

State of Alaska  
Board of Professional  
Counselors

September 13-14, 2018

Board Packet  
Public Copy

550 West 7th Ave., Suite 106  
Anchorage, AK



# 1. Roll Call

**BOARD OF PROFESSIONAL COUNSELORS**

**Board Membership Roster**

Board Member

Term

**Debra Hamilton**  
**Professional Counselor**  
Soldotna, AK 99669

March 1, 2021

**Alice Baum**  
**Professional Counselor**  
Anchorage, Alaska

March 1, 2022

**Janece Richard**  
**Professional Counselor**  
Anchorage, Alaska

March 1, 2022

**Kyle Cardwell**  
**Professional Counselor**  
Anchorage, Alaska

March 1, 2021

**Eleanor Vinson**  
**Public Member**  
Juneau, Alaska

March 1, 2020

## 2. Review Agenda

STATE OF ALASKA  
BOARD OF PROFESSIONAL COUNSELORS

SEPTEMBER 13-14, 2018  
550 WEST 7<sup>TH</sup> AVE., ACC 106  
ANCHORAGE, AK

GCI Conference Line: 1-800-315-6338  
Access Code: 52538

**Thursday, September 13, 2018**

	<u>TIME</u>	<u>TOPIC</u>	<u>LEAD PERSON</u>
1.	9:30 a.m.	Call to Order & Roll Call	Chair
2.	9:35 a.m.	Review & Approve Agenda	Chair
3.	9:40 a.m.	Ethics Report	Chair
4.	9:45 am	Review & Approve Minutes <ul style="list-style-type: none"><li>July 2018 Teleconference</li></ul>	Chair
5.	10:00 a.m.	Public Comment (Regular Board Business)	Chair
6.	10:30 a.m.	Investigative Report	A. Roark
7.	11:00 a.m.	Division Update	Dir. McCullough (or) S. Chambers
8.	11:30 a.m.	Public Comment/Testimony Regulation Project: Technology-Assisted Distance Professional Services, 12 AAC 62.400-430	Chair
9.	12:30 pm	Lunch break	
10.	1:30 p.m.	Regulation Task Force For Supervision Requirements (D. Hamilton & K. Cardwell)	Chair
11.	2:00 p.m.	Application Review	Chair
12.	4:30 p.m.	Recess until 9:00 a.m. April 20, 2018. (later if necessary)	

STATE OF ALASKA  
BOARD OF PROFESSIONAL COUNSELORS

SEPTEMBER 13-14, 2018  
550 WEST 7<sup>TH</sup> AVE., ACC 106  
ANCHORAGE, AK

GCI Conference Line: 1-800-315-6338  
Access Code: 52538

**13. Friday, September 14, 2018**

	<u>TIME</u>	<u>TOPIC</u>	<u>LEAD PERSON</u>
14.	9:00 a.m.	Call to Order/Roll Call	Chair
15.	9:05 a.m.	Correspondence <ul style="list-style-type: none"><li>• Ethics Email</li></ul>	Chair
16.	9:30 a.m.	Old Business <ul style="list-style-type: none"><li>• (Tentative) Code of Ethics Discussion w/ AMHCA Representative</li><li>• Ethics Regulation Discussion; Research on NBCC, AMHCA, ACA (K. Cardwell)</li><li>• Telemedicine Business Registry</li></ul>	Chair
17.	10:30 a.m.	New Business	Chair
18.	11:30 a.m.	Board Admin. Business <ul style="list-style-type: none"><li>• Schedule Upcoming Meetings</li><li>• Sign Certificates &amp; Final Minutes (April 2018 &amp; July 2018)</li><li>• Task List</li></ul>	Chair
19.	12:00-1:00 p.m.	Lunch Break	
20.	3:00 p.m.	Adjourn (later if necessary)	

# 3. Ethics Report



State of Alaska  
DEPARTMENT OF LAW

# ETHICS ACT PROCEDURES FOR BOARDS & COMMISSIONS

All board and commission members and staff should be familiar with the Executive Branch Ethics Act procedures outlined below.

## Who Is My Designated Ethics Supervisor (DES)?

Every board or commission subject to the Ethics Act<sup>1</sup> has several ethics supervisors designated by statute.

- The chair serves as DES for board or commission members.
- The chair serves as DES for the executive director.
- The executive director serves as DES for the staff.
- The governor is the DES for a chair.<sup>2</sup>

## What Do I Have To Disclose?

The Ethics Act requires members of boards and commissions to disclose:

- Any matter that is a potential conflict of interest with actions that the member may take when serving on the board or commission.
- Any circumstance that may result in a violation of the Ethics Act.
- Any personal or financial interest (or that of an immediate family member) in a state grant, contract, lease or loan that is awarded or administered by the member's board or commission.
- The receipt of certain gifts.

The executive director of the board or commission and its staff, as state employees, must also disclose:

- Compensated outside employment or services.
- Volunteer service, if any compensation, including travel and meals, is paid or there is a potential conflict with state duties.

- For more information regarding the types of matters that may result in violations of the Ethics Act, board or commission members should refer to the guide, *“Ethics Information for Members of Boards and Commissions.”* The executive director and staff should refer to the guide, *Ethics Information for Public Employees.* Both guides and disclosure forms may be found on the [Department of Law’s ethics website](#).

## How Do I Avoid Violations of the Ethics Act?

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- Make timely disclosures!
- Follow required procedures!
- Provide all information necessary to a correct evaluation of the matter!<sup>3</sup>
- When in doubt, disclose and seek advice!
- Follow the advice of your DES!

## What Are The Disclosure Procedures for Board and Commission Members?

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The procedural requirements for disclosures by members are set out in AS 39.52.220 and 9 AAC 52.120. One goal of these provisions is to help members avoid violations of the Ethics Act. The procedures provide the opportunity for members to seek review of matters in advance of taking action to ensure that actions taken will be consistent with the Act.

### Procedure for declaring actual or potential conflicts.

Members must declare potential conflicts and other matters that may violate the Ethics Act **on the public record and in writing to the chair**.

*Disclosure on the public record.* Members must identify actual and potential conflicts orally at the board or commission’s public meeting **in advance** of participating in deliberations or taking any official action on the matter.

- A member must always declare a conflict and may choose to refrain from voting, deliberations or other participation regarding a matter.<sup>4</sup>
- If a member is uncertain whether participation would result in a violation of the Act, the member should disclose the circumstances and seek a determination from the chair.

*Disclosure in writing at a public meeting.* In addition to an oral disclosure at a board or commission meeting, members’ disclosures must be made in writing.

- If the meeting is recorded, a tape or transcript of the meeting is preserved **and** there is a method for identifying the declaration in the record, an oral disclosure may serve as the written disclosure.
- Alternatively, the member must note the disclosure on the Notice of Potential Violation disclosure form and the chair must record the determination.

*Confidential disclosure in advance of public meeting.* Potential conflicts may be partially addressed in advance of a board or commission's public meeting based on the published meeting agenda or other board or commission activity.

- A member identifying a conflict or potential conflict submits a Notice of Potential Violation to the chair, as DES, in advance of the public meeting.
- This written disclosure is considered confidential.
- The chair may seek advice from the Attorney General.
- The chair makes a written determination, also confidential, whether the disclosed matter represents a conflict that will result in a violation of the Ethics Act if the member participates in official action addressing the matter.<sup>5</sup>
- If so, the chair directs the member to refrain from participating in the matter that is the subject of the disclosure.
- An oral report of the notice of potential violation and the determination that the member must refrain from participating is put on the record at a public meeting.<sup>6</sup>

*Determinations at the public meeting.* When a potential conflict is declared by a member for the public record, the following procedure must be followed:

- The chair states his or her determination regarding whether the member may participate.
- Any member may then object to the chair's determination.
- If an objection is made, the members present, excluding the member who made the disclosure, vote on the matter.
- *Exception:* A chair's determination that is made consistent with advice provided by the Attorney General may not be overruled.
- If the chair, or the members by majority vote, determines that a violation will exist if the disclosing member continues to participate, the member must refrain from voting, deliberating or participating in the matter.<sup>7</sup>

*If the chair identifies a potential conflict,* the same procedures are followed. If possible, the chair should forward a confidential written notice of potential violation to the Office of the Governor for a determination in advance of the board or commission meeting. If the declaration is first

made at the public meeting during which the matter will be addressed, the members present, except for the chair, vote on the matter. If a majority determines that a violation of the Ethics Act will occur if the chair continues to participate, the chair shall refrain from voting, deliberating or participating in the matter. A written disclosure or copy of the public record regarding the oral disclosure should be forwarded to the Office of the Governor for review by the chair's DES.

## Procedures for Other Member Disclosures

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A member's interest in a state grant, contract, lease or loan and receipt of gifts are disclosed by filling out the appropriate disclosure form and submitting the form to the chair for approval. The disclosure forms are found on the [Department of Law's ethics website](#).

## What Are The Disclosure Procedures for Executive Directors and Staff?

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Ethics disclosures of the executive director or staff are made in writing to the appropriate DES (chair for the executive director and the executive director for staff).

- Disclosure forms are found on the ethics website, noted above.

*Notices of Potential Violations.* Following receipt of a written notice of potential violation, the DES investigates, if necessary, and makes a written determination whether a violation of the Ethics Act could exist or will occur. A DES may seek advice from the Attorney General. If feasible, the DES shall reassign duties to cure a potential violation or direct divestiture or removal by the employee of the personal or financial interests giving rise to the potential violation.

- These disclosures are not required to be made part of the public record.
- A copy of a determination is provided to the employee.
- Both the notice and determination are confidential.

*Other Disclosures.* The DES also reviews other ethics disclosures and either approves them or determines what action must be taken to avoid a violation of the Act. In addition to the disclosures of certain gifts and interests in the listed state matters, state employees must disclose all outside employment or services for compensation.

- The DES must provide a copy of an approved disclosure or other determination the employee.

## How Are Third Party Reports of Potential Violations or Complaints Handled?

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Any person may report a potential violation of the Ethics Act by a board or commission member or its staff to the appropriate DES or file a complaint alleging actual violations with the Attorney General.

- Notices of potential violations and complaints must be submitted in **writing** and **under oath**.
- Notices of potential violations are investigated by the appropriate DES who makes a written determination whether a violation may exist.<sup>8</sup>
- Complaints are addressed by the Attorney General under separate procedures outlined in the Ethics Act.
- **These matters are confidential**, unless the subject waives confidentiality or the matter results in a public accusation.

## What Are The Procedures for Quarterly Reports?

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Designated ethics supervisors must submit copies of notices of potential violations received and the corresponding determinations to the Attorney General for review by the state ethics attorney as part of the quarterly report required by the Ethics Act.

- Reports are due in April, July, October and January for the preceding quarter.
- A sample report may be found on the Department of Law's ethics website.
- An executive director may file a quarterly report on behalf of the chair and combine it with his or her own report.
- If a board or commission does not meet during a quarter and there is no other reportable activity, the DES advises the Department of Law Ethics Attorney by e-mail at [ethicsreporting@alaska.gov](mailto:ethicsreporting@alaska.gov) and no other report is required.

If the state ethics attorney disagrees with a reported determination, the attorney will advise the DES of that finding. If the ethics attorney finds that there was a violation, the member who committed the violation is not liable if he or she fully disclosed all relevant facts reasonably necessary to the ethics supervisor's or commission's determination and acted consistent with the determination.

## How Does A DES or Board or Commission Get Ethics Advice?

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A DES or board or commission may make a **written request** to the Attorney General for an opinion regarding the application of the Ethics Act. In practice, the Attorney General, through the state ethics attorney, also provides **advice by phone or e-mail** to designated ethics supervisors, especially when time constraints prevent the preparation of timely written opinions.

- A request for advice and the advisory opinion are confidential.
- The ethics attorney endeavors to provide prompt assistance, although that may not always be possible.
- The DES must make his or her determination addressing the potential violation based on the opinion provided.

It is the obligation of each board or commission member, as well as the staff, to ensure that the public's business is conducted in a manner that is consistent with the standards set out in the Ethics Act. We hope this summary assists you in ensuring that your obligations are met.

<sup>1</sup> The Act covers a board, commission, authority, or board of directors of a public or quasi-public corporation, established by statute in the executive branch of state government.

<sup>2</sup> The governor has delegated the DES responsibility to Guy Bell, Administrative Director of the Office of the Governor.

<sup>3</sup> You may supplement the disclosure form with other written explanation as necessary. Your signature on a disclosure certifies that, to the best of your knowledge, the statements made are true, correct and complete. False statements are punishable.

<sup>4</sup> In most, but not all, situations, refraining from participation ensures that a violation of the Ethics Act does not occur. Abstention does not cure a conflict with respect to a significant direct personal or financial interest in a state grant, contract, lease or loan because the Ethics Act prohibition applies whether or not the public officer actually takes official action.

<sup>5</sup> The chair must give a copy of the written determination to the disclosing member. There is a determination form available on the Department of Law's ethics web page. The ethics supervisor may also write a separate memorandum.

<sup>6</sup> In this manner, a member's detailed personal and financial information may be protected from public disclosure.

<sup>7</sup> When a matter of particular sensitivity is raised and the ramifications of continuing without an advisory opinion from the Attorney General may affect the validity of the board or commission's action, the members should consider tabling the matter so that an opinion may be obtained.

<sup>8</sup> The DES provides a copy of the notice to the employee who is the subject of the notice and may seek input from the employee, his or her supervisor and others. The DES may seek advice from the Attorney General. A copy of the DES' written determination is provided to the subject employee and the complaining party. The DES submits a copy of both the notice and the determination to the Attorney General for review as part of the DES' quarterly report. If feasible,

the DES shall reassign duties to cure a potential violation or direct divestiture or removal by the employee of the personal or financial interests giving rise to the potential violation.

6/14

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The Attorney General and Department of Law staff may not provide legal advice to private citizens or organizations. Please contact an attorney if you need legal advice. The [Alaska Lawyer Referral Service](#) or your local bar association may be able to assist you in locating a lawyer.

Alaska Department of Law

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## Ethics Disclosure Form

<p style="text-align: center;"><b>CONFIDENTIAL</b> <b>REQUEST FOR ETHICS DETERMINATION</b></p>
--

TO: \_\_\_\_\_, Designated Ethics Supervisor

\_\_\_\_\_  
*(Identify Your Department, Agency, Public Corporation, Board, Commission)*

I request advice regarding the application of the Executive Branch Ethics Act (AS 39.52.010 - .960) to my situation. The situation involves the following:

I have provided additional information in the attached document(s).

I believe the following provisions of the Ethics Act may apply to my situation:

- AS 39.52.120, Misuse of Official Position
- AS 39.52.130, Improper Gifts
- AS 39.52.140, Improper Use or Disclosure of Information
- AS 39.52.150, Improper Influence in State Grants, Contracts, Leases or Loans
- AS 39.52.160, Improper Representation
- AS 39.52.170, Outside Employment Restricted
- AS 39.52.180, Restrictions on Employment after Leaving State Service
- AS 39.52.190, Aiding a Violation Prohibited

**I understand that I should refrain from taking any official action relating to this matter until I receive your advice.** If the circumstances I described above may result in a violation of AS 39.52.110 - .190, I intend that this request serve as my disclosure of the matter in accordance with AS 39.52.210 or AS 39.52.220.

I certify to the best of my knowledge that my statement is true, correct, and complete. In addition to any other penalty or punishment that may apply, the submission of a false statement is punishable under AS 11.56.200 - AS 11.56.240.

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Printed Name)*

\_\_\_\_\_  
*(Division, Board, Commission)*

\_\_\_\_\_  
*(Position Title)*

\_\_\_\_\_  
*(Location)*

*Designated Ethics Supervisor: Provide a copy of your written determination to the employee advising whether action is necessary under AS 39.52.210 or AS 39.52.220, and send a copy of the determination and disclosure to the attorney general with your quarterly report.*



## Ethics Disclosure Form

### Receipt of Gift

TO: \_\_\_\_\_, Designated Ethics Supervisor, \_\_\_\_\_  
(Agency, Public Corporation, Board,  
Commission or Council)

This disclosure reports receipt of a gift with value in excess of \$150.00 by me or my immediate family member, as required by AS 39.52.130(b) or (f).

1. Is the gift connected to my position as a state officer, employee or member of a state board or commission?

Yes  No

2. Can I take or withhold official action that may affect the person or entity that gave me the gift?

Yes  No

*(If you answer "No" to both questions, you do not need to report this gift. If the answer to either question is "Yes," or if you are not sure, you must complete this form and provide it to your designated ethics supervisor.)*

The gift is \_\_\_\_\_

Identify gift giver by full name, title, and organization or relationship, if any:

Describe event or occasion when gift was received or other circumstance explaining the reason for the gift:

My estimate of its value is \$ \_\_\_\_\_ The date of receipt was \_\_\_\_\_

The gift was received by a member of my family. Who? \_\_\_\_\_

*If you checked "Yes" to question 2 above, explain the official action you may take that affects the giver (attach additional page, if necessary):*

I certify to the best of my knowledge that my statement is true, correct, and complete. In addition to any other penalty or punishment that may apply, the submission of a false statement is punishable under AS 11.56.200 - AS 11.56.240.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Division)

\_\_\_\_\_  
(Position Title)

\_\_\_\_\_  
(Location)

Ethics Supervisor Determination:  Approve  Disapproved

\_\_\_\_\_  
Designated Ethics Supervisor\*

\_\_\_\_\_  
(Date)

*\*Designated Ethics Supervisor: Provide a copy of the approval or disapproval to the employee. If action is necessary under AS 39.52.210 or AS 39.52.220, attach a determination stating the reasons and send a copy of the determination and disclosure to the attorney general with your quarterly report.*

## 4. Review/Approve Meeting Minutes

Board Meeting Minutes July 2018

1 STATE OF ALASKA  
2 DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT  
3 DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING  
4

5 BOARD OF PROFESSIONAL COUNSELORS  
6 MINUTES OF TELECONFERENCE MEETING  
7 JULY 13, 2018  
8

9 By the authority of AS. 08.01.070(2), and in compliance with the provisions of AS  
10 44.64, Article 6, a scheduled teleconference meeting was held at 333 Willoughby  
11 Avenue, 9<sup>th</sup> Floor, Conference room C, Juneau, AK 99811 with board members via  
12 telephone.  
13

14 Friday, July 13, 2018  
15

16 Agenda Item 1 - Call to order and Roll call

17 Board Chair Debra Hamilton called the meeting to order at 9:00 am.  
18

19 Those present, constituting a quorum of the Board:  
20 Debra Hamilton, Chair, Licensed Professional Counselor  
21 S. Kyle Cardwell, Licensed Professional Counselor  
22 Janece Richard, Licensed Professional Counselor  
23 Eleanor Vinson, Public Member  
24

25 Excused: Alice Baum, Licensed Professional Counselor  
26

27 In attendance from the Department of Commerce, Community and Economic  
28 Development, Division of Corporations, Business and Professional Licensing were:  
29

30 Rissa Teske, Licensing Examiner  
31 Renee Hoffard, Records and Licensing Supervisor  
32

33 Members of the public in attendance: None  
34

35 Agenda Item 2 - Review & Approve Agenda

36 The board briefly discussed the agenda for today's meeting. It was decided that the  
37 ethics comparison between AMCHA, ACA, and NBCC will be discussed at the meeting  
38 in September. It was also decided that the continuation of the discussion about the  
39 Telemedicine Business Registry will also be deferred to the meeting in September.  
40

41 UPON A MOTION MADE BY ELEANOR VINSON; SECONDED BY KYLE CARDWELL  
42 AND APPROVED UNANIMOUSLY, IT WAS RESOLVED TO APPROVE THE AGENDA AS  
43 WRITTEN.  
44

45 Agenda Item 3 - Ethics Report

46 Chair Hamilton asks if anyone has any conflicts of interest to disclose, none heard.  
47

48 Agenda Item 4 - Review & Approve Meeting Minutes

49 The board reviewed draft minutes of the April 19-20, 2018 board meeting.  
50

51 UPON A MOTION MADE BY ELEANOR VINSON; SECONDED BY KYLE CARDWELL  
52 AND APPROVED UNANIMOUSLY, IT WAS RESOLVED TO APPROVE THE APRIL 2018  
53 BOARD MEETING MINUTES AS WRITTEN.

54  
55 Agenda Item 5 - New Business  
56 The Board discusses attendees to upcoming conferences. Board members Vinson and  
57 Cardwell express interest in attending the National Board for Certified Counselors  
58 (NBCC) conference. Board member Cardwell states that he has family in North  
59 Carolina, where it is thought the meeting will take place, and he would be able to  
60 reduce cost as he could stay with family during the conference. Board Chair Hamilton  
61 says that she can no longer attend conferences in the month of January due to a new  
62 yearly commitment that occurs that same month. The Board decides that they would  
63 like to send the licensing examiner to both the CLEAR (Council on Licensure,  
64 Enforcement & Regulation) conference and AASCB (American Association of State  
65 Counseling Boards) conference. The board decided the order of priority for the  
66 conferences is as follows: AASCB, CLEAR, FARB, and ACA. They decide to look into  
67 AMHCA (American Mental Health Counselors Association) conferences for next year  
68 and ask Licensing Examiner Teske to reach out to NBCC to find out when and where  
69 the August 2019 meeting will be.

70  
71 Agenda Item 6 - Old Business  
72 A- Regulation Task Force  
73 The board discusses the approved supervision regulations and statutes. Board  
74 Chair Hamilton and Vice Chair Cardwell volunteer to be on the Regulations Task Force  
75 to look into regulation/statute changes for the approved supervision requirements.

76  
77 UPON A MOTION MADE BY ELEANOR VINSON; SECONDED BY JANECE RICHARD  
78 AND APPROVED UNANIMOUSLY, IT WAS RESOLVED TO APPROVE A TASK FORCE  
79 TO GATHER INFORMATION ON REGULATIONS AND STATUES AMONGST OTHER  
80 STATES REGARDING APPROVED SUPERVISOR REQUIREMENTS AND ASSIGNING TO  
81 THAT TASK FORCE DEBRA HAMILTON AND KYLE CARDWELL.

82  
83 B -Regulations Changes, 12 AAC 62.400-430

84  
85 UPON A MOTION MADE BY ELEANOR VINSON; SECONDED BY KLYE CARDWELL  
86 AND APPROVED UNANIMOUSLY, IT WAS RESOLVED TO SEND THE REGULATION  
87 FOR TECHNOLOGY ASSISTED DISTANCE PROFESSIONAL SERVICES OUT FOR  
88 PUBLIC COMMENT AND REVIEW AS PRESENTED BEFORE THEM.

89  
90 UPON A MOTION MADE BY KYLE CARDWELL; SECONDED BY ELEANOR VINSON  
91 AND APPROVED UNANIMOUSLY, IT WAS RESOLVED TO AMEND THE PREVIOUS  
92 MOTION TO INCLUDE ORAL AND WRITTEN PUBLIC COMMENT.

93  
94 The Board asked licensing examiner to find the answer to: For tribal and federal  
95 organizations, if they have a practitioner located in another state providing someone  
96 who is physically in a tribal or federal building in Alaska, do the telehealth laws apply?

97  
98 Break at 9:56 am  
99 Return at 10:14 am

100

101 Board member Vinson states that she found information that might help answer the  
102 question about tribal and federal organization and the TBR, and she let the licensing  
103 examiner know that the Pharmacy Board has regulations about it and the Social Worker  
104 regulations may also have information.

105

106 **Agenda Item 7 - Application Review**

107

108 **UPON A MOTION MADE BY ELEANOR VINSON; SECONDED BY KYLE CARDWELL**  
109 **AND APPROVED UNANIMOUSLY, IT WAS RESOLVED TO ENTER INTO EXECUTIVE**  
110 **SESSION IN ACCORDANCE WITH AS 44.62.310(C), AND ALASKA CONSTITUTIONAL**  
111 **RIGHT TO PRIVACY PROVISIONS FOR THE PURPOSE OF DISCUSSING SUBJECTS**  
112 **THAT TEND TO PREJUDICE THE REPUTATION AND CHARACTER OF ANY PERSON,**  
113 **PROVIDED THE PERSON MAY REQUEST A PUBLIC DISCUSSION. BOARD STAFF**  
114 **TESKE TO REMAIN IN THE ROOM.**

115

116 Off record at 10:23 am

117 Return at 11:53 am

118

119 **UPON A MOTION MADE BY ELEANOR VINSON; SECONDED BY KYLE CARDWELL**  
120 **AND APPROVED BY DEBRA HAMILTON, JANECE RICHARD, AND ELEANOR VINSON,**  
121 **IT WAS RESOLVED TO TABLE THE APPLICATION IN CASE NUMBER 2018-000539**  
122 **PENDING MORE INFORMATION FROM INVESTIGATIVE STAFF TO BE RECIEIVED NO**  
123 **LATER THAN OCTOBER 1, 2018.**

124

125 The board will take the time to vote on the remaining applications on the division  
126 software which will remain open for voting until Monday morning.

127

128 **UPON A MOTION MADE BY ELEANOR VINSON; SECONDED BY KYLE CARDWELL**  
129 **AND APPROVED UNANIMOUSLY, IT WAS RESOLVED TO ADJOURN THE MEETING.**

130

131 Meeting adjourned at 11:59 am.

132 Off record at 11:59 am.

133

Respectfully Submitted:

134

135

136

137

-----  
Rissa Teske, Licensing Examiner

138

139

Approved:

140

141

142

143

-----  
Debra Hamilton, Board Chair,

144

145

146

-----  
Date

147

## 5. Public Comment (Regular Board Business)

## 6. Investigative Report



**MEMORANDUM**

DATE: August 31, 2018  
 TO: Alaska Board of Professional Counselors  
 THRU: Sonia Lipker, Senior Investigator *SL*  
 FROM: Autumn Roark, Investigator *AR*  
 RE: Investigative Report for the September 13, 2018, Meeting

The following information was compiled as an investigative report to the Board for the period of May 23, 2018, through August 31, 2018. This report includes all investigations, complaints, and intake matters handled since the last report. The Division **opened four (4) matters and closed two (2) matters. Eight (8) matters** remains on going and/or under active investigation.

Matters opened by the Paralegal in Juneau, regarding continuing education audits and license action resulting from those matters are not covered in this report.

<u>CASE #</u>	<u>OPENED</u>	<u>VIOLATION TYPE</u>
2017-000683	06/28/17	Violating professional ethics
2017-001134	11/01/17	Fraud or misrepresentation
2018-000015	01/03/18	Unprofessional Conduct
2018-000657	06/21/18	Unethical Conduct
2018-000539	05/31/18	Unlicensed practice or activity
2018-000856	06/07/18	Fraud or Misrepresentation
2018-000897	06/21/18	Unethical Conduct
2018-000986	08/27/18	Violating professional ethics

**OPEN: TOTAL = 8**

<u>CASE #</u>	<u>VIOLATION TYPE</u>	<u>CLOSED</u>	<u>CLOSURE</u>
2018-000655	Unprofessional conduct	07/12/18	Incomplete Complaint
2018-000792	Violating professional ethics	08/14/18	Incomplete Complaint

**CLOSED: TOTAL = 2**



**The following licensees have completed probation.**

<b><u>NAME</u></b>	<b><u>START OF PROBATION</u></b>	<b><u>END OF PROBATION</u></b>
Lynne Kelsey	07/01/2016	07/01/2018

***END OF REPORT***

## 7. Division Update

Board of Professional Counselors  
Schedule of Revenues and Expenditures

	FY 12		FY 13		FY 14		FY 15		FY16		FY17		FY18 1st - 3rd Qtr	
Licensing Revenue	\$	142,890	\$	17,685	\$	231,595	\$	41,641	\$	402,810	\$	84,985	\$	327,380
Allowable Third Party Reimbursement		-		-		2,608		-		182		-	\$	-
Total Revenue		142,890		17,685		234,203		41,641		402,992		84,985		327,380
Direct Expenditures														
Personal Services		62,520		58,266		62,610		69,553		57,670		45,704		46,696
Travel		10,981		15,305		16,324		26,311		13,354		12,659		10,033
Contractual		6,534		4,790		10,648		12,740		26,720		6,154		2,799
Supplies		243		400		66		149		199		124		39
Equipment		-		-		-		-		-		-		-
Total Direct Expenditures		80,278		78,761		89,648		108,753		97,943		64,641		59,567
Indirect Expenditures*		32,228		35,447		40,982		51,150		40,499		38,897		29,173
Total Expenses		112,506		114,208		130,630		159,903		138,442		103,538		88,740
Annual Surplus (Deficit)		30,384		(96,523)		103,573		(118,262)		264,550		(18,553)		238,640
Beginning Cumulative Surplus (Deficit)		(88,616)		(58,232)		(154,755)		(51,182)		(169,444)		95,106		76,553
Ending Cumulative Surplus (Deficit)	\$	(58,232)	\$	(154,755)	\$	(51,182)	\$	(169,444)	\$	95,106	\$	76,553	\$	315,193

\*\* For the first three quarters, indirect costs are based on the prior fiscal year's total indirect amount on a percent of year completed basis.

Appropriation (All)  
 Sub Unit (All)  
 Activity Code PCO1

Sum of Expenditures	Object Name	Object Type Code			Grand Total
		1000 - Personal Services	2000 - Travel	3000 - Services	
1011	Regular Compensation	21,634.92			21,634.92
1023	Leave Taken	2,101.89			2,101.89
1028	Alaska Supplemental Benefit	1,432.35			1,432.35
1029	Public Employee's Retirement System Defined Benefits	1,061.51			1,061.51
1030	Public Employee's Retirement System Defined Contribution	952.46			952.46
1034	Public Employee's Retirement System Defined Cont Health Reim	737.45			737.45
1035	Public Employee's Retirement Sys Defined Cont Retiree Medical	190.06			190.06
1037	Public Employee's Retirement Sys Defined Benefit Unfrd Liab	2,180.43			2,180.43
1039	Unemployment Insurance	77.44			77.44
1040	Group Health Insurance	8,393.99			8,393.99
1041	Basic Life and Travel	10.44			10.44
1042	Worker's Compensation Insurance	225.89			225.89
1047	Leave Cash In Employer Charge	556.14			556.14
1048	Terminal Leave Employer Charge	301.84			301.84
1053	Medicare Tax	353.94			353.94
1062	GGU Business Leave Bank Contributions	64.43			64.43
1069	SU Business Leave Bank Contributions	54.76			54.76
1077	ASEA Legal Trust	30.41			30.41
1079	ASEA Injury Leave Usage	0.54			0.54
1080	SU Legal Trst	27.19			27.19
1970	Personal Services Transfer	6,307.56			6,307.56
2000	In-State Employee Airfare		1,696.77		1,696.77
2001	In-State Employee Surface Transportation		238.50		238.50
2002	In-State Employee Lodging		1,187.52		1,187.52
2003	In-State Employee Meals and Incidentals		840.00		840.00
2005	In-State Non-Employee Airfare		309.00		309.00
2007	In-State Non-Employee Lodging		420.00		420.00
2008	In-State Non-Employee Meals and Incidentals		300.00		300.00
2010	In-State Non-Employee Non-Taxable Reimbursement		53.82		53.82
2012	Out-State Employee Airfare		1,268.13		1,268.13
2013	Out-State Employee Surface Transportation		110.28		110.28
2014	Out-State Employee Lodging		899.60		899.60
2015	Out-State Employee Meals and Incidentals		537.00		537.00
2020	Out-State Non-Employee Meals and Incidentals		633.00		633.00
2022	Out-State Non-Employee Non-Taxable Reimbursement		1,405.87		1,405.87
2036	Cash Advance Fee		133.62		133.62
3002	Memberships			2,600.00	2,600.00
3035	Long Distance			33.44	33.44
3045	Postage			8.40	8.40
3046	Advertising			69.47	69.47
3069	Commission Sales			88.00	88.00
4002	Business Supplies			39.00	39.00
<b>Grand Total</b>		<b>46,695.64</b>	<b>10,033.11</b>	<b>2,799.31</b>	<b>59,567.06</b>

# 8. Public Comment/Testimony for Regulation Project

Technology-Assisted Distance Professional Services  
12 AAC 62.400-430

## Public Comment:

The board chair shall open public comment. The time allotted for comment will be divided between all individuals signed in to give comment. The group will be told how much time each person will have to speak; the licensing examiner will keep track of the time and notify the individual when they have 1 minute left.

This is not the time for the board to respond to the comments. The board can choose to respond to any comments at the end of the comment period; they can choose to send a letter with their responses to the individual; or they can choose to not respond.

**NOTICE OF PROPOSED CHANGES RELATING TO STANDARDS OF PRACTICE FOR  
TECHNOLOGY-ASSISTED DISTANCE PROFESSIONAL SERVICES IN THE REGULATIONS  
OF THE BOARD OF PROFESSIONAL COUNSELORS**

**BRIEF DESCRIPTION:** The Board of Professional Counselors proposes to establish standards of practice and related issues for distance professional services.

The Board of Professional Counselors (Board) proposes to adopt regulation changes in Title 12, Chapter 62 of the Alaska Administrative Code including the following:

1. **12 AAC 62.400. Technology-assisted distance professional services**, is a proposed new section that establishes standards of practice for technology-assisted distance professional services, and to adopt by reference the National Board for Certified Counselors (NBCC) Policy Regarding the Provision of Distance Professional Services.
2. **12 AAC 62.410. Safety and confidentiality of communications**, is a proposed new section that establishes safety and confidentiality of communications guidelines for distance professional services between a licensee and a client.
3. **12 AAC 62.420. Informed consent**, is a proposed new section that clarifies the informed consent requirements for distance professional services between a licensee and a client.

You may comment on the proposed regulation changes, including the potential costs to private persons of complying with the proposed changes, by submitting written comments to Jun Maiquis, Regulations Specialist, Division of Corporations, Business and Professional Licensing, P.O. Box 110806, Juneau, AK 99811-0806. Additionally, the Board will accept comments by facsimile at (907) 465-2974 and by electronic mail at [RegulationsAndPublicComment@alaska.gov](mailto:RegulationsAndPublicComment@alaska.gov). Comments may also be submitted through the Alaska Online Public Notice System by accessing this notice on the system at <http://notice.alaska.gov/191221>, and using the comment link. **The comments must be received not later than 5:00 p.m. on October 1, 2018.** Comments received after this deadline will not be considered by the Board.

Oral comments relevant to the proposed action, including the potential costs to private persons of complying with the proposed action, may also be given at a hearing to be held on September 13, 2018, at the Atwood Building, 550 W. 7th Avenue, ACC 106, Anchorage, Alaska. The hearing will begin at 11:30 a.m. and will end when those who have called in or signed up before 11:30 a.m. to give oral testimony have had the opportunity to comment. If you wish to give your comments via telephone, please call 1-800-315-6338 access code 52538. The chair of the Board may limit each participant's length of oral testimony, determined by the chair before the hearing begins, to allow enough time for all those who have called in or signed up and timely registered to give testimony.

You may submit written questions relevant to the proposed action to Jun Maiquis, Regulations Specialist, Division of Corporations, Business and Professional Licensing, P.O. Box 110806, Juneau, AK 99811-0806 or by e-mail at [RegulationsAndPublicComment@alaska.gov](mailto:RegulationsAndPublicComment@alaska.gov). **The questions must be received at least 10 days before the end of the public comment period.** The Board will aggregate its response to substantially similar questions and make the questions and responses available on the Alaska Online Public Notice System and on the Board's website at <https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/ProfessionalCounselors.aspx>. The Board may, but is not required to, answer written questions received after the 10-day cut-off date and before the end of the comment period.

If you are a person with a disability who needs a special accommodation in order to participate in this process, please contact Jun Maiquis at (907) 465-2537 or [RegulationsAndPublicComment@alaska.gov](mailto:RegulationsAndPublicComment@alaska.gov) not later than September 24, 2018 to ensure that any necessary accommodation can be provided.

A copy of the proposed regulation changes is available on the Alaska Online Public Notice System and by contacting Jun Maiquis at (907) 465-2537 or RegulationsAndPublicComment@alaska.gov, or go to <https://www.commerce.alaska.gov/web/portals/5/pub/PCO-0818.pdf>.

A copy of the material proposed for adoption by reference may be viewed at the Board's office at the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, State Office Building, 333 Willoughby Avenue, 9th Floor, Juneau, AK.

After the public comment period ends, the Board will either adopt the proposed regulation changes or other provisions dealing with the same subject, without further notice, or decide to take no action. The language of the final regulation may be different from that of the proposed regulation. **You should comment during the time allowed if your interests could be affected.** Written comments and questions received are public records and are subject to public inspection.

**Statutory Authority:** AS 08.29.020; AS 08.29.200; AS 08.29.400; AS 08.29.490

**Statutes Being Implemented, Interpreted, or Made Specific:** AS 08.29.020; AS 08.29.200; AS 08.29.400; AS 08.29.490

**Fiscal Information:** The proposed regulation changes are not expected to require an increased appropriation.

DATE: 8/29/18

/s/  
Jun Maiquis, Regulations Specialist  
Division of Corporations, Business and  
Professional Licensing

For each occupation regulated under the Division of Corporations, Business and Professional Licensing, the Division keeps a list of individuals or organizations who are interested in the regulations of that occupation. The Division automatically sends a Notice of Proposed Regulations to the parties on the appropriate list each time there is a proposed change in an occupation's regulations in Title 12 of the Alaska Administrative Code. If you would like your address added to or removed from such a list, send your request to the Division at the address above, giving your name, either your e-mail address or mailing address (as you prefer for receiving notices), and the occupational area in which you are interested.



**ADDITIONAL REGULATION NOTICE INFORMATION**  
**(AS 44.62.190(d))**

1. **Adopting agency:** Board of Professional Counselors – Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing.
2. **General subject of regulation:** Technology-assisted distance professional services, safety and confidentiality of communications, and informed consent.
3. **Citation of regulation:** 12 AAC 62.400, 12 AAC 62.410, and 12 AAC 62.420.
4. **Department of Law file number:** To be assigned.
5. **Reason for the proposed action:** Compliance with state statute.
6. **Appropriation/Allocation:** Corporations, Business and Professional Licensing – #2360.
7. **Estimated annual cost to comply with the proposed action to:**  
A private person: None known.  
Another state agency: None known.  
A municipality: None known.
8. **Cost of implementation to the state agency and available funding (in thousands of dollars):**  
No costs are expected in FY 2019 or in subsequent years.
9. **The name of the contact person for the regulation:**  
Rissa Teske, Licensing Examiner  
Board of Professional Counselors  
Division of Corporations, Business and Professional Licensing  
Telephone: (907) 465-2694  
E-mail: rissa.teske@alaska.gov
10. **The origin of the proposed action:** Board of Professional Counselors.
11. **Date:** 8/29/18                      **Prepared by:** \_\_\_\_\_ /s/

Jun Maiquis  
Regulations Specialist  
(907) 465-2537

**Chapter 62. Board of Professional Counselors.**

(Words in **boldface and underlined** indicate language being added; words [CAPITALIZED AND BRACKETED] indicate language being deleted. Complete new sections are not in boldface or underlined.)

12 AAC 62 is amended by adding new sections to read:

**Article 4. Technology-Assisted Distance Professional Services.**

**Section**

400. Technology-assisted distance professional services

410. Safety and confidentiality of communications

420. Informed consent

12 AAC 62 is amended by adding a new section to read:

**12 AAC 62.400. Technology-assisted distance professional services.** (a) The National Board for Certified Counselors (NBCC) *Policy Regarding the Provision of Distance Professional Services* (approved February 6, 2016), is adopted by reference as the standard of practice for distance professional services to the extent it does not conflict with the board's regulations.

(b) Before providing technology assisted distance services, a licensee must:

(1) be in good standing with the board;

(2) have completed a minimum of six continuing education hours from a National Board for Certified Counselors (NBCC) approved continuing education provider pertaining to technology assisted distance professional services; and

(3) determine that the client is intellectually, emotionally, and physically capable of using an application, and the application is appropriate for the client's needs.

(c) Before providing technology assisted distance services, an initial in-person meeting between the licensee and the client is not required but is strongly recommended.

(d) A provider, wherever located, must obtain a license from the board before providing professional counseling service to a client in this state through digital, telephonic, electronic, or other means.

(e) A provider in Alaska must obtain a license from the board before providing professional counseling service, regardless of the location of the client receiving such services. Licensees are required to comply with all statutes, regulations, and rules of the state where the client is physically located.

(f) When starting services, a licensee must develop a safety plan with the client that identifies local resources in the client's community should emergency care become necessary, includes someone trusted by the client who is available during distance professional services, and includes contact phone numbers.

(g) At the beginning of every technology-assisted distance professional services session, the licensee must verify the client's identity and document the same in the progress note.

(h) When technology-assisted distance professional services are deemed inappropriate by the licensee or client, licensees should refer the client to a clinician local to the client for in-person services. If the client refuses a referral to a local clinician for in-person services, the licensee must document the rationale for continuing to provide distance professional services.

(Eff. \_\_\_/\_\_\_/\_\_\_, Register \_\_\_)

**Authority:** AS 08.29.020 AS 08.29.400 AS 08.29.490

**Editor's note:** A copy of the National Board for Certified Counselors (NBCC) *Policy Regarding the Provision of Distance Professional Services* (approved February 6, 2016), adopted

by reference in 12 AAC 64.400, may be obtained from the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, Board of Professional Counselors, P.O. Box 110806, Juneau, Alaska 99811-0806; telephone: (907) 465-2694, or website at <http://nbcc.org/Assets/Ethics/NBCCPolicyRegardingPracticeofDistanceCounselingBoard.pdf>.

12 AAC 62 is amended by adding a new section to read:

**12 AAC 62.410. Safety and confidentiality of communications.** (a) Whenever possible, a licensee must use encrypted websites and email communication to ensure confidentiality. When encryption is not possible, a licensee must notify the client of this and limit electronic transmissions to general communications that are not client specific.

(b) Because text messages are not a secure form of communication, a licensee should discourage texting of personal information. Text messages are considered a part of the client's record and must be kept in the file.

(c) Online scheduling software should be encrypted and secure. A licensee who uses online scheduling that is not encrypted must inform the client that the software is not encrypted and therefore may not be confidential.

(d) A licensee shall avoid the use of chat rooms to provide professional services to a client.

(e) A licensee should endeavor to protect clients from unwanted interruptions during sessions. (Eff. \_\_\_/\_\_\_/\_\_\_, Register \_\_\_)

**Authority:** AS 08.29.020 AS 08.29.490

12 AAC 62 is amended by adding a new section to read:

**12 AAC 62.420. Informed consent.** In addition to the disclosure requirements of the National Board for Certified Counselors (NBCC) *Policy Regarding the Provision of Distance Professional Services* (approved February 6, 2016), adopted by reference in 12 AAC 62.400, before providing technology assisted distance professional services, a licensee must inform a client about:

- (1) who might have authorized or unauthorized access to electronic transmissions;
- (2) pertinent legal rights and limitations governing the licensee’s practice over state lines or international boundaries;
- (3) how long records are archived and maintained;
- (4) emergency procedures, such as calling 911 or a local crisis hotline when the licensee is not available;
- (5) the limits of confidentiality under AS 08.29.200;
- (6) time zone differences, local customs, and cultural or language differences that might impact services delivery;
- (7) when technology-assisted distance professional services are not covered by insurance; and
- (8) the licensee’s licensing, credentials, and areas of expertise.

(Eff. \_\_\_/\_\_\_/\_\_\_, Register \_\_\_\_\_)

**Authority:** AS 08.29.020            AS 08.29.400            AS 08.29.490  
AS 08.29.200

The article heading for Article 4 is amended to read:

**Article 5 [4]. General Provisions.**



# NATIONAL BOARD FOR CERTIFIED COUNSELORS (NBCC) POLICY REGARDING THE PROVISION OF DISTANCE PROFESSIONAL SERVICES

## INTRODUCTION

The National Board for Certified Counselors (NBCC) is a not-for-profit organization dedicated to the identification of counselors who have voluntarily met national standards based on research in the profession. NBCC's mission also includes the promotion of quality assurance and professionalism in counseling practice.

In connection with the mission to promote quality assurance, NBCC recognized the potential impact of computers on the counseling profession decades ago. After conducting research with experts in the field, NBCC adopted the *Standards for the Ethical Practice of WebCounseling* in 1997, the first of such standards in the mental health profession. Given the evolution of the technology in this area, the NBCC Board of Directors has regularly reviewed these standards and adopted revised policies such as *The Practice of Internet Counseling*.

The most recent review of the practice of Internet counseling supports a revision in the standards, and the resulting information demonstrated the following fundamental concepts:

1. Counseling through distance means presents unique ethical dilemmas to professional counselors.
2. Related technology continues to advance and be used more by increasing numbers of professional counselors.
3. Use of technology by counselors continues to evolve.

In light of this information, the policy regarding Internet counseling has been revised, and this document, the *NBCC Policy Regarding the Provision of Distance Professional Services*, replaces previous editions.

One of the most recognizable differences in this policy is the use of the term "distance professional services." Rather than focusing only on the provision of "Internet counseling," this policy expands the terminology to include other types of professional services that are starting to be used more in distance formats.

Other key terms with regard to this policy include:

*Face-to-face* refers to services that involve the synchronous interaction between an individual or groups of people using what is seen and heard in person to communicate.

*Distance professional services* involve the use of electronic or other means (e.g., telephones or computers) to provide services such as counseling, supervision, consultation or education.

*Counseling* is a professional relationship that empowers diverse individuals, families and groups to accomplish mental health, wellness, education and career goals.

*Supervision* is a contracted, hierarchical relationship between two or more professionals. The intended focus of supervision is on the augmentation of a supervisee's professional services.

*Consultation* is a deliberate agreement between two or more professionals to work together to increase the effectiveness of professional services in relation to a specific individual (client, student or supervisee).

Common methods for the provision of distance professional services include the following:

- *Telephone-based* refers to the synchronous distance interaction in which information is received only through audio means.
- *E-mail-based* refers to the asynchronous distance interaction in which information is received through written text messages or e-mail.
- *Chat-based* refers to the synchronous distance interaction in which information is received through written messages.
- *Video-based* refers to the synchronous distance interaction in which information is received via video and audio mechanisms.
- *Social network-based* refers to the synchronous or asynchronous distance interaction in which information is exchanged through social networking mechanisms.

All of the above-mentioned examples of distance professional services may be conducted with individuals, couples, families or group members.

*The NBCC Policy Regarding the Provision of Distance Professional Services* identifies specific actions National Certified Counselors (NCCs) must take when providing distance services. NBCC recognizes that some counselors provide a combination of face-to-face and distance services even in the context of one particular client or supervisee; therefore, the standards described in this policy supplement the directives identified in the National Board for Certified Counselors (NBCC) *Code of Ethics*.

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## STANDARDS FOR DISTANCE PROFESSIONAL SERVICES

1. NCCs shall adhere to all NBCC policies and procedures, including the *Code of Ethics*.
2. NCCs shall provide only those services for which they are qualified by education and experience. NCCs shall also consider their qualifications to offer such service via distance means.
3. NCCs shall carefully adhere to legal regulations before providing distance services. This review shall include legal regulations from the state in which the counselor is located as well as those from the recipient's location. Given that NCCs may be offering distance services to individuals in different states at any one time, the NCC shall document relevant state regulations in the respective record(s).
4. NCCs shall ensure that any electronic means used in distance service provision are in compliance with current regulatory standards.
5. NCCs shall use encryption security for all digital technology communications of a therapeutic type. Information regarding security should be communicated to individuals who receive distance services. Despite the use of reasonable security safeguards, distance services recipients shall be informed in writing of the potential risks of distance communications. Not the least of these considerations is the warning about entering private information when using a public access or computer that is on a shared network. NCCs shall caution recipients of distance services against using "auto-remember" user names and passwords. NCCs shall also inform recipients of distance services to consider employers' policies relating to the use of work computers for personal communications.
6. To prevent the loss of digital communications or records, NCCs who provide distance services shall maintain secure backup systems. If the backup system is also a digital mechanism, this too shall offer encryption-level security. This information shall be provided to the recipient of professional services.



7. NCCs shall screen potential distance service recipients for appropriateness to receive services via distance methods. These considerations shall be documented in the records.
8. During the screening or intake process, NCCs shall provide potential recipients with a detailed written description of the distance counseling process and service provision. This information shall be specific to the identified service delivery type and include considerations for that particular individual. These considerations shall include the appropriateness of distance counseling in relation to the specific goal, the format of service delivery, the associated needs (i.e., computer with certain capabilities, etc.), the limitations of confidentiality, privacy concerns, the possibility of technological failure, anticipated response time to electronic communication, alternative service deliveries, and any additional considerations necessary to assist the potential recipient in reaching a determination about the appropriateness of this service delivery format for their need(s). NCCs shall discuss this information at key times throughout the service delivery process to ensure that this method satisfies the anticipated goals, and if not, the NCC will document the discussion of alternative options and referrals in the client's record.
9. Because of the ease in which digital communications can inadvertently be sent to other individuals, NCCs shall adopt behaviors to prevent the distribution of confidential information to unauthorized individuals. NCCs shall discuss actions the recipient may take to reduce the possibility that they will send information to other individuals by mistake.
10. NCCs shall provide recipients of distance professional services with information concerning their professional credentials and links to the respective credentialing organization Web sites.
11. NCCs, either prior to or during the initial session, shall inform recipients of the purposes, goals, procedures, limitations, potential risks, and benefits of services and techniques. NCCs also shall provide information about rights and responsibilities as appropriate to the distance service. As a part of this type of service provision, NCCs shall discuss with recipients the associated challenges that may occur when communicating through distance means.
12. In the event that the recipient of distance services is a minor or is unable to provide legal consent, the NCC shall obtain a legal guardian's consent prior to the provision of distance services. Furthermore, NCCs shall retain copies of documentation indicating the legal guardian's identity in the recipient's file.
13. NCCs shall avoid the use of public social media sources (e.g., tweets, blogs, etc.) to provide confidential information. To facilitate the secure provision of information, NCCs shall provide in writing the appropriate ways to contact them.
14. NCCs shall discuss with recipients the importance of identifying recipient-names contacts in the event of identified emergency situations. As a part of this discussion, NCCs will identify the circumstances in which these individuals will be contacted and what information will be shared with emergency contacts. NCCs will provide recipients of distance services with specific written procedures regarding emergency situations. This information shall include emergency responders near the recipient's location. Given the increased dangers intrinsic to providing certain distance professional services, NCCs shall take reasonable steps to secure reasonable referrals for recipients when needed.
15. NCCs shall develop written procedures for verifying the identity of the recipient his or her current location, and readiness to proceed at the beginning of each contact. Examples of verification means include the use of code words, phrases, or inquiries. (For example, "is this a good time to proceed?")

16. NCCs shall limit use of information obtained through social media sources (e.g., Facebook, LinkedIn, Twitter, etc.) in accordance with established practice procedures provided to the recipient at the initiation of services or adapted through ongoing informed consent process.
17. NCCs shall provide information concerning locations where members of the public may access the internet free of charge or provide information regarding the location of complimentary Web communication services. In such cases, the informed consent process shall include the required discussion items including how the affects confidentiality and privacy.
18. NCCs shall retain copies of all written communications with distance service recipients. Examples of written communications include e-mail/text messages, instant messages and histories of chat-based discussions even if they are related to housekeeping issues such as change of contact information or scheduling appointments.
19. At a minimum, NCCs shall retain distance service records for a minimum of five years unless state laws require additional time. NCCs shall limit the use of records to those permitted by law, professional standards and as specified by the agreement with the respective recipient of distance services.
20. NCCs shall develop written procedures for the use of social media and other related digital technology with current and former recipients. These written procedures shall, at a minimum, provide appropriate protections against the disclosure of confidential information and the creation of multiple relationships. These procedures shall also identify that personal social media accounts are distinct from any used for professional purposes.

## 9. Lunch Break

# 10. Regulation Task Force for Supervision Requirements

(D. Hamilton & K. Cardwell)

# ***Statutes and Regulations*** **Professional Counselors**

***December 2017***



DEPARTMENT OF COMMERCE, COMMUNITY,  
AND ECONOMIC DEVELOPMENT

***DIVISION OF CORPORATIONS, BUSINESS  
AND PROFESSIONAL LICENSING***

NOTE: The official version of the statutes in this document is printed in the Alaska Statutes, copyrighted by the State of Alaska. The official version of the regulations in this document is published in the Alaska Administrative Code, copyrighted by the State of Alaska. If any discrepancies are found between this document and the official versions, the official versions will apply.

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**CHAPTER 29.**  
**LICENSED PROFESSIONAL COUNSELORS.**

**Article**

- 1. Board of Professional Counselors (§§ 08.29.010, 08.29.020)**
- 2. Licensing Requirements (§§ 08.29.100 – 08.29.140)**
- 3. Miscellaneous Provisions (§§ 08.29.200 – 08.29.230)**
- 4. General Provisions (§§ 08.29.400, 08.29.490)**

**ARTICLE 1.**  
**BOARD OF PROFESSIONAL COUNSELORS.**

**Section**

- 10. Board creation; membership**
- 20. Duties of the board**

**Sec. 08.29.010. Board creation; membership.** (a) There is established the Board of Professional Counselors consisting of five members appointed by the governor, one of whom is a public member and four of whom are licensed professional counselors.

(b) In addition to the requirements for public members under AS 08.01.025, the public member of the board may not

(1) ever have been a licensed professional counselor or employed in a commercial or professional field related to counseling; or

(2) live in a household with a person who is or has been, or have an immediate family member who is or has been, a licensed professional counselor or employed in a commercial or professional field related to professional counseling; in this paragraph, "immediate family member" means a parent, sibling, or child related by blood, marriage, or adoption.

(c) Of the four counselor members of the board, at least one shall be employed in the private sector and at least one shall be employed in the public sector.

**Sec. 08.29.020. Duties of the board.** (a) In addition to the duties specified in AS 08.01, the board shall

(1) license professional counselors, establish criteria for supervisor certification, and certify approved counselor supervisors under this chapter; the board may provide for licensure in areas of counseling specialization;

(2) establish continuing education requirements for the renewal of a license under this chapter;

(3) adopt, by regulation, a code of ethics that must be observed by persons licensed under this chapter;

(4) establish education and training requirements that must be met before a professional counselor can administer and use assessment instruments described in AS 08.29.490(1)(C); and

(5) enforce the provisions of this chapter and adopt regulations necessary to carry out the board's duties under this chapter.

(b) The board may delegate to the Department of Commerce, Community, and Economic Development, and the department may perform, a duty for which the board has authority.

**ARTICLE 2.**  
**LICENSING REQUIREMENTS.**

**Section**

- 100. Unlicensed use of title prohibited**
- 110. Qualifications for licensure**
- 120. Licensure by credential**
- 130. Licensure of foreign-educated applicants**
- 140. License renewal**

**Sec. 08.29.100. Unlicensed use of title prohibited.** (a) A person who is not licensed under this chapter may not

(1) profess to be a licensed professional counselor, a professional counselor, or a licensed counselor; or

(2) make use of a title, words, letters, or abbreviations that may reasonably be confused with the title of "licensed professional counselor," "professional counselor," or "licensed counselor."

(b) Violation of this section is a class B misdemeanor, except that a third or subsequent conviction for violating this section is a class C felony.

**Sec. 08.29.110. Qualifications for licensure.** (a) The board shall issue a professional counselor license to a person who applies for the license, submits the required fee, submits two letters of recommendation from professional counselors who are familiar with the applicant's practice of professional counseling, and presents evidence satisfactory to the board that the person

- (1) is at least 18 years of age;
  - (2) is not under investigation in this or another jurisdiction for an act that would constitute a violation of this chapter;
  - (3) has not had a license related to the practice of counseling, psychology, marital and family therapy, or social work in this or another jurisdiction suspended, revoked, or surrendered in lieu of discipline unless the license has been fully reinstated in that jurisdiction;
  - (4) has passed a written examination as required by the board; the board may provide that passing a nationally recognized examination for professional counselors is sufficient to meet the examination requirement of this paragraph;
  - (5) has successfully completed either
    - (A) an earned doctoral degree in counseling or a related professional field from a regionally or nationally accredited institution of higher education approved by the board; or
    - (B) an earned master's degree in counseling or a related professional field, from a regionally or nationally accredited institution of higher education approved by the board, and at least 60 graduate semester hours in counseling during or after earning the master's degree; and
  - (6) has, after earning the degree required under either (5)(A) or (B) of this subsection, had at least 3,000 hours of supervised experience in the practice of professional counseling performed over a period of at least two years under the supervision of a supervisor approved under AS 08.29.210, with at least 1,000 hours of direct counseling with individuals, couples, families, or groups and at least 100 hours of face-to-face supervision by a supervisor approved under AS 08.29.210 unless, under regulations of the board, the board allows the supervision to be by telephonic or electronic means because of the remote location of the counselor.
- (b) The board may, in its regulations, specify the areas of study that must be covered in order to meet the educational requirements of (a) of this section.

**Sec. 08.29.120. Licensure by credential.** (a) Except as provided in (b) of this section, the board may issue a license under this chapter to a person who is licensed in another jurisdiction to practice professional counseling if the board finds that the other jurisdiction has substantially the same or higher licensure requirements as this state.

(b) The board may not license under this section a person who is under investigation in this or another jurisdiction for an act that would constitute a violation of this chapter until the investigation is complete and disciplinary sanctions, if any, are imposed and the person has complied with the sanctions.

**Sec. 08.29.130. Licensure of foreign-educated applicants.** The board may issue a license under this chapter to a person who

- (1) has completed a doctorate or master's degree educational program in counseling or a related professional field in a foreign college or university approved by the board;
- (2) meets the requirements of AS 08.29.110 except for AS 08.29.110(a)(5); and
- (3) demonstrates to the satisfaction of the board that the applicant's experience, command of the English language, and completed academic program meet the standards of a relevant academic program of an accredited educational institution in the United States.

**Sec. 08.29.140. License renewal.** Renewal of a license under this chapter may not be granted unless the licensee, within the 24 months immediately preceding the renewal date, has completed the continuing education requirements established by the board.

### **ARTICLE 3. MISCELLANEOUS PROVISIONS.**

**Section**

- 200. Confidentiality of communications**
- 210. Supervisor certification**
- 220. Disclosure statement**
- 230. Limitation of practice**

**Sec. 08.29.200. Confidentiality of communications.** (a) A person licensed under this chapter may not reveal to another person a communication made to the licensee by a client about a matter concerning which the client has employed the licensee in a professional capacity. This section does not apply to

- (1) a communication to a potential victim, the family of a potential victim, law enforcement authorities, or other appropriate authorities concerning a clear and immediate probability of physical harm to the client, other individuals, or society;
- (2) a case conference or case consultation with other mental health professionals at which the patient is not identified;
- (3) the release of information that the client in writing authorized the licensee to reveal;
- (4) information released to the board during the investigation of a complaint or as part of a disciplinary or other proceeding; or



(5) situations where the rules of evidence applicable to the psychotherapist-patient privilege allow the release of the information.

(b) Notwithstanding (a) of this section, a person licensed under this chapter shall report incidents of

(1) child abuse or neglect as required by AS 47.17;

(2) harm or assaults suffered by a vulnerable adult as required by AS 47.24.

(c) Information obtained by the board under (a)(4) of this section is confidential and is not a public record for purposes of AS 40.25.110 – 40.25.140.

**Sec. 08.29.210. Supervisor certification.** (a) The board shall approve and certify a person as an approved counselor supervisor for the purposes of this chapter if the person

(1) is licensed as a professional counselor or is a licensed physician, licensed advanced practice registered nurse who is certified to provide psychiatric or mental health services, licensed clinical social worker, licensed marital and family therapist, licensed psychologist, or licensed psychological associate;

(2) submits an application for certification and the appropriate fee;

(3) has five years of counseling experience;

(4) provides to the board for its approval or disapproval a statement that details the person's supervision philosophy, orientation, and experience; and

(5) meets other criteria that may be established by the board in regulations.

(b) Certification under (a) of this section remains in effect, without the need for renewal of the certification, until the person's professional licensure is revoked, suspended, or otherwise lapses.

**Sec. 08.29.220. Disclosure statement.** A client may not be charged a fee for professional counseling services unless, before the performance of the services, the client was furnished a copy of a professional disclosure statement that contained

(1) the name, title, business address, and business telephone number of the professional counselor;

(2) a description of the formal professional education of the professional counselor, including the institutions attended and the degrees received from them;

(3) the professional counselor's areas of specialization and the services available;

(4) the professional counselor's fee schedule listed by type of service or hourly rate;

(5) at the bottom of the first page of the statement, the following sentence: "This information is required by the Board of Professional Counselors which regulates all licensed professional counselors," followed by the name, address, and telephone number of the board's office.

**Sec. 08.29.230. Limitation of practice.** Notwithstanding that a specific act is within the definition of the "practice of professional counseling," a person licensed under this chapter may not perform the act if the person lacks appropriate education or training related to the act.

## ARTICLE 4. GENERAL PROVISIONS.

### Section

#### **400. Grounds for denial of license or for disciplinary sanctions**

#### **490. Definitions**

**Sec. 08.29.400. Grounds for denial of license or for disciplinary sanctions.** (a) The board may impose a disciplinary sanction under AS 08.01.075 on a person licensed under this chapter or deny a license to a person when the board finds that the person

(1) has an addiction to, or severe dependency on, alcohol or other drugs that impairs the person's ability to engage safely in the practice of professional counseling;

(2) has been convicted of a felony and has not been sufficiently rehabilitated to merit the public trust;

(3) used fraud, deception, misrepresentation, or bribery in securing a license under this chapter or in obtaining permission to take an examination required under this chapter;

(4) is incompetent or has committed misconduct, fraud, misrepresentation, or dishonesty in the performance of the functions of a licensed professional counselor;

(5) violated, or assisted another individual to violate, a provision of this chapter or a regulation adopted under this chapter;

(6) impersonated a person who holds a license under this chapter;

(7) has had a license related to the practice of counseling, psychology, marital and family therapy, or social work in this or another jurisdiction revoked, suspended, limited, or surrendered in lieu of discipline upon grounds for which a license issued under this chapter could be revoked, suspended, limited, or surrendered in lieu of discipline; this paragraph does not apply to license actions for failure to pay a renewal fee;

(8) assisted another person who is not licensed under this chapter in an attempt to represent the person to the public as a licensed professional counselor;

(9) was issued a license based on a material mistake of fact;

(10) used an advertisement or solicitation that is false, misleading, or deceptive to the general public or the person to whom the advertisement was primarily directed; or

(11) failed to respond within 30 days to a written communication from the board concerning an investigation by the board or failed to make available to the board a relevant record with respect to an investigation about the licensee's conduct or background.

(b) The board may not impose disciplinary sanctions on a licensee for the evaluation, diagnosis, or treatment of a person through audio, video, or data communications when physically separated from the person if

(1) the licensee or another licensed health care provider is available to provide follow-up care;

(2) the licensee requests that the person consent to sending a copy of all records of the encounter to a primary care provider if the licensee is not the person's primary care provider and, if the person consents, the licensee sends the records to the person's primary care provider; and

(3) the licensee meets the requirements established by the board in regulation.

(c) The board shall adopt regulations restricting the evaluation, diagnosis, supervision, and treatment of a person as authorized under (b) of this section by establishing standards of care, including standards for training, confidentiality, supervision, practice, and related issues.

**Sec. 08.29.490. Definitions.** In this chapter,

(1) "practice of professional counseling" means, subject to (C) of this paragraph, the application of principles, methods, or procedures of the counseling profession to diagnose or treat, other than through the use of projective testing or individually administered intelligence tests, mental and emotional disorders that are referenced in the standard diagnostic nomenclature for individual, group, and organizational therapy, whether cognitive, affective, or behavioral, within the context of human relationships and systems; if otherwise within the scope of this paragraph, "practice of professional counseling" includes

(A) the professional application of evaluation techniques, treatments, and therapeutic services to individuals and groups for the purpose of treating the emotional and mental disorders;

(B) an applied understanding of the dynamics of the individual and of group interactions, along with the application of therapeutic and counseling techniques for the purpose of resolving intrapersonal and interpersonal conflict and changing perceptions, attitudes, and behaviors in the area of human relationships; and

(C) consistent with regulations adopted by the board under AS 08.29.020(a)(4), administration and use of appropriate assessment instruments that measure or diagnose problems or dysfunctions within the course of human growth and development as part of a counseling process or in the development of a treatment plan;

(2) "supervision" means supervision in which the supervisor is available to provide clinical oversight to the supervisee either in person or by a communication device.

**CHAPTER 62.**  
**BOARD OF PROFESSIONAL COUNSELORS.**

**Article**

- 1. Licensing Requirements (12 AAC 62.100 — 12 AAC 62.140)**
- 2. Supervision (12 AAC 62.200 — 12 AAC 62.220)**
- 3. License Renewal and Reinstatement; Continuing Education (12 AAC 62.300 — 12 AAC 62.350)**
- 4. General Provisions (12 AAC 62.900 — 12 AAC 62.990)**

**ARTICLE 1.**  
**LICENSING REQUIREMENTS.**

**Section**

- 100. License by examination**
- 110. Examination**
- 120. Approved degrees**
- 130. License by credentials**
- 140. (Repealed)**

**12 AAC 62.100. LICENSE BY EXAMINATION.** (a) The board will issue a professional counselor license by examination to an applicant who meets the requirements of AS 08.29.110(a) or 08.29.130, and this section.

(b) An applicant for a professional counselor license by examination shall submit

- (1) a complete application, on a form provided by the department;
- (2) verification that the applicant has passed an examination that meets the requirements of 12 AAC 62.110;
- (3) verification that the applicant meets the requirements of AS 08.29.110(a) or 08.29.130;
- (4) certified transcripts showing that the applicant meets the requirements of 12 AAC 62.120;
- (5) the applicable fees established in 12 AAC 02.325; and

(6) a report of state criminal justice information under AS 12.62.005 – 12.62.200, and if a state other than this state is the applicant's primary state of residence, an equivalent report issued by that other state.

(c) Repealed 8/18/2013.

(d) An application submitted under this section is considered abandoned three years after the date of application.

(e) The board may approve an extension of the time period specified in (d) of this section or 12 AAC 62.110(d) for up to two years for an applicant who submits verification of having completed at least 2,000 hours of supervised experience during the three years after the date of application. If an extension is granted under this subsection, the board may require the applicant to resubmit supporting documents required under this section, as determined by the board, to update the information in the application.

**Authority:** AS 08.29.020 AS 08.29.130 AS 08.29.29.400  
AS 08.29.110

**12 AAC 62.110. EXAMINATION.** (a) The written examination for a professional counselor license as required under AS 08.29.110(a)(4) is the National Counselor Examination for Licensure and Certification (NCE) or the National Clinical Mental Health Counseling Examination (NCMHCE), administered by the National Board for Certified Counselors, Inc. (NBCC). An applicant must obtain a passing score on the examination accepted by the board based on the determinations made by the NBCC.

(b) In lieu of the NCE or NCMHCE, the board will accept passage of another nationally recognized examination for professional counselors that is equivalent to the NCE or NCMHCE. The applicant must obtain verification of passage of the examination accepted by the board, sent directly to the board by the administrator of the examination.

(c) Repealed 01/14/2011.

(d) Except as provided in 12 AAC 62.100(e), an applicant who has passed an examination specified in (a) or (b) of this section must retake the examination if the applicant has not been issued an initial license within three years of passing the examination. For good cause shown, the board may grant an extension of up to two years of use of the examination.

**Authority:** AS 08.29.020 AS 08.29.110

**Editor's note:** To obtain information regarding the National Counselor Examination for Licensure and Certification (NCE) or the National Clinical Mental Health Counseling Examination (NCMHCE) described in 12 AAC 62.110, contact the National Board for Certified Counselors, Inc., 3 Terrace Way, Suite D, Greensboro, North Carolina 27403-3660; Phone: (336) 547-0607; e-mail: nbcc@nbcc.org.

**12 AAC 62.120. APPROVED DEGREES.** (a) To meet the requirements of AS 08.29.110(a)(5), an applicant's degree must be from an institution of higher education in the United States that is accredited by a regional or

national accrediting agency and the degree must have included course work in at least eight of the following subject areas:

- (1) the helping relationship, including counseling theory and practice;
- (2) human growth and development;
- (3) lifestyle and career development;
- (4) group dynamics, processes, counseling, and consulting;
- (5) assessment, appraisal, and testing of individuals;
- (6) social and cultural foundation, including multicultural issues;
- (7) principles of etiology, diagnosis, treatment planning, and prevention of mental and emotional disorders and dysfunctional behavior;
- (8) marriage and family counseling and therapy;
- (9) research and evaluation;
- (10) professional counseling orientation; and ethics.

(b) To meet the requirements of AS 08.29.130, an applicant's degree must be from a foreign college or university approved by the board that meets the standards of a regionally or nationally accredited education institution in the United States. To be approved, a degree from a foreign college or university must have included course work in at least eight of the subject areas listed in (a)(1) – (10) of this section.

(c) An applicant who has not obtained enough graduate semester hours in the applicant's earned master's degree in counseling or a related professional field to meet the 60 graduate semester hours required under AS 08.29.110(a)(5)(B) may obtain the additional graduate semester hours needed to meet that requirement from an accredited program in (a) of this section either online or at an institution.

(d) If applying on or after February 1, 2012, an applicant must have a minimum of three graduate level credits in ethics.

**Authority:** AS 08.29.020 AS 08.29.110 AS 08.29.130

**12 AAC 62.130. LICENSE BY CREDENTIALS.** The board will issue a professional counselor license by credentials to an applicant who meets the requirements of AS 08.29.120, and of this section. An applicant for a license under this section must

- (1) submit a complete application, on a form provided by the department;
- (2) pay the applicable fees established in 12 AAC 02.325;
- (3) submit verification that the applicant holds a license to practice professional counseling in another jurisdiction, current as of the date of application;
- (4) submit documentation of the licensure requirements of the jurisdiction where the applicant holds a license to practice professional counseling;
- (5) submit verification of completion of 40 continuing education credits, including three of the continuing education credits in ethics within the previous two years immediately preceding application for licensure by credentials; the continuing education must comply with 12 AAC 62.320;
- (6) submit complete information regarding any disciplinary action or investigation taken or pending against the applicant, from all licensing jurisdictions where the applicant has ever held a professional counselor license; and
- (7) submit a report of state criminal justice information under AS 12.62.005 – 12.62.200, and if a state other than this state is the applicant's primary state of residence, an equivalent report issued by that other state.

**Authority:** AS 08.29.020 AS 08.29.120 AS 08.29.400

**12 AAC 62.140. TRANSITIONAL LICENSE.** Repealed 12/5/2002.

## **ARTICLE 2. SUPERVISION.**

### **Section**

**200. Approved counselor supervisor certification**

**220. Supervised experience**

**12 AAC 62.200. APPROVED COUNSELOR SUPERVISOR CERTIFICATION.** (a) The board will certify as an approved counselor supervisor an applicant who meets the requirements of AS 08.29.210 and of this section. An applicant for certification under this section must

- (1) submit a complete application, on a form provided by the department;
- (2) submit the board-approved supervisor fee established in 12 AAC 02.325;
- (3) certify that the applicant adheres, and will continue to adhere, to the ethical guidelines adopted in (b) of this section;
- (4) submit documentation of having completed at least six contact hours of continuing education related to supervision of mental health professionals within the two years preceding the date of application; and

(5) if the applicant is applying to be certified as an approved counselor supervisor from another jurisdiction, submit a copy of the applicant's license in that jurisdiction.

(b) The code of ethics for an approved counselor supervisor certified under this section is the *AMHCA Code of Ethics*, adopted by reference in 12 AAC 62.900.

**Authority:** AS 08.29.020 AS 08.29.110 AS 08.29.210

**12 AAC 62.220. SUPERVISED EXPERIENCE.** (a) To be accepted by the board, supervised experience required under AS 08.29.110(a)(6) must include experience in those professional counseling skills included in the definition of "practice of professional counseling" in AS 08.29.490.

(b) Before July 1, 2007, to meet the supervised experience requirements of AS 08.29.110(a)(6), the board will accept the hours of supervised experience, accumulated by an applicant for licensure, under the supervision of a person that has not been certified as an approved counselor supervisor under 12 AAC 62.200 once that person is certified as an approved counselor supervisor.

(c) Beginning July 1, 2007, to meet the supervised experience requirements of AS 08.29.110(a)(6), the board will only accept the hours of supervised experience, accumulated by an applicant for licensure, under the supervision of a person that is certified, before the supervision begins, as an approved counselor supervisor under 12 AAC 62.200.

(d) Except as provided in (e) of this section, at least 50 hours of the 100 hours of face-to-face supervised experience required under AS 08.29.110(a)(6) must be accumulated by an applicant in a one-on-one setting with a supervisor certified as an approved counselor supervisor under 12 AAC 62.200. An applicant may accumulate the remaining 50 hours of supervised experience in a one-on-one setting or a group setting with a supervisor certified as an approved counselor supervisor under 12 AAC 62.200.

(e) Before the supervision begins, an applicant who practices in a remote location may submit a written request to the board to allow supervision by telephonic or electronic means in lieu of the face-to-face supervision required under AS 08.29.110(a)(6). The board may approve telephonic or electronic supervision in lieu of face-to-face supervision of an applicant who practices in a remote location if the board determines that

- (1) approved counselor supervisors are not practicing at, or within a reasonable distance of, that location; or
- (2) the approved counselor supervisors practicing at that location cannot provide appropriate supervision because of the supervisor's relationship to the applicant, a possible conflict of interest, or other good cause shown.

**Authority:** AS 08.29.020 AS 08.29.110 AS 08.29.210

### **ARTICLE 3. LICENSE RENEWAL AND REINSTATEMENT; CONTINUING EDUCATION.**

#### **Section**

- 300. License renewal**
- 310. Continuing education requirements**
- 320. Approved continuing education**
- 330. Audit of continuing education**
- 340. License reinstatement**
- 350. Failure to meet continuing education requirements**

**12 AAC 62.300. LICENSE RENEWAL.** A licensee applying for renewal of a professional counselor license must

(1) submit a complete renewal application, on a form provided by the department, including a statement of the continuing education contact hours under 12 AAC 62.310 completed by the applicant during the concluding license period; and

(2) pay the license renewal fee established in 12 AAC 02.325.

**Authority:** AS 08.29.020 AS 08.29.140

**12 AAC 62.310. CONTINUING EDUCATION REQUIREMENTS.** (a) A licensee applying for renewal of a professional counselor license must complete the number of continuing education contact hours set out in this section; at least three of the contact hours must be in professional ethics:

(1) first biennial renewal, if the licensee held the license for less than 12 months during the concluding biennial licensing period, 20 contact hours;

(2) first biennial renewal, if the licensee held the license for at least 12 months but less than 18 months during the concluding biennial licensing period, 30 contact hours;

(3) first biennial renewal, if the licensee held the license for 18 months or more during the concluding biennial licensing period, 40 contact hours;

(4) second or subsequent biennial renewal, 40 contact hours.

(b) Except as provided in (c) of this section, the board will consider one continuing education contact hour as a minimum of 50 minutes of classroom instruction between instructor and participant, including instruction in real-time audio and audio-visual courses. The board will accept academic credit converted to contact hours as follows:

- (1) one semester academic credit equals 15 contact hours;
- (2) one quarter academic credit equals 10 contact hours.

(c) For a course, seminar, or workshop offered or approved by an organization listed in 12 AAC 62.320(b)(2), if the organization has designated the number of continuing education units to be awarded for that course, seminar, or workshop, the board will accept contact hours equal to the designated number of continuing education units.

(d) A minimum of 20 hours of the total number of continuing education contact hours required for renewal of a license under this section must be earned through attendance and completion of synchronous courses, seminars, and workshops.

(e) Not more than one-half of the total number of continuing education contact hours required for renewal of a license under this section may be earned by completion of a correspondence, videotape, audiocassette, or other individual study program.

(f) Only hours of actual attendance during instruction will be accepted as continuing education contact hours earned from an academic course audited by the licensee. The total number of contact hours earned may not exceed the number of academic credit hours offered for that course.

(g) In this section, "synchronous" means happening precisely at the same time during which the instructor and attendee are able to communicate in real time.

**Authority:** AS 08.29.020 AS 08.29.140

**12 AAC 62.320. APPROVED CONTINUING EDUCATION.** (a) To be accepted by the board, continuing education must contribute directly to the professional competency of a professional counselor and must be directly related to the skills and knowledge required to implement professional counseling principles and methods.

(b) The following continuing education will be accepted by the board if related to professional counseling as provided in (a) of this section:

(1) postgraduate courses, seminars, and workshops offered or approved by a regionally or nationally accredited institution of higher education, either audited by the licensee or taken for academic credit;

(2) courses, seminars, and workshops offered or approved by the

- (A) American Counseling Association;
- (B) Alaska Counseling Association;
- (C) American Psychological Association;
- (D) American Association of State Social Work Boards;
- (E) National Association of Social Workers;
- (F) American Association for Marital and Family Therapy;
- (G) National Board of Certified Counselors (NBCC);
- (H) Alaska Commission for Behavioral Health Certification;
- (I) Alaska Psychological Association;
- (J) Alaska School Counselor Association;
- (K) Alaska Chapter of the National Association of Social Workers;
- (L) American School Counselor Association;
- (M) Alaska Department of Health and Social Services;
- (N) Co-Occurring Disorders Institute, Inc.;
- (O) Trust Training Cooperative;
- (P) National Association of Alcohol and Drug Abuse Counselors;
- (Q) Regional Alcohol and Drug Abuse Counselor Training Program;

(3) cross-disciplinary courses, seminars, or workshops in the fields of medicine, law, behavioral sciences, ethics, or other disciplines;

(4) first-time preparation and presentation of a professional counseling course, seminar, or workshop; the board will accept up to a maximum of 10 contact hours allocated among all professional counselors involved in the preparation and presentation;

(5) first-time preparation or publication of an article or book chapter related to the practice of professional counseling that was presented at a state or national association meeting or published by a publisher accepted by the board as recognized by the profession; the board will accept up to a maximum of 10 contact hours allocated among all professional counselors involved in the preparation or publication;

(6) completion of a correspondence, video tape, audio cassette, or other individual study program; a program under this paragraph is acceptable only if

(A) the program requires registration and provides evidence of successful completion; or

(B) the licensee submits a signed statement from an approved counselor supervisor who supervised the study program verifying that the licensee has successfully completed the program;

(7) up to 15 contact hours of continuing education in other courses, seminars, workshops, and in service training not covered under (1) - (6) of this subsection that are not specifically preapproved by the board, but meet the standards contained in (a) of this section.

(c) Time spent in job orientation may not be accepted as continuing education contact hours.

**Authority:** AS 08.29.020 AS 08.29.140

**12 AAC 62.330. AUDIT OF CONTINUING EDUCATION.** (a) After each biennial renewal period the board will, in its discretion, audit renewal applications to monitor compliance with the continuing education requirements of this chapter.

(b) A licensee selected for audit must, within 30 days from the date of receipt of notification, submit verification of completion of the continuing education contact hours required under 12 AAC 62.310.

(c) A licensee must maintain adequate detailed records of all continuing education contact hours claimed, and must submit the records to the board upon request. The licensee must retain the records for at least three years after the date the continuing education contact hours were earned and included on the statement submitted under 12 AAC 62.300.

**Authority:** AS 08.29.020 AS 08.29.140

**12 AAC 62.340. LICENSE REINSTATEMENT.** The board will reinstate a license that has been lapsed less than five years if the applicant submits proof of completion of all continuing education contact hours that would have been required to keep the applicant's license current, and the applicant meets all other requirements under AS 08.29 and this chapter for license renewal.

**Authority:** AS 08.01.100 AS 08.29.020 AS 08.29.140

**12 AAC 62.350. FAILURE TO MEET CONTINUING EDUCATION REQUIREMENTS.** (a) A licensee may request a waiver of the continuing education requirements of 12 AAC 62.310 by submitting a written request to the board that describes the reasons for the request and includes supporting documentation satisfactory to the board. If the board finds good cause, the board will grant an exemption to the licensee under this subsection. If the board grants the exemption, the board may require an alternative method of demonstrating continued competence.

(b) In this section, "good cause" includes

- (1) physical disability;
- (2) serious illness;
- (3) a family emergency;
- (4) engagement in active duty military service in the armed forces of the United States; and
- (5) other extenuating circumstances, as found by the board.

(c) In this section, "engagement in active duty military service" means military personnel serving in an active capacity, including

- (1) active duty personnel in the United States Army, Navy, Air Force, Marine Corps, or Coast Guard; and
- (2) reservists and National Guard personnel in a combat zone for a named United States military conflict; in this paragraph, "combat zone" means an area that the President of the United States designates by executive order as an area in which the armed forces of the United States are engaging or have engaged in combat.

**Authority:** AS 08.29.020 AS 08.29.140

#### **ARTICLE 4. GENERAL PROVISIONS.**

##### **Section**

- 900. Code of ethics**
- 930. Written notice with disclosure statement**
- 960. Board member absences**
- 990. Definitions**

**12 AAC 62.900. CODE OF ETHICS.** (a) The American Mental Health Counselors Association's *AMHCA Code of Ethics*, revised as of 2010, is adopted by reference as the code of ethics for professional counselors in the state. A professional counselor licensed in the state must adhere to the code of ethics.

(b) When using or administering assessment instruments described in AS 08.29.490(1)(C), a professional counselor shall comply with Section D: Assessment and Diagnosis of the *AMHCA Code of Ethics* adopted by reference in (a) of this section.

(c) Licensed professional counselors shall retain their clients' records post-termination for a minimum of seven years.

**Authority:** AS 08.29.020

**Editor's Note:** A copy of the *AMHCA Code of Ethics*, adopted by reference in 12 AAC 62.900 is available for inspection at the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, P.O. Box 110806, Juneau, AK 99811-0806, or may be obtained from the

**12 AAC 62.930. WRITTEN NOTICE WITH DISCLOSURE STATEMENT.** In addition to the professional disclosure statement required by AS 08.29.220, a licensee must provide written notice to the client that

- (1) the treatment program may be discussed with other professionals and, if that occurs, the client's confidentiality will be maintained; and
- (2) the name and identity of the client will be disclosed only in compliance with AS 08.29.200.

**Authority:** AS 08.29.020 AS 08.29.200 AS 08.29.220

**12 AAC 62.960. BOARD MEMBER ABSENCES.** (a) The board may recommend to the governor that a member be removed from the board if that member has had three or more unexcused absences from regularly scheduled board meetings during the member's term on the board.

(b) Before the close of each regularly scheduled board meeting from which a member has been absent, the board will determine on the record whether the member's absence from that meeting was excused or unexcused. An absence will be excused if it was approved by the chairperson of the board before the meeting began or was due to an emergency.

**Authority:** AS 08.01.020 AS 08.01.035 AS 08.29.020

**12 AAC 62.990. DEFINITIONS.** (a) In AS 08.29,

(1) "direct counseling" means professional counseling provided face-to-face with individuals, couples, families, or groups;

(2) "incompetent" means lacking sufficient knowledge, skills, or professional judgement in counseling, to a degree likely to endanger the mental health or well being of a client.

(b) In AS 08.29 and sec. 6, ch. 75, SLA 1998, as amended by sec. 7, ch. 49, SLA 1999, "related field" or "related professional field" includes psychology, marital and family therapy, social work, and applied behavioral science;

(c) In AS 08.29 and this chapter,

(1) "approved counselor supervisor" means a person certified under 12 AAC 62.200;

(2) "board" means the Board of Professional Counselors;

(3) "department" means the Department of Commerce, Community, and Economic Development;

(4) "professional counselor" means a person who is in the practice of professional counseling as defined in AS 08.29.490(1).

**Authority:** AS 08.29.020



11. Application Review

12. Recess at 4:30 p.m.  
(Later if necessary)

13. Friday September 14, 2018

14. Roll Call

**BOARD OF PROFESSIONAL COUNSELORS**

**Board Membership Roster**

Board Member

Term

**Debra Hamilton**  
**Professional Counselor**  
Soldotna, AK 99669

March 1, 2021

**Alice Baum**  
**Professional Counselor**  
Anchorage, Alaska

March 1, 2022

**Janece Richard**  
**Professional Counselor**  
Anchorage, Alaska

March 1, 2022

**Kyle Cardwell**  
**Professional Counselor**  
Anchorage, Alaska

March 1, 2021

**Eleanor Vinson**  
**Public Member**  
Juneau, Alaska

March 1, 2020

# 15. Correspondence

**From:** [REDACTED]  
**To:** [Board of Professional Counselors \(CED sponsored\)](#)  
**Subject:** LPC Ethics Questions  
**Date:** Wednesday, August 01, 2018 10:36:07 AM  
**Attachments:** [image006.png](#)  
[Behavioral Health Consultant Job Description.pdf](#)

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Hello,

I have some questions and clarifications that I would like to ask the Alaska LPC board.

I have recently begun a job as a Behavioral Health Consultant at [REDACTED] and my employer would like me to obtain an Alaska LPC so that they may bill for my services under this license. The position as advertised does not require a master's degree or professional license, though the Behavioral Health Consultant role in most other agencies is performed by MSWs or Psychologists. I have an LMHC from [REDACTED] which will hopefully transfer to an Alaskan LPC (I am in the process of obtaining additional CEUs needed to complete my LPC application).

Attached is my job description for your reference. Per my job description, discussions with my supervisor, and in my actual practice with patients, I am not doing counseling/therapy as part of my Behavioral Health Consultant role. Rather, I provide brief behavioral interventions as part of the Primary Care Behavioral Health integrated care model where I provide behavioral health consultation to patients and medical providers under the direction of the medical provider.

I asked my employers how they could bill for my services under an LPC license if I was not doing counseling/therapy and was told the following two answers:

1. *"You are not providing "psychotherapy" in the traditional sense (and by traditional, I mean within an episode where the patient has been assessed and diagnosed with a mental health dx).*

*Instead, you are providing "health and behavior interventions" to patients whose cases are initiated due to a medical concern.*

*Commercial insurances (such as Aetna, Blue Cross, etc) reimburse for these services, but only when provided by a licensed, credentialed provider, such as an LPC."*

2. *"With an LPC licensure you can do many things in the BH field besides strictly counseling. Consulting, case management, involuntary commitments, life coaching, assessments, administration, supervision, critical incident debriefings, psycho-education... the list goes on.*

*Your job description lists all the activities you do in your position and all of them fall within your expertise and the scope of your license. The position is designed to allow for an unlicensed person, someone with a BA, or even a BHA to perform the work.*

*Billing under a license or certification of any kind will be done using the appropriate billing codes for the work that you do. So you can expect that counseling, since this is not part of your job, is never billed."*

I am concerned about legality and ethics and would like the Board's help with the following questions and concerns:

1. Can non-counseling related services indeed be billed under an LPC license as explained above?
2. Despite not providing traditional counseling services as part of my job, can I get verification that in the LPC board's eyes that my attached job description does not in fact fall under the state's definition of "professional counseling?" I have looked up professional counseling as defined by State of Alaska: Chpt 29, Article 4, Sec. 08.29.490, but am still unclear.
3. Even though I am not counseling patients in my role as a Behavioral Health Consultant, if my services are billed under an LPC, would I therefore still be responsible for all the legal and ethical codes that apply to LPC services, even in my interactions with patients where I am not doing counseling? For example, would I need to obtain the same informed consent as regular counseling (I currently obtain verbal informed consent and explain that the services I provide are not counseling, but this informed consent is different and abbreviated from what I am used to obtaining when performing specialty mental health services)?

Thank you for your help with answering these questions and helping me address my concerns.

Sincerely,

[Redacted signature]

Behavioral Health Consultant

[Redacted contact information]



[Redacted contact information]

## **Behavioral Health Consultant**

**Summary:** Works as an integral part of the primary care team providing brief therapeutic interventions and quality clinical mental health consultation to providers and patients as requested by the medical providers.

**Essential Duties and Responsibilities** include the following. Other duties may be assigned.

Provide quality clinical consultation to providers and staff regarding mental and behavioral health related issues that are directly connected to the patient's medical condition.

Provide brief, solution focused behavioral interventions with active development of behavioral change planning for patients referred to Behavioral Health by medical providers.

Provide limited follow up appointments to deliver psychotherapeutic care related to the mind/body connection with medical problem presentations.

Cultivate education, administration and self-management skills for targeted populations with psychological or behavioral health issues.

Promote medical provider knowledge of patient behavioral health issues and provide education to assist with enhancing primary care utilization of behavioral health interventions.

Promote a smooth interface between medicine and specialized mental/behavioral health care throughout the organization.

Promote effective and consistent use of screening tools to identify patients with mental health risk factors.

Collaborate and co-manage the patient's behavioral health care with consistent, expeditious feedback to referring providers.

Provide on-site availability for crisis triage and intervention.

Document the clinical behavioral health aspect of patient interventions and track the patient referrals to specialty behavioral health care. Complete and submit in a timely manner all encounter forms for billing purposes.

Support village-based behavioral health workers in implementing integrated care workflows through Vidyo interface.

Utilize Federal, State, Local and community resources as needed to support patient needs.

Participate in staff development activities by attending workshops, seminars, and other activities as assigned to improve patient care skills. Pursue training and practicum experience as needed to increase level of BHA certification.

Ensure patients receive services in an appropriate, efficient, and professional manner. Recognize the need for development and modification of services and recommend changes. Coordinate services of contracted psychiatrist as needed.

Analyze situations and conditions to identify problems, trends and demands for behavioral health services. Make appropriate recommendations and program adjustments and monitors changes.

Participate in staff meetings and peer reviews with members of the medical, mental health, and substance abuse staff.

**Supervisory Responsibilities** This job has no supervisory responsibilities.

**Minimum Qualifications:** Associates Degree in Human Services, Chemical Dependency, Behavioral Health, or related field with two years of experience providing Behavioral Health services under the supervision of a Behavioral Health professional; or Bachelor's Degree in related field with 6 months of relevant experience; or equivalent combination of education and experience. Knowledge of AKAIMS Database or other electronic health records systems, Internet software, Spreadsheet software, and Word Processing software.

The information below was provided by the Division of Insurance.

I can provide the following information regarding the question about billing:

The various health plans have different benefits and requirements for health care providers offering services, and therefore, what is allowed to be billed for services and by license type will vary by insurer. It is typical that an insurer will require that a provider be licensed in order to obtain reimbursement. In addition, there are some services which are mandated by the state insurance statutes to be covered by licensed providers even if those providers are not typical. One example of this are the services for autism provided by an autism service provider under AS 21.42.395, another example would be coverage for well-baby exams by health aides. It is recommended that you double check any billing for your services to ensure that the bills reflect the services you are providing and that insurance fraud does not occur.



# 16. Old Business

A. Code of Ethics Discussion  
with AMHCA Representative



# **AMHCA Code of Ethics**



## **American Mental Health Counselors Association**

801 N. Fairfax Street, Ste. 304

Alexandria, VA 22314

V: 800-326-2642      F: 703-548-4775

[www.amhca.org](http://www.amhca.org)



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# **AMHCA Preamble**

The American Mental Health Counselors Association (AMHCA) represents mental health counselors. As the professional counseling organization of mental health counselors, AMHCA subscribes to rigorous standards for education, training and clinical practice. Mental health counselors are committed to increasing knowledge of human behavior and understanding of themselves and others. AMHCA members are highly skilled professionals who provide a full range of counseling services in a variety of settings. Members believe in the dignity and worth of the individual and make every reasonable effort to protect human welfare. To this end, AMHCA establishes and promotes the highest professional standards. Mental health counselors subscribe to and pledge to abide by the principles identified in the Code of Ethics.

This code is a document intended as a guide to: assist members to make sound ethical decisions; to define ethical behaviors and best practices for Association members; to support the mission of the Association; and to educate members, students and the public at large regarding the ethical standards of mental health counselors. Mental health counselors are expected to utilize carefully considered ethical-decision making processes when faced with ethical dilemmas.

## ***I. Commitment to Clients***

### ***A. Counselor-Client Relationship***

#### ***1. Primary Responsibility***

Mental health counselors value objectivity and integrity in their commitment to understanding human behavior, and they maintain the highest standards in providing mental health counseling services.

a) The primary responsibility of mental health counselors is to respect client dignity and promote client welfare.

b) Mental health counselors are clear with clients about the parameters of the counseling relationship. In a professional disclosure statement, they provide information about expectations and responsibilities of both counselor and client in the counseling process, their professional orientation and values regarding the counseling process, emergency procedures, supervision (as applicable) and business practices. Information is also provided regarding client rights and contact information for the state counseling licensure authority.

#### ***2. Confidentiality***

Mental health counselors have a primary obligation to safeguard information about individuals obtained in the course of practice, teaching, or research. Personal information is communicated to others only with the person's consent, preferably written, or in those circumstances, as dictated by state laws. Disclosure of counseling information is restricted to what is necessary, relevant and verifiable.

a) Confidentiality is a right granted to all clients of mental health counseling services. From the onset of the counseling relationship, mental health counselors inform clients of these rights including legal limitations and exceptions.

b) The information in client records belongs to the client and shall not be shared without permission granted through a formal release of information. In the event that a client requests that information in his or her record be shared, mental health counselors educate clients to the implications of sharing the materials.

c) The release of information without consent of the client may only take place under the most extreme circumstances: the protection of life (suicidality or homicidality), child abuse, and/or abuse of incompetent persons and elder abuse. Above all, mental health counselors are required to comply with state and federal statutes concerning mandated reporting.

d) Mental health counselors (or their staff members) do not release information by request unless accompanied by a specific release of information or a valid court order. Mental health counselors make every attempt to release only information necessary to comply with the request or valid court order. Mental health counselors are advised to seek legal advice upon receiving a subpoena in order to respond appropriately.

e) The anonymity of clients served in public and other agencies is preserved, if at all possible, by withholding names and personal identifying data. If external conditions require reporting such information, the client shall be so informed.

f) Information received in confidence by one agency or person shall not be forwarded to another person or agency without the client's written permission.

g) Mental health counselors have the responsibility to ensure the accuracy of, and to indicate the validity of, data shared with other parties.

h) Case reports presented in classes, professional meetings, or publications shall be disguised so that no identification is possible. Permission must be obtained from clients prior to disclosing their identity.

i) Counseling reports and records are maintained under conditions of security, and provisions are made for their destruction after five (5) years post termination or as specified by state regulations. Mental health counselors ensure that all persons in their employ, and volunteers, supervisees and interns, maintain confidentiality of client information.

j) Sessions with clients may be taped or otherwise recorded only with written permission of the client or guardian. Even with a guardian's written consent, mental health counselors should not record a session against the expressed wishes of a client. Such tapes shall be destroyed after five (5) years post termination or as specified by state regulations.

k) The primary client owns the rights to confidentiality; however, in the case where primary clients are minors or are adults who have been legally determined to be incompetent, parents and guardians have legal access to client information. Where appropriate, a parent(s) or

guardian(s) may be included in the counseling process; however, mental health counselors must take measures to safeguard client confidentiality within legal limits.

l) In working with families or groups, the rights to confidentiality of each member should be safeguarded. Mental health counselors must make clear that each member of the group has individual rights to confidentiality and that each member of a family, when seen individually, has individual rights to confidentiality within legal limits.

m) When using a computer to store confidential information, mental health counselors take measures to control access to such information. After five (5) years post termination or as specified by state regulations, the information should be deleted from the system.

n) Mental health counselors may justify disclosing information to identifiable third parties if clients disclose that they have a communicable or life threatening illness. However, prior to disclosing such information, mental health counselors must confirm the diagnosis with a medical provider. The intent of clients to inform a third party about their illness and to engage in possible behaviors that could be harmful to an identifiable third party must be assessed as part of the process of determining whether a disclosure should be made to identifiable third parties.

o) Mental health counselors take necessary precautions to ensure client confidentiality of information transmitted electronically through the use of a computer, e-mail, fax, telephone, voice mail, answering machines, or any other electronic means.

p) Mental health counselors protect the confidentiality of deceased clients in accordance with legal requirements and agency or organizational policy.

q) Mental health counselors may disclose information to third-party payers only after clients have authorized such disclosure or as permitted by Federal and/or state statute.

### ***3. Dual/multiple Relationships***

Mental health counselors are aware of their influential position with respect to their clients and avoid exploiting the trust and fostering dependency of the client.

a) Mental health counselors make every effort to avoid dual/multiple relationships with clients that could impair professional judgment or increase the risk of harm. Examples of such relationships may include, but are not limited to: familial, social, financial, business, or close personal relationships with the clients.

b) When deciding whether to enter a dual/multiple relationship with a client, former client or close relationship to the client, mental health counselors will seek consultation and adhere to a credible decision-making process prior to entering this relationship.

c) When a dual/multiple relationship cannot be avoided, mental health counselors take appropriate professional precautions such as informed consent, consultation, supervision and documentation to ensure that judgment is not impaired and no exploitation has occurred

d) Mental health counselors do not accept as clients, individuals with whom they are involved in an administrative, supervisory or other relationship of an evaluative nature.

#### ***4. Exploitive Relationships***

Mental health counselors are aware of the intimacy and responsibilities inherent in the counseling relationship. They maintain respect for the client and avoid actions that seek to meet their personal needs at the expense of the client.

a) Romantic or sexual relationships with clients are strictly prohibited. Mental health counselors do not counsel persons with whom they have had a previous sexual relationship.

b) Mental health counselors are strongly discouraged from engaging in romantic or sexual relationships with former clients. Counselors may not enter into an intimate relationship until five years post termination or longer as specified by state regulations. Documentation of supervision or consultation for exploring the risk of exploitation is strongly encouraged.

c) Determining the risk of exploitive relationships includes but is not limited to factors such as duration of counseling, amount of time since counseling, termination circumstances the client's personal history and mental status, and the potential adverse impact on the former client.

d) Mental health counselors are aware of their own values, attitudes, beliefs and behaviors, as well as how these apply in a society with clients from diverse ethnic, social, cultural, religious, and economic backgrounds.

### ***B. Counseling Process***

#### ***1. Counseling Plans***

Mental health counselors use counseling plans to direct their work with clients.

a) Mental health counselors and their clients work jointly in devising integrated, individual counseling plans that offer reasonable promise of success and are consistent with the abilities, ethnic, social, cultural, and values backgrounds, and circumstances of the clients.

b) Mental health counselors and clients regularly review counseling plans to ensure their continued viability and effectiveness, respecting the clients' autonomy.

#### ***2. Informed Consent***

Clients have the right to know and understand what is expected, how the information divulged will be used, and the freedom to choose whether, and with whom, they will enter into a counseling relationship.

a) Mental health counselors provide information that allows clients to make an informed choice when selecting a provider. Such information includes but is not limited to: counselor credentials, issues of confidentiality, the use of tests and inventories, diagnosis, reports, billing, and therapeutic process. Restrictions that limit clients' autonomy are fully explained.



b) Informed Consent includes the mental health counselor's professional disclosure statement and client bill of rights.

c) When a client is a minor or is unable to give informed consent mental health counselors act in the client's best interest. Parents and legal guardians are informed about the confidential nature of the counseling relationship. Mental health counselors embrace the diversity of the family system and the inherent rights and responsibilities parents/guardians have for the welfare of their children. Mental health counselors therefore strive to establish collaborative relationships with parents/guardians to best serve their minor clients.

d) Informed consent is ongoing and needs to be reassessed throughout the counseling relationship.

e) Mental health counselors inform the client of specific limitations, potential risks, and/or potential benefits relevant to the client's anticipated use of on-line counseling services.

### ***3. Multiple Clients***

When working with multiple clients, mental health counselors respect individual client rights and maintain objectivity.

a) When mental health counselors agree to provide counseling services to two or more persons who have a relationship (such as husband and wife, or parents and children), counselors clarify at the outset, the nature of the relationship they will have with each involved person.

b) Collateral consent informs family members or significant others involved in counseling, of the parameters and limitations of confidentiality.

c) If it becomes apparent that mental health counselors are unable to maintain objectivity resulting in conflicting roles, they must appropriately clarify, adjust, or withdraw from roles.

d) Rules of confidentiality extend to all clients who receive services, not just those identified as primary clients.

e) When working in groups, mental health counselors screen prospective group counseling/therapy participants. Every effort is made to select members whose needs and goals are compatible with goals of the group, who will not impede the group process, and whose well-being will not be jeopardized by the group experience.

f) In the group setting, mental health counselors take reasonable precautions to protect clients from physical, emotional, and psychological harm or trauma.

### ***4. Clients Served by Others***

Mental health counselors do not enter into counseling relationships with a person being served by another mental health professional unless all parties have been informed and agree.

a) When clients choose to change professionals but have not terminated services with the former professional, it is important to encourage the individual to first deal with that termination prior to entering into a new therapeutic relationship.

b) When clients work with multiple providers, it is important to secure permission to work collaboratively with the other professional involved.

### ***5. Termination and Referral***

Mental health counselors do not abandon or neglect their clients in counseling.

a) Assistance is given in making appropriate arrangements for the continuation of treatment, when necessary, during interruptions such as vacation and following termination.

b) Mental health counselors terminate a counseling relationship when it is reasonably clear that the client is no longer benefiting, when services are no longer required, when counseling no longer serves the needs and/or interests of the client, or when agency or institution limits do not allow provision of further counseling services.

c) Mental health counselors may terminate a counseling relationship when clients do not pay fees charged or when insurance denies treatment. In such cases, appropriate referrals are offered to the clients.

d) If mental health counselors determine that services are not beneficial to the client, they avoid entering or terminate immediately the counseling relationship. In such situations, appropriate referrals are made. If clients decline the suggested referral, mental health counselors discontinue the relationship.

e) When mental health counselors refer clients to other professionals, open and collaborative communication is important to ensure an appropriate transition.

f) If clients are in danger, such as domestic violence or suicidality, mental health counselors take steps to secure a safety plan, refer to appropriate resources, and if necessary contact appropriate support.

### ***6. Technology-Assisted Counseling***

Technology-assisted counseling includes but is not limited to computer, telephone, internet and other communication devices.

Mental health counselors take reasonable steps to protect patients, clients, students, research participants and others from harm. Mental health counselors performing technology-assisted counseling comply with all other provisions of this Ethics Code. Mental health counselors:

a) Establish methods to ascertain the client's identity and obtain alternative methods of contacting the client in an electronic emergency.

b) Electronically transfer client confidential information to authorized third-party recipients only when both the mental health counselor and the authorized recipient have secure transfer and acceptance capabilities as state and federal laws regulate.

c) Ensure that clients are intellectually, emotionally, and physically capable of using technology-assisted counseling services, and of understanding the potential risks and/or limitations of such services.

d) Provide technology-assisted counseling services only in practice areas within their expertise. Mental health counselors do not provide services to clients in states where doing so would violate local licensure laws or regulations.

e) Confirm that the provision of technology-assisted counseling services are not prohibited by or otherwise violate any applicable state or local statutes, rules, regulations or ordinances, codes of professional membership organizations and certifying boards, and/or codes of state licensing boards.

## ***7. Clients' Rights***

In all mental health services, wherever and however they are delivered, clients have the right to be treated with dignity, consideration and respect at all times. Clients have the right:

a) To expect quality service provided by concerned, trained, professional and competent staff.

b) To expect complete confidentiality within the limits of both Federal and state law, and to be informed about the legal exceptions to confidentiality; and to expect that no information will be released without the client's knowledge and written consent.

c) To a clear working contract in which business items, such as time of sessions, payment plans/fees, absences, access, emergency procedures, third-party reimbursement procedures, termination and referral procedures, and advanced notice of the use of collection agencies, are discussed.

d) To a clear statement of the purposes, goals, techniques, rules limitations, and all other pertinent information that may affect the ongoing mental health counseling relationship.

e) To appropriate information regarding the mental health counselor's education, training, skills, license and practice limitations and to request and receive referrals to other clinicians when appropriate.

f) To full, knowledgeable, and responsible participation in the ongoing treatment plan to the maximum extent feasible.

g) To obtain information about their case record and to have this information explained clearly and directly.

h) To request information and/or consultation regarding the conduct and progress of their therapy.

i) To refuse any recommended services and to be advised of the consequences of this action.

j) To a safe environment for counseling free of emotional, physical, or sexual abuse.

k) To a client grievance procedure, including requests for consultation and/or mediation; and to file a complaint with the mental health counselor's supervisor (where relevant), and/or the appropriate credentialing body.

l) To a clearly defined ending process, and to discontinue therapy at any time.

## ***8. End-of-Life Care for Terminally Ill Clients***

a) Mental health counselors ensure that clients receive quality end-of-life care for their physical, emotional, social, and spiritual needs. This includes providing clients with an opportunity to participate in informed decision making regarding their end-of-life care, and a thorough assessment, from a qualified end-of-life care professional, of clients' ability to make competent decisions on their behalf.

b) Mental health counselors are aware of their own personal, moral, and competency issues as it relates to end-of-life decisions. When mental health counselors assess that they are unable to work with clients on the exploration of end-of-life options, they make appropriate referrals to ensure clients receive appropriate help.

c) Depending upon the applicable state laws, the circumstances of the situation, and after seeking consultation and supervision from competent professional and legal entities, mental health counselors have the options of breaking or not breaking confidentiality of terminally ill clients who plan on hastening their deaths.

## ***C. Counselor Responsibility and Integrity***

### ***1. Competence***

The maintenance of high standards of professional competence is a responsibility shared by all mental health counselors in the best interests of the client, the public, and the profession. Mental health counselors:

a) Recognize the boundaries of their particular competencies and the limitations of their expertise.

b) Provide only those services and use only those techniques for which they are qualified by education, training, or experience.

c) Maintain knowledge of relevant scientific and professional information related to the services rendered, and recognizes the need for on-going education.

d) Represent accurately their competence, education, training, and experience including licenses and certifications.

e) Perform their duties, as teaching professionals, based on careful preparation in order that their instruction is accurate, up-to-date and educational.

f) Recognize the importance of continuing education and remain open to new counseling approaches and procedures documented by peer-reviewed scientific and professional literature.

g) Recognize the important need to be competent in regard to cultural diversity and are sensitive to the diversity of varying populations as well as to changes in cultural expectations and values over time.

h) Recognize that their effectiveness is dependent on their own mental and physical health. Should their involvement in any activity, or any mental, emotional, or physical health problem, compromise sound professional judgment and competency, they seek capable professional assistance to determine whether to limit, suspend, or terminate services to their clients.

i) Have a responsibility to maintain high standards of professional conduct at all times.

j) Take appropriate steps to rectify ethical issues with colleagues by using procedures developed by employers and/or state licensure boards.

k) Are aware of the intimacy of the counseling relationship, maintain a healthy respect for the integrity of the client, and avoid engaging in activities that seek to meet the mental health counselor's personal needs at the expense of the client.

l) Will actively attempt to understand the diverse cultural backgrounds of the clients with whom they work. This includes learning how the mental health counselor's own cultural/ethical/racial/religious identity impacts his or her own values and beliefs about the counseling process.

m) Are responsible for continuing education and remaining abreast of current trends and changes in the field including the professional literature on best practices.

n) Develop a plan for termination of practice, death or incapacitation by assigning a colleague or records custodian to handle transfer of clients and files.

## **2. *Non-discrimination***

Mental health counselors do not condone or engage in any discrimination based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

Mental health counselors do not condone or engage in sexual harassment. Sexual harassment is defined as any solicitation, physical, or verbal or nonverbal conduct that is sexual in nature that occurs in connection with professional activities or roles, and that is either

unwelcome or offensive, or creates a hostile workplace or learning environment, or is sufficiently severe or intense to be perceived as harassment to a reasonable person in the context in which the behavior occurred. Sexual harassment can consist of a single intense or severe act or multiple persistent or pervasive acts.

### ***3. Conflict of Interest***

Mental health counselors are aware of possible conflicts of interests that may arise between the counselor and the client, the employer, consultant and other professionals.

Mental health counselors may choose to consult with any other professionally competent person about a client assuring that no conflict of interest exists. When conflicts occur, mental health counselors clarify the nature of the conflict and inform all parties of the nature and direction of their loyalties and responsibilities, and keep all parties informed of their commitments.

## ***D. Assessment and Diagnosis***

### ***1. Selection and Administration***

Mental health counselors utilize tests (herein references educational, psychological, and career assessment instruments), interviews, and other assessment techniques and diagnostic tools in the counseling process for the purpose of determining the client's particular needs in the context of his/her situation.

a) Mental health counselors choose assessment methods that are reliable, valid and appropriate based on the age, gender, race, ability and other client characteristics. If tests must be used in the absence of information regarding the aforementioned factors, the limitations of generalizability should be duly noted

b) In selecting assessment tools, mental health counselors justify the logic of their choices in relation to the client's needs and the clinical context in which the assessment occurs.

c) Mental health counselors avoid using outdated or obsolete tests, and remain current regarding test publication and revision.

d) Mental health counselors use assessments only in the context of professional, academic, or training relationships.

e) Mental health counselors provide the client with appropriate information regarding the reason for assessment, the approximate length of time required, and to whom the report will be distributed.

f) Mental health counselors provide an appropriate assessment environment with regard to temperature, privacy, comfort, and freedom from distractions.

### ***2. Interpretation and Reporting***

Mental health counselors respects the rights and dignity of the client in assessment, interpretation, and diagnosis of mental disorders and makes every effort to assure that the client receives the appropriate treatment.

a) Mental health counselors base diagnoses and other assessment summaries on multiple sources of data whenever possible.

b) Mental health counselors are careful not to draw conclusions unless empirical evidence is present.

c) Mental health counselors consider multicultural factors (including but not limited to gender, race, religion, age, ability, culture, class, ethnicity, sexual orientation) in test interpretation, in diagnosis, and in the formulation of prognosis and treatment recommendations.

d) Mental health counselors are responsible for evaluating the quality of computer software interpretations of test data. Mental health counselors should obtain information regarding validity of computerized test interpretation before utilizing such an approach.

e) Mental health counselors clearly explain computerized test results in their summaries and reports.

f) Mental health counselors write reports in a style that is clear, concise and easily understandable for the lay reader.

g) To the extent possible mental health counselors provide test results in a neutral and nonjudgmental manner.

h) Mental health counselors are responsible for ensuring the confidentiality and security of assessment reports, test data, and test materials regardless of how the material is maintained or transmitted.

i) Mental health counselors train their staff to respect the confidentiality of test reports in the context of typing, filing, or mailing them.

j) Mental health counselors (or their staff members) do not release an assessment or evaluation report by request unless accompanied by a specific release of information or a valid court order. A subpoena is insufficient to release a report. In such a case, the counselor must inform his or her client of the situation. If the client refuses release, the mental health counselor coordinates between the client's attorney and the requesting attorney to protect client confidentiality and the counselor's legal welfare.

### ***3. Competence***

Mental health counselors employ only those diagnostic tools and assessment instruments they are trained to use by education, or supervised training and clinical experience.

a) Mental health counselors seek appropriate workshops, supervision and training to familiarize themselves with assessment techniques and the use of specific assessment instruments.

b) Mental health counselor supervisors ensure that their supervisees have adequate training in interpretation before allowing them to evaluate tests independently.

#### ***4. Forensic Activity***

Mental health counselors who are requested or required to perform forensic functions, such as assessments, interviews, consultations, report writing, responding to subpoenas, or offering expert testimony, comply with all provisions of this Ethics Code and act in accordance with applicable state law.

a) Mental health counselors who engage in forensic activity must possess appropriate knowledge and competence, including specialized knowledge about special populations, specialized testing and specialized interview techniques.

b) When conducting interviews, writing reports or offering testimony mental health counselors objectively offers their findings without bias, personal opinion or investment in the ultimate outcome.

c) The client, in a forensic evaluation will be informed about the limits of confidentiality, the role of the mental health counselor, the purpose of the assessment and potential for unfavorable findings.

d) Mental health counselors' forensic written reports and recommendations are based upon information and techniques appropriate to the evaluation.

e) Mental health counselors do not provide written conclusions or forensic testimony regarding any individual without assessment of that individual adequate to support any statements or conclusions offered in the forensic setting.

f) When testifying, the mental health counselors clearly present their qualifications and specialized training. They describe fairly the basis for their professional judgment, conclusions, and testimony. Counselors remain cognizant of the social responsibility they bear.

g) In general, mental health counselors do not evaluate, for forensic purposes, individuals whom they are currently counseling or have counseled in the past. In addition, in general, mental health counselors do not counsel individuals they are currently evaluating, or have evaluated in the past, for forensic purposes.

h) Forensic mental health counselors do not act as an advocate for the legal system, perpetrators, or victims of criminal activity.

#### ***E. Record-Keeping, Fee Arrangements, and Bartering***

##### ***1. Recordkeeping***



Mental health counselors create and maintain accurate and adequate clinical and financial records.

a) Mental health counselors create, maintain, store, transfer, and dispose of client records in ways that protect confidentiality and are in accordance with applicable regulations or laws.

b) Mental health counselors establish a plan for the transfer, storage, and disposal of client records in the event of withdrawal from practice or death of the counselor that maintains confidentiality and protects the welfare of the client.

## ***2. Fee Arrangements, Bartering, and Gifts***

Mental health counselors are cognizant of cultural norms in relation to fee arrangements, bartering, and gifts. Mental health counselors clearly explain to clients, early in the counseling relationship, all financial arrangements related to counseling.

a) In establishing professional counseling fees, mental health counselors take into consideration the financial situation of clients and locality. If the usual fees create undue hardship for the client, the counselor may adjust fees or assist the client to locate comparable, affordable services.

b) Mental health counselors usually refrain from accepting goods or services from clients in return for counseling services because such arrangements may create the potential for conflicts, exploitation and distortion of the professional relationship. However, bartering may occur if the client requests it, there is no exploitation, and the cultural implications and other concerns of such practice are discussed with the client and agreed upon in writing.

c) Mental health counselors contribute to society by providing pro bono services.

d) When accepting gifts, mental health counselors take into consideration the therapeutic relationship, motivation of giving, the counselor's motivation for receiving or declining, cultural norms, and the value of the gift.

## ***F. Other Roles***

### ***1. Consultant***

Mental health counselors acting as consultants have a high degree of self-awareness of their own values, knowledge, skills and needs in entering a helping relationship that involves human and/or organizational change.

a) The focus of the consulting relationship is on the issues to be resolved and not on the personal characteristics of those presenting the consulting issues.

b) Mental health counselors develop an understanding of the problem presented by the client and secure an agreement with the client, specifying the terms and nature of the consulting relationship.

c) Mental health counselors are reasonably certain that they and their clients have the competencies and resources necessary to follow the consultation plan.

d) Mental health counselors encourage adaptability and growth toward self-direction.

e) Mental health counselors keep all proprietary information confidential.

f) Mental health counselors avoid conflicts of interest in selecting consultation clients.

## ***2. Advocate***

Mental health counselors may serve as advocates at the individual, institutional, and/or societal level in an effort to foster sociopolitical change that meets the needs of the client or the community.

a) Mental health counselors are aware of and make every effort to avoid pitfalls of advocacy including conflicts of interest, inappropriate relationships and other negative consequences. Mental health counselors remain sensitive to the potential personal and cultural impact on clients of their advocacy efforts.

b) Mental health counselors may encourage clients to challenge familial, institutional, and societal obstacles to their growth and development and they may advocate on the clients' behalf. Mental health counselors remain aware of the potential dangers of becoming overly involved as an advocate.

## ***II. Commitment to Other Professionals***

### ***A. Relationship with colleagues***

Mental health counselors act with due regard for the needs and feelings of their colleagues in counseling and other professions. Mental health counselors respect the rights and obligations of the institutions or organizations with which they associate.

1. Mental health counselors understand how related professions complement their work and make full use of other professional, technical, and administrative resources that best serve the interests of clients.

2. Mental health counselors know and take into account the traditions and practices of other professional groups with which they work and cooperate fully in working for the benefit of public welfare.

3. Mental health counselors treat professional colleagues with the same dignity and respect afforded to clients. Professional discourse should be free of personal attacks.

4. Mental health counselors respect the viability, reputation, and proprietary rights of organizations that they serve.

5. Credit is assigned to those who have contributed to a publication, in proportion to their contribution.

6. Mental health counselors do not accept or offer referral fees from other professionals.

7. When mental health counselors have knowledge of the impairment, incompetence, or unethical conduct of a mental health professional, they are obliged to attempt to rectify the situation. Failing an informal solution, mental health counselors should bring such unethical activities to the attention of the appropriate state licensure board and/or the ethics committee of the professional association.

### ***B. Clinical Consultation***

Mental health counselors may offer or seek clinical consultation from another mental health professional. In clinical consulting mental health counselors provide critical and supportive feedback. Clinical consultation does not imply hierarchy or responsibility for client outcome.

### ***III. Commitment to Students, Supervisees and Employee Relationships***

Mental health counselors have an ethical concern for the integrity and welfare of supervisees, students, and employees. These relationships typically include an evaluative component and therefore need to be maintained on a professional and confidential basis. Mental health counselors recognize the influential position they have with regard to both current and former supervisees, students and employees and avoid exploiting their trust and dependency.

1. Mental health counselors do not engage in ongoing counseling relationships with current supervisees, students and employees.

2. All forms of sexual behavior with supervisees, students and employees are unethical.

3. Mental health counselors do not engage in any form of harassment of supervisees, students, employees or colleagues.

4. Mental health counselor supervisors advise their supervisees, students and employees against holding themselves out to be competent to engage in professional services beyond their training, experience, or credentials.

5. With supervisees, students and employees, mental health counselors make every effort to avoid dual/multiple relationships that could bias their judgment or increase the risk of personal or financial exploitation. When a dual/multiple relationship cannot be avoided, mental health counselors take appropriate professional precautions to make sure that detrimental effects are minimized. Examples of such dual/multiple relationships include, but are not limited to, a supervisee who receives supervision as a benefit of employment.

6. Mental health counselors do not disclose supervisee confidences regarding client information except:

- a) to prevent clear and imminent danger to a person or persons
- b) as mandated by law

- i) as in mandated child or senior abuse reporting or
  - ii) where the counselor is a defendant in a civil, criminal, or disciplinary action or
  - iii) where there is a waiver of confidentiality obtained, in writing, prior to such a release of information
- c) in educational or training settings where only other professionals who will share responsibility for the training of the supervisee are present and formal written client consent has been obtained for such disclosures for training purposes.

7. In the informed consent statement, students and mandated supervisees notify the client they are in supervision and provide their clients with the name and credentials of their supervisor, if requested.

8. Students and supervisees have the same ethical obligations to clients as those required of mental health counselors.

9. The primary obligation of supervisors is to monitor services provided by supervisees to ensure client welfare.

10. Supervisors are expected to monitor clinical performance of supervisees; including but not limited to regular meetings, review of case notes and records, direct observation of supervisee's clinical work via audio/video records, or live supervision.

11. Supervisors provide written informed consent prior to beginning a supervision relationship that documents business address and telephone number; list of degrees, license, and credentials/certifications held; areas of competence in clinical mental health counseling; training in supervision and experience providing supervision; model of or approach to supervision, including the role, objectives and goals of supervision, and modalities; evaluation procedures in the supervisory relationship; the limits and scope of confidentiality and privileged communication within the supervisory relationship; procedures for supervisory emergencies and supervisor absences; use of supervision agreements; and procedures for supervisee endorsement for certification and/or licensure, or employment to those whom are competent, ethical, and qualified.

#### ***IV. Commitment to the Profession***

Mental health counselors promote the mission, goals, values, and knowledge of the profession. They engage in activities that maintain and increase the respect, integrity, and knowledge base of the counseling profession and human welfare. Such activities include but are not limited to teaching, research, serving on professional boards and membership in professional associations.

##### ***A. Teaching***

As teaching professionals, mental health counselors perform their duties based on careful preparation to provide instruction that is accurate, current, and educational.

##### ***B. Research and Publications***

Mental health counselors, as researchers, conduct investigations and publish findings with respect for dignity and welfare of the participants and integrity of the profession.

1. The ethical researcher seeks advice from other professionals if any plan of research suggests a deviation from any ethical principle of research with human subjects. Such deviation protects the dignity and welfare of the client and places on the researcher a special burden to act in the subject's interest.

2. The ethical researcher is open and honest in the relationship with research participants.

3. The ethical researcher protects participants from physical and mental discomfort, harm, and danger. If the risks of such consequences exist, the investigator is required to inform participants of that fact, secure consent before proceeding, and take all possible measures to minimize the distress.

4. The ethical researcher instructs research participants that they are free to withdraw from participation at any time.

5. The ethical researcher understands that information obtained about research participants during the course of an investigation is confidential. When the possibility exists that others may obtain access to such information, participants are made aware of the possibility and the plan for protecting confidentiality and for storage and disposal of research records.

6. The ethical researcher gives sponsoring agencies, host institutions, and publication channels the same respect and opportunity for informed consent that they accord to individual research participants.

7. The ethical researcher is aware of his or her obligation to future research and ensures that host institutions are given feedback information and proper acknowledgement.

### ***C. Service on public or private boards and other organizations***

When serving as members of governmental or other organizational bodies, mental health counselors represent the mental health counseling profession and are accountable as individuals to the Code of Ethics of the American Mental Health Counselors Association.

## ***V. Commitment to the Public***

Mental health counselors recognize they have a moral, legal, and ethical responsibility to the community and to the general public. Mental health counselors are aware of the prevailing community and cultural values, and the impact of professional standards on the community.

### ***A. Public Statements***

Mental health counselors in their professional roles may be expected or required to make public statements providing counseling information or professional opinions, or supply information about the availability of counseling products and services. In making such statements, mental health counselors accurately represent their education, professional qualifications, licenses and credentials, expertise, affiliations, and functions, as well as those of

the institutions or organizations with which the statements may be associated. Public statements serve the purpose of providing information to aid the public in making informed judgments and choices. All public statements will be consistent with this Code of Ethics.

### ***B. Advertising***

Mental health counselors advertise the following: highest counseling-related degree, type and level of certification or license, and type and/or description of services or other relevant information concerning areas of clinical competence. These statements will not be false, inaccurate, misleading, or out of context.

## ***VI. Resolution of Ethical Problems***

Members are encouraged to consult with the AMHCA Ethics Committee regarding processes to resolve ethical dilemmas which may arise in clinical practice. Members are also encouraged to use commonly recognized procedures for ethical decision-making to resolve ethical conflicts.

The American Mental Health Counselors Association, its Board of Directors, and its National Committee on Ethics do not investigate or adjudicate ethical complaints. In the event a member has his or her license suspended or revoked by an appropriate state licensure board, the AMHCA Board of Directors may then act in accordance with AMHCA's National By-Laws to suspend or revoke his or her membership.

Any member so suspended may apply for reinstatement upon the reinstatement of his or her licensure.

**American Mental Health Counselors Association**

801 N. Fairfax Street, Ste. 304

Alexandria, VA 22314

V: 800-326-2642      F: 703-548-4775

[www.amhca.org](http://www.amhca.org)

B. Ethics Regulation Discussion  
& Research on NBCC,  
AMHCA & ACA  
(K. Cardwell)



## C. Telemedicine Business Registry

**For tribal and federal organizations, if they have a practitioner located in another state providing someone who is physically in a tribal or federal building in Alaska, do the telehealth laws apply?**

**Renee:**

Historically the board has stated that the practitioner must follow the statutes and regulations of their physical location and not the physical location of the patient/client. Most tribal and federal organizations do not require state licensure to provide services, in fact the DOC (which is a state agency) does not require state licensure either.

Federal agencies are exempt from registering from the TBR. Tribal organizations are their own entity that can be backed by other government agencies and may not require licensed Professional Counselors which is a way to side step the TBR as well. The TBR is for Businesses only.

**Sher Zinn, Regulations Specialist:**

No. Federal law trumps state law. Federal law only requires a practitioner to be licensed in any one state to qualify to practice anywhere in the country, they do not have to be licensed in the state they are practicing. Unless federal law requires them to comply with state telehealth laws to practice, no is the answer. The board may need to do some research on federal laws for telehealth. They are on the band wagon for telehealth for VA facilities from what I have read.

Some Alaska native health care facilities do require practitioners to obtain an Alaska license within one year of start of practice in Alaska. I am not sure if they are requiring folks to also register with the telemedicine business registry for out of state practitioners.

**Alaska Department of Commerce, Community, and Economic Development**  
**Professional Licensing Section**  
**Telemedicine Business Registry**

Information Packet Page Guide

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**Telemedicine Business Registry Contact:**  
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# Alaska Telemedicine Business Registry

## Informational Document

### Definition

“Telemedicine Services” has the meaning given in AS 44.33.381(c)(2): the delivery of health care services using the transfer of medical data through audio, visual, or data communications that are performed over two or more locations by a provider who is physically separated from the recipient of the health care services.

### Overview

The Alaska Telemedicine Business Registry (TBR) was implemented subsequent to the passage of Senate Bill 74, which was signed into law on June 21<sup>st</sup>, 2016. The authorizing statute of TBR originates with general government statute, AS 44.33.381, however, the Department by which the registry is operated, administered, and regulated is the Department of Commerce, Community, and Economic Development (DCCED). Although the registry may imply it is specifically housed within DCCED’s Business Licensing Section, oversight is actually with *Professional Licensing Section*. The overarching change—within the DCCED context and purview—is that boards regulated by the Department are explicitly prohibited from imposing disciplinary actions against licensed health care providers for providing telemedicine services, as long as the licensed provider complies with all statutes and regulations specific to the program under which they hold a license. While some boards and programs may require that if a provider is physically separated from a patient and they are delivering telemedicine services (e.g.: via Skype), a secondary licensed provider must be physically present with the patient, there may be other or different requirements specific to a given board or program. Any program-specific questions related to scope of practice should be forwarded to the assigned occupational licensing examiner for that program. Contact information can be found on the respective program’s website through DCCED – CBPL.

### Quick Points

- The TBR applies to all health care professions regulated by DCCED that have the capacity and/or authority (within program statutes/regulations) to provide telemedicine services
- An applicant for placement on the TBR may be submitted by an employee or representative on the business
  - The applicant = a business; the applicant ≠ professional licensee (but can submit an application on behalf of a business)
  - Business must have an Alaska business license
  - Corporations applying for placement on the registry that do not hold an Alaska business license must obtain one to gain eligibility
- If the business is a sole proprietorship or a partnership AND the owner(s) hold a professional license, DCCED updates the professional licensee’s file to include telemedicine as a specialty designation
- There is no renewal requirement associated with placement on the registry
- There is currently not a way to gauge who or how many licensees are engaged in telemedicine; this information will be solicited in the future as we update initial and/or renewal license applications (e.g.: “do you plan to engage in telemedicine practice?”; “are you currently engaged in providing telemedicine services?”).

### Website/Resources

- The link to DCCED’s telemedicine business registry page is:  
<https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/TelemedicineBusinessRegistry.aspx>
- Three applications are available on the website:
  - Initial application (Form #08-4694; \$50.00)
  - Change name, address, or contact information (Form #08-4722; \$50.00)
  - Removal (Form #08-4722)
- TBR regulations are included in Centralized Licensing Regulations (12 AAC 02)
  - Fees (12 AAC 02.106; page 4)
  - Application for placement on the telemedicine business registry; changes of information (12 AAC 02.600; page 19).

**ARTICLE 5.  
TELEMEDICINE BUSINESS REGISTRY.**

**Section**

**600. Application for placement on the telemedicine business registry; changes of information**

**12 AAC 02.600. APPLICATION FOR PLACEMENT ON THE TELEMEDICINE BUSINESS REGISTRY; CHANGES OF INFORMATION.** (a) To be registered on the telemedicine business registry established and maintained under AS 44.33.381, and before providing telemedicine services to a recipient located in this state, a business performing telemedicine services must submit to the department

(1) a complete registration on a form provided by the department; the registration must include the business's name, address, and contact information;

(2) a copy of the business's valid business license issued under AS 43.70 and 12 AAC 12; and

(3) the applicable fee established in 12 AAC 02.106.

(b) A business performing telemedicine services must register with the name it is using to perform telemedicine services in this state. A business operating under multiple names to perform telemedicine services shall file a separate registration for each name.

(c) If the name, address, or contact information of a business on the telemedicine business registry changes, the business performing telemedicine services must submit to the department, not later than 30 days after the change or termination,

(1) a complete report, on a form provided by the department, of each change; and

(2) the applicable fee established in 12 AAC 02.106.

(d) A business that fails to comply timely with (c) of this section may not perform telemedicine services in this state and must submit a new application under (a) of this section before resuming the provision of telemedicine services to a recipient located in this state.

(e) If a business terminates the performance of telemedicine services in this state, the business shall notify the department, requesting that the department remove the business from the telemedicine business registry. If a business gives notification under this subsection, the business must submit a new application under (a) of this section before resuming the provision of telemedicine services to a recipient located in this state.

(f) In this section, "telemedicine services" has the meaning given in AS 44.33.381.

**Authority:** AS 44.33.020 AS 44.33.381

**12 AAC 02.106. TELEMEDICINE BUSINESS REGISTRY.** The following fees are established for registration under AS 44.33.381 (telemedicine business registry) for businesses performing telemedicine services in this state;

(1) initial registration fee, \$50;

(2) fee to report changes in the information on the initial registration, \$50.

**Authority:** AS 44.33.020 AS 44.33.381

## Program-Specific Information

The program-specific information provided below is an overview of Senate Bill 74, but does not necessarily pertain to telemedicine as this bill included sweeping changes to Alaska's health care system, including CMS reimbursements and the Prescription Drug Monitoring Program (PDMP). Boards or programs listed in the bill do not mean the practice of telemedicine is exclusive to certain health care professions; other health care professions not mentioned in SB74 or on the TBR application may also provide such services—see AS 44.33.381.

- **Audiologists and Speech-Language Pathologists (AS 08.11.080(b), AS 08.11.083(b)), and (AS 08.11.085)):** Department/Board cannot impose disciplinary sanctions when licensees provide an evaluation, diagnosis, or treatment of a person through audio, video, or data communications when physically separated from the patient, but:
  - must provide follow-up care if physically separated from patient
  - must request consent to send a copy of records to the primary provider
  - must comply with other regulations adopted by the Board regarding qualifications and restrictions pertaining to evaluation, diagnosis, supervision, and treatment
  
- **Professional Counselors (AS 08.29.400(b)):** Department/Board cannot impose disciplinary sanctions when licensees provide an evaluation, diagnosis, or treatment of a person through audio, video, or data communications when physically separated from the patient, but:
  - must provide follow-up care if physically separated from patient
  - must request consent to send a copy of records to the primary provider
  - must comply with other regulations adopted by the Board regarding qualifications and restrictions pertaining to evaluation, diagnosis, supervision, and treatment
  
- **Dental Examiners (AS 08.36.010(c))**
  - Does not specifically mention telemedicine, but requires that licensees who hold a federal Drug Enforcement Administration registration number register with the PDMP under AS 17.30.200(o)
  
- **Board of Marital and Family Therapy (AS 08.63.210(c)):** Department/Board cannot impose disciplinary sanctions when licensees provide an evaluation, diagnosis, or treatment of a person through audio, video, or data communications when physically separated from the patient, but:
  - must provide follow-up care if physically separated from patient
  - must request consent to send a copy of records to the primary provider
  - must comply with other regulations adopted by the Board
  
- **Medical Board (AS 08.64.101(6), AS 08.64.364(a), AS 08.64.364(c)), and 12 AAC 40.943:** Department/Board cannot impose disciplinary sanctions for a physician who renders a diagnosis, provides treatment, prescribes, dispenses, or administering a non-controlled substance/ prescription drug without first conducting a physical exam, however:
  - all providers offering services to a patient must be licensed in Alaska
  - the treating physician or other licensed health care provider or a physician in the physician's group practice must be available to provide follow-up care
  - must request consent to send a copy of records to the primary care provider
  - a physically separated provider may prescribe, dispense, or administer a controlled drug only if a secondary provider is physically present with the patient
  - must practice in accordance with all relevant laws and practice standards, including compliance with:
    - the American Medical Association (AMA) guiding principles for telemedicine practice, published in the *AMA Council on Medical Service Reports, Coverage of and Payment for Telemedicine* (adopted June 2014); and
    - the Federation of State Medical Boards (FSMB) *Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Telemedicine* (adopted April 2014).

- **Board of Nursing (AS 08.68.100(a)(11))**
  - SB74 only mentions registering with the FDA’s controlled substance prescription database; it does not mention or allude to providing distance or out of state services
  - the board published an advisory opinion on telehealth for Advanced Nurse Practitioners in January, 2015 and revised in April 2015
    - Defines telehealth as “The delivery of health-related services & information via telecommunications technologies, encompassing preventive, promotive, and curative aspects.”
    - Telehealth advanced practice nursing requires the healthcare provider to hold an active unencumbered ANP license or authorization in Alaska.
    - Before the initiation of telehealth nursing care, a patient/provider relationship must be established, which should include a comprehensive health assessment by a Licensed Independent Practitioner who may or may not be the telehealth provider
  
- **Optometry (AS 08.72.060(c))**
  - If issued a federal drug enforcement administration registration number, the optometrist must register with the controlled substance prescription database (PDMP) under AS 17.30.200(o)
  
- **Board of Pharmacy (AS 08.80.030(b), 12 AAC 52.423, 12 AAC 52.425, and HSS AS 17.30.200)**
  - If issued a federal drug enforcement administration registration number, the pharmacist must register with the controlled substance prescription database (PDMP) under AS 17.30.200(o)
  - A central pharmacy intending to provide remote services at a remote pharmacy via a telepharmacy system (defined as a pharmacy in which the nearest non-remote pharmacy is further than 10 road miles away) must submit a remote pharmacy license application (form #08-4045) and is prohibited by federal law to provide pharmacy services to all individuals within 10 miles of its location
    - a remote pharmacy operates under a pharmacist in-charge; the pharmacy must be staffed by a pharmacist, pharmacy tech, or an intern
    - the pharmacist in charge must test the operation of the remote pharmacy and document the conclusion of the self-inspection on form # 08-4442 before providing pharmacy services
    - the computer and video link used to provide remote pharmacy services must have sound and at least one of the following:
      - Still image capture
      - Real time link
      - Store and forward
    - under a telepharmacