privacy.

Subp. 3a. **Obtaining collateral information.** Prior to obtaining collateral information about a client from other individuals, the provider shall inform the other individuals that the information obtained may become part of the client's records and may be accessed or released by the client, unless prohibited by law. A provider is not required to give prior informed consent to other individuals when those individuals are credentialed health care providers acting in their professional capacities.

Subp. 4. **Minor clients.** At the beginning of a professional relationship, the provider shall inform

a minor client, to the extent that the client can understand, that the law imposes limitations on the right of privacy of the minor with respect to the minor's communications with the provider.

Subp. 5. **Limited access to client records.** The provider shall limit access to client records. The provider shall make reasonable efforts to inform, or cause to be informed, individuals associated with the provider's agency or facility, such as staff members, students, volunteers, or community aides, that access to client records shall be limited only to the provider with whom the client has a professional relationship, individuals associated with the agency or facility whose duties require access, and individuals authorized to have access by the written informed consent of the client.

Subp. 6. [Repealed, 37 SR 1085]

Subp. 7. **Case reports.** All client information used in teaching, presentations, professional meetings, or publications shall be disguised to prevent identification of the client unless the provider has obtained a signed release of information.

Subp. 8. **Observation and recording.** Diagnostic interviews or therapeutic sessions with a client may be observed or electronically recorded only with written informed consent, except as otherwise provided by law or court order.

Subp. 9. **Continued privacy of client information.** The provider shall continue to maintain the privacy of client information, including the records of a client, after the professional relationship between the provider and the client has ceased.

Subp. 10. **Court-ordered or other mandated disclosures.** The proper disclosure of private information upon a court order or to conform with state or federal law, rule, or regulation shall not be considered a violation of the Psychology Practice Act.

Subp. 11. **Abuse or neglect of minors or vulnerable adults.** In the course of professional practice, the provider shall comply with all laws concerning the reporting of abuse or neglect of minors or vulnerable adults.

Subp. 12. [Repealed, 37 SR 1085]

Subp. 13. **Communication to initiate services.** When the provider is initially contacted to establish psychological services to a potential client, the provider or another individual designated by the provider may, with oral consent from the potential client, contact third-party payers or guarantors to determine payment or benefits information or to arrange for precertification of services when required by the individual's health plan.

Statutory Authority: *MS s 148.90; 148.905; 148.98; 214.06*

History: *14 SR 74; 37 SR 1085*

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7200.4710 ACCESSING AND RELEASING PRIVATE INFORMATION.

Subpart 1. **Right to access and release private information.** A client has the right to access and consent to release of private information maintained by the provider, including client records as provided in Minnesota Statutes, sections 144.291 to 144.298, relating to the provider's psychological services to that client, except as otherwise provided by law or court order.

Subp. 2. **Release of private information.** When a client initiates a request for the release of private information, the provider shall comply with Minnesota Statutes, sections 144.291 to 144.298. However, if the provider initiates the release of private information to a third party, a written authorization for release of information must be obtained that minimally includes:

- A. the name of the client;
- B. the name of the individual or entity providing the information;
- C. the name of the individual or entity to which release is to be made;
- D. the specific information to be released;
- E. the purpose of the release, such as whether the release is to coordinate professional care with another provider, to obtain insurance payments for services, or for other specified purposes;
- F. the time period covered by the release;
- G. a statement that the release is valid for one year, except as otherwise allowed by law, or for a period that is specified in the release;
- H. a declaration that the individual signing the statement has been told of and understands the nature and purpose of the authorized release;
- I. a statement that the release may be rescinded, except to the extent that the release has already been acted upon;
- J. the signature of the client or the client's legally authorized representative, whose relationship to the client shall be stated; and
- K. the date on which the release is signed.

Subp. 3. **Multiple client records.** Whenever psychological services are provided to multiple psychotherapy clients, each client has a right to access only that part of the records that includes information provided directly by the client or authorized by the client to be part of the record, unless otherwise directed by law or court order. Upon a request by one client to access or release multiple client records, that part of the records that contains information that has not been provided directly or by authorization of the requesting client shall be redacted unless written authorization to disclose this information has been obtained from the other client. Alternatively, the provider may, at the beginning of the service, obtain written informed consent from the clients stating that each client has the right to access or authorize release of all information that is part of the record.

Subp. 4. **Board investigations.** The provider shall release to the board and its agents private information that the board and its agents consider to be germane to the investigation of all matters pending before the board that relate to its lawful regulation activities. Redacting identifying information of individuals in the record is not required when providing information to the board as part of a board investigation.

Statutory Authority: *MS s 148.905; 148.98*

History: *37 SR 1085*

Published Electronically: *January 31, 2013*

7200.4720 INFORMED CONSENT.

Subpart 1. **Obtaining informed consent for services.** The provider shall obtain informed consent for services to a client, provided informed consent is not required for initial consultation to evaluate a client's need for services. The informed consent may be oral or written, except as provided in subpart 2. The informed consent shall include:

- A. the goals, purpose, and procedures of the proposed service;
- B. a discussion of factors that may impact the duration of the service;
- C. the applicable fee schedule;
- D. the limits to the client's privacy;

- E. the significant risks and benefits of the service;
- F. information and uncertainty of benefits, if the proposed service, method, or procedure is of an experimental, emerging, or innovative nature;
- G. where applicable, advisement to the client that the provider is developing a new service; and
- H. alternatives to the service, if any.

Subp. 2. **Written informed consent.** Written informed consent shall be required for forensic services, except as otherwise provided by law or court order, or as required by part 7200.4710, subpart 3.

Subp. 3. **Modification to service.** If the nature or purpose of a service changes substantially, it is necessary to obtain informed consent again.

Subp. 4. **Emergency or crisis services.** When emergency or crisis services are provided, the provider shall not be required to obtain informed consent. If services continue after the emergency or crisis has abated, informed consent shall then be obtained.

Statutory Authority: *MS s 148.905; 148.98*

History: *37 SR 1085*

Published Electronically: *January 31, 2013*

7200.4740 TERMINATION OF SERVICES.

Subpart 1. **Right to terminate services.** Either the provider or client may terminate professional services unless prohibited by law or court order.

Subp. 2. **Mandatory termination of services.** The provider shall promptly terminate services to a client, except as otherwise provided by law or court order, whenever:

- A. the provider's objectivity or effectiveness is impaired, unless a resolution can be achieved as permitted in part 7200.4810; or
- B. the client is unlikely to benefit from continued professional services by the provider.

Subp. 3. **Notification of termination.** Whenever the provider initiates a termination of professional services, the provider shall promptly inform the client in a manner that minimizes harm. This requirement shall not apply when the termination is due to the successful completion of a predefined service such as an assessment or time-limited therapy.

Subp. 4. **Recommendation upon termination.** Upon the termination of psychological services, the provider shall:

- A. offer to make a recommendation to the client for appropriate mental health services whenever the provider believes they are needed by the client; or
- B. provide such a recommendation upon the request of the client.

Subp. 5. **Exception to required recommendation.** The requirements of subpart 4 shall not apply whenever an assessment of an individual for a third party is conducted in which a recommendation for mental health services is not part of the requested service.

Statutory Authority: *MS s 148.905; 148.98*

History: *37 SR 1085*

Published Electronically: *January 31, 2013*

7200.4750 RECORD KEEPING.

Subpart 1. **Record-keeping requirements.** Providers shall maintain accurate and legible records of their services for each client. Records shall minimally contain:

- A. client personal data;
- B. an accurate chronological listing of all client visits, fees charged to the client or a third-party payer, and payments received;
- C. documentation of services, including, where applicable:
 - (1) assessment methods, data, and reports;
 - (2) an initial treatment plan and any subsequent revisions;
 - (3) the name of the individual providing the services;
 - (4) case notes for each date of service, including any interventions;
 - (5) consultations with collateral sources;
 - (6) diagnoses or problem descriptions;
 - (7) documentation that informed consent for services was given, including written informed consent documents, where applicable;
 - (8) documentation of supervision or consultation received; and
 - (9) the name of the individual who is clinically responsible for the services provided;
- D. copies of all correspondence relating to the client; and
- E. copies of all client authorizations for release of information and any other documents pertaining to the client.

Subp. 2. **Duplicate records.** The provider need not maintain client records that duplicate those maintained by the agency, clinic, or other facility at which services are provided.

Subp. 3. **Records retention.** The provider shall retain a client's records for a minimum of eight years after the date of the provider's last professional service to the client, except as otherwise provided by law. If the client is a minor, the records retention period shall not commence until the client reaches the age of 18, except as otherwise provided by law.

Statutory Authority: *MS s 148.905; 148.98*

History: *37 SR 1085*

Published Electronically: *January 31, 2013*

7200.4800 [Repealed, 14 SR 74]

Published Electronically: *January 31, 2013*

7200.4810 IMPAIRED OBJECTIVITY OR EFFECTIVENESS.

Subpart 1. **Situations involving impaired objectivity or effectiveness.** Items A to F involve impaired objectivity or effectiveness and are prohibited as specified.

- A. The provider shall not provide psychological services to a client if doing so would create a multiple relationship. If an unforeseen multiple relationship arises after services have been initiated, the provider shall promptly terminate the professional relationship. This item shall not apply if the psychological services involve teaching or research, if such a relationship cannot reasonably be avoided.
- B. The provider shall not provide to a client psychotherapy or assessment services and concurrently either supervision or teaching. If an unforeseen situation arises in which both types of services are required or requested by the client or a third party, the provider shall decline to provide one or both of the services.
- C. The provider shall not provide concurrently to a client two or more types of psychological services in which a fundamental conflict arises between the psychological services. If the conflict cannot be resolved in the manner required in subpart 2a, the

provider shall decline to provide one or more of the services that give rise to the conflict.

D. The provider shall not provide psychotherapy services to multiple clients whose psychotherapy goals are fundamentally irreconcilable. If this situation arises after services have been initiated, the provider shall promptly terminate services to one or both clients.

E. The provider shall not provide psychological services to a client when the provider is biased for or against the client for any reason that interferes with the provider's impartial judgment, except if the provider is resolving the impairment in the manner required in subpart 2a.

F. The provider shall not provide services to a client when there is a fundamental divergence or conflict of service goals, interests, values, or attitudes between the client and the provider that adversely affects the professional relationship, except if the provider is resolving the impairment in the manner required in subpart 2a.

Subp. 2. [Repealed, 37 SR 1085]

Subp. 2a. **Resolution of impaired objectivity or effectiveness.** When an impairment occurs that is listed in subpart 1, item C, E, or F, the provider may provide services only if the provider actively pursues a resolution of the impairment and is able to do so in a manner that minimizes the potential for adverse effects on the client or potential client. If the provider attempts to resolve the impairment, it shall be by means of relevant professional education, training, study, continuing education, consultation, psychotherapy, intervention, supervision, or discussion with the client or potential client, or an appropriate combination thereof. If resolution of the impairment is not possible, the provider shall terminate services.

Subp. 3. **Termination of services due to impaired objectivity or effectiveness.** Termination of services required by subpart 2a must conform with the requirements of part 7200.4740.

Subp. 4. **Burden of proof.** If a complaint is submitted to the board alleging a violation of this part, the provider has the burden of proof to demonstrate that there was no impaired objectivity or effectiveness or that the provider was compliant with subpart 2a.

Statutory Authority: *MS s 148.90; 148.905; 148.98; 214.06*

History: *14 SR 74; 37 SR 1085*

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7200.4850 PROVIDER IMPAIRMENT.

The provider shall not offer psychological services to clients when the provider is unable to offer such services with reasonable skill and safety as a result of a physical or mental illness or condition, including, but not limited to, substance abuse or dependence.

Statutory Authority: *MS s 148.905; 148.98*

History: *37 SR 1085*

Published Electronically: *January 31, 2013*

7200.4900 [Repealed, 37 SR 1085]

Published Electronically: *January 31, 2013*

7200.4905 CLIENT WELFARE.

Subpart 1. **Bill of rights.** The provider shall display prominently on the premises of the professional practice or make available as a handout the bill of rights of clients which must include a statement that consumers of psychological services have the right:

- A. to expect that the provider has met the minimum qualifications of education, training, and experience required by state law for licensure;
- B. to examine public records maintained by the Board of Psychology that contain the credentials of the provider;
- C. to report complaints to the Board of Psychology;
- D. to be informed of the cost of professional services before receiving the services;
- E. to privacy as defined and limited by rule and law;
- F. to be free from being the object of unlawful discrimination while receiving psychological services;
- G. to have access to their records as provided in Minnesota Statutes, sections 144.291 to 144.298, except as otherwise provided by law or a prior written agreement;
- H. to be free from exploitation for the benefit or advantage of the provider;
- I. to terminate services at any time, except as otherwise provided by law or court order;
- J. to know the intended recipients of psychological assessment results;
- K. to withdraw consent to release assessment results, unless that right is prohibited by law or court order or is waived by prior written agreement;
- L. to a nontechnical description of assessment procedures; and
- M. to a nontechnical explanation and interpretation of assessment results, unless that right is prohibited by law or court order or is waived by prior written agreement. The handout must include the Board of Psychology's current mailing address, Web site address, and telephone number.

Subp. 2. **Stereotyping.** The provider shall consider the client as an individual and shall not impose on the client any stereotypes of behavior, values, or roles related to human diversity.

Subp. 3. **Misusing client relationship.** The provider shall not misuse the relationship with a client due to a relationship with another individual or entity.

Subp. 4. **Prohibiting exploitation of client.** The provider shall not exploit in any manner the professional relationship with a client for the provider's emotional, financial, sexual, or personal advantage or benefit. This prohibition is extended indefinitely to former clients who are vulnerable or dependent on the provider. If a complaint is submitted to the board alleging violation of this subpart with respect to a former client, the provider has the burden of proof to demonstrate that the former client was not vulnerable or dependent.

Subp. 5. **Sexual behavior with client.** A provider shall not engage in any sexual behavior with a client, including:

- A. sexual contact with the client; or
- B. any physical, verbal, written, interactive, or electronic communication, conduct, or act that may be reasonably interpreted to be sexually seductive, demeaning, or harassing to the client.

Subp. 6. **Sexual behavior with former client.** The prohibitions against sexual behavior with clients established in subpart 5 also apply to former clients for a period of two years following the date of the last psychological service, whether or not the provider has formally terminated the professional relationship. This prohibition is extended indefinitely for a former client who is vulnerable or dependent on the provider. If a complaint is submitted to the board alleging a violation of this subpart with respect to a former client, the provider has the burden of proof to demonstrate that the former client was not vulnerable or dependent.

Statutory Authority: *MS s 148.905; 148.98*

History: *37 SR 1085*

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7200.4910 WELFARE OF STUDENTS, SUPERVISEES, AND RESEARCH SUBJECTS.

Subpart 1. **General.** Providers who teach, evaluate, supervise, or conduct research have authority over their students, supervisees, or research subjects, and must protect the welfare of these individuals.

Subp. 2. **Protections.** To protect the welfare of students, supervisees, or research subjects, providers shall not:

A. impose any stereotypes of behavior, values, or roles related to race, ethnicity, national origin, religious affiliation, language, age, gender, physical disabilities, mental capabilities, sexual orientation or identity, or socioeconomic status;

B. exploit or misuse in any manner the professional relationship for the emotional, financial, sexual, or personal advantage or benefit of the provider or another individual or entity;

C. engage in any sexual behavior with a current supervisee, including sexual contact, as defined in part 7200.0110, subpart 28, or any physical, verbal, written, interactive, or electronic communication, conduct, or act that may be reasonably interpreted to be sexually seductive, demeaning, or harassing;

D. engage in any deceptive or fraudulent behavior;

E. disclose evaluative information except for legitimate professional or scientific purposes; or

F. engage in any other unprofessional conduct.

Statutory Authority: *MS s 148.905; 148.98*

History: *37 SR 1085*

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7200.4950 MEDICAL AND OTHER HEALTH CARE CONSIDERATIONS.

Subpart 1. **Coordinating services.** With authorization from the client, the provider shall coordinate services for the client with other health care professionals, consistent with the best interests of the client.

Subp. 2. **Medications.**

A. If competent to do so, providers may discuss prescription or nonprescription medications and their effects with a client or the client's physician or other prescribing health care provider, or in a report.

B. Providers shall make clear in medication discussions with a client or in a report or in other communications with other health care providers that the ultimate decision whether to prescribe, alter, or discontinue a medication lies solely with a physician or other prescribing health care provider.

Statutory Authority: *MS s 148.905; 148.98*

History: *37 SR 1085*

Published Electronically: *January 31, 2013*

7200.5000 [Repealed, 37 SR 1085]

Published Electronically: *January 31, 2013*

7200.5010 CONCLUSIONS AND REPORTS.

Subpart 1. **Bases for assessments.** An assessment process must be appropriate and sufficient for the purposes for which it is intended.

Subp. 2. **Bases for conclusions.** Providers shall base their conclusions on information and procedures sufficient to substantiate those conclusions.

Subp. 3. **Administration and interpretation of tests.** Providers shall use psychological tests as follows:

- A. standardized tests shall be used preferentially over nonstandardized tests;
- B. all tests shall be administered and responses shall be recorded, scored, and interpreted based on practice or scientific foundations;
- C. whether a test is used in a nonstandard manner, the limitations of the test and the reasons for its nonstandard use shall be clearly stated in the report;
- D. a test's reliability, validity, and normative data shall be taken into account in its selection, use, and interpretation; and
- E. the reliability and validity of test statements and interpretations in reports shall be the responsibility of the provider, including when automated testing services are used.

Subp. 4. **Reports.** Reports shall include:

- A. a description of all sources of information upon which the provider's conclusions are based;
- B. any reservations or qualifications concerning the validity or reliability of the opinions and conclusions formulated and recommendations made, taking into account the conditions under which the procedures were carried out, including any nonstandard use of a test, the limitations of scientific procedures and psychological descriptions, base rate and baseline considerations, and the impossibility of absolute predictions;
- C. a statement concerning any discrepancy, disagreement, or inconsistent or conflicting information regarding the circumstances of the case that may have a bearing on the provider's conclusions;
- D. a statement of the nature of and reasons for any use of a procedure that differs from the purposes, populations, or referral questions for which it has been designed or validated, or that is administered, recorded, scored, or interpreted in other than a standard and objective manner; and
- E. a statement indicating if any test interpretations or report conclusions are not based on direct contact between the provider and the client.

Statutory Authority: *MS s 148.905; 148.98*

History: *37 SR 1085*

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7200.5100 PUBLIC STATEMENTS.

Subpart 1. **Prohibition against false or misleading information.** Public statements by providers shall not include false or misleading information. False or misleading information means any public statement that contains a material misrepresentation or omission of fact. The provider shall make reasonable efforts to ensure that public statements by others on behalf of the provider are truthful and shall make reasonable remedial efforts to bring a public statement into compliance with this part when the provider becomes aware of a violation.

Subp. 2. **Misrepresentation.** The provider shall not misrepresent directly or by implication professional qualifications including education, training, experience, competence, credentials, certification by a specialty board, or areas of specialization. The provider shall not misrepresent, directly or by implication, professional affiliations or the purposes and characteristics of institutions and organizations with which the provider is professionally associated.

Subp. 3. **Limit on use of degree.** An applicant for licensure or a provider licensed by virtue of a master's degree who has a doctorate from an institution that is not accredited by a regional accrediting association or whose doctoral major does not meet the education requirements for licensure shall not use the term "Doctor," "Ph.D.," "Psy.D.," or "Ed.D." with the provider's name in any situation or circumstance involving the practice of psychology.

Subp. 4. **Testimonials.** Providers shall not solicit or use testimonials by quotation or implication from current clients or from former clients who are vulnerable to undue influence.

Subp. 5. **Use of specialty board designations.** Providers may represent themselves as having an area of specialization from a specialty board, such as a designation as diplomate or fellow, if the specialty board used at minimum the following criteria to award the designation and the provider minimally meets the following four criteria:

- A. specified educational requirements defined by the specialty board;
- B. specified experience requirements defined by the specialty board;
- C. a work product evaluated by other specialty board members; and
- D. an in-person examination by a committee of specialty board members or a comprehensive written examination in the area of specialization.

Statutory Authority: *MS s 148.90; 148.905; 148.98; 214.06*

History: *14 SR 74; 17 SR 2285; 37 SR 1085*

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7200.5200 FEES AND STATEMENTS.

Subpart 1. **Disclosure of fees.** The provider shall disclose the fees for professional services to a client before providing the services.

Subp. 2. **Itemized fee statement.** Upon request, the provider shall itemize fees for all services for which the client or a third party is billed. The statement shall identify minimally the date on which the service was provided, the nature of the service, and the name of the individual providing the service.

Subp. 3. **Representation of billed services.** The provider shall not directly or by implication misrepresent to the client or to a third party billed for services the nature of the services or the extent to which the provider has provided the services.

Subp. 4. **Claiming fees.** The provider shall not claim a fee for psychological services unless the provider is either the direct provider of the services or the individual who is clinically responsible for the provision of the services.

Subp. 5. [Repealed, 37 SR 1085]

Subp. 6. [Repealed, 14 SR 74]

Statutory Authority: *MS s 148.90; 148.905; 148.98; 214.06*

History: *14 SR 74; 37 SR 1085*

Published Electronically: *January 31, 2013*

7200.5300 AIDING AND ABETTING UNLICENSED PRACTICE.

The provider shall not aid or abet:

A. an unlicensed individual engaging in the practice of psychology; or

B. an applicant or student in engaging in the independent practice of psychology. However, a licensed psychologist who supervises an individual preparing for licensure by the board is not in violation of this part if the supervision is conducted according to the Psychology Practice Act. Properly qualified individuals who administer and score psychological instruments under the direction of a licensee who maintains responsibility for the service are not considered to be in violation of this part. The licensee assumes responsibility for adequate training, experience, and oversight to ensure proper qualifications to administer and score the instruments.

Statutory Authority: *MS s 148.90; 148.905; 148.98; 214.06*

History: *14 SR 74; 17 SR 2285; 37 SR 1085*

Published Electronically: *January 31, 2013*

7200.5400 [Repealed, 37 SR 1085]

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7200.5500 VIOLATION OF LAW.

The provider shall not violate any law in which the facts giving rise to the violation involve the practice of psychology as defined in the Psychology Practice Act.

In any board proceeding alleging a violation of this rule the proof of a conviction of a crime shall constitute proof of the underlying factual elements necessarily underlying that conviction.

Statutory Authority: *MS s 148.90; 148.905; 148.98*

History: *37 SR 1085*

Published Electronically: *January 31, 2013*

7200.5600 DECEPTION OR FRAUD.

The provider shall not engage in any conduct likely to deceive or defraud the public or the board.

Statutory Authority: *MS s 148.90; 148.905; 148.98; 214.06*

History: *14 SR 74; 37 SR 1085*

Published Electronically: *January 31, 2013*

7200.5700 UNPROFESSIONAL CONDUCT.

The provider shall not engage in any unprofessional conduct.

Statutory Authority: *MS s 148.90; 148.905; 148.98; 214.06*

History: *14 SR 74; 37 SR 1085*

Published Electronically: *January 31, 2013*

7200.5750 COMPLAINTS TO BOARD.

Subpart 1. **Mandatory reporting requirements.** The provider shall file a complaint with the board when the provider has reason to believe that another provider:

A. is unable to practice with reasonable skill and safety as a result of a physical or mental illness or condition, including but not limited to substance abuse or dependence, except that this mandated reporting requirement is deemed fulfilled by a report made to the health professionals services program (HPSP) under Minnesota Statutes, section 214.33, subdivision 1;

B. is engaging in or has engaged in sexual behavior with a client or former client in violation of part 7200.4905, subpart 5, unless the information is obtained in the course of treating the other provider for the sexual behavior;

C. has failed to report abuse or neglect of minors or vulnerable adults in violation of part 7200.4700, subpart 11; or

D. has employed fraud or deception in obtaining or renewing a psychology license.

Subp. 2. **Communicating complaints to board.** A provider who knows or has reason to believe that the conduct of another provider is in violation of the Psychology Practice Act other than conduct listed in subpart 1 may file a complaint with the board.

Subp. 3. **Right to file complaint.** A provider shall not attempt to induce a client or another individual, either by request or other means, to waive the right to file a complaint with the board.

Statutory Authority: *MS s 148.905; 148.98*

History: *37 SR 1085*

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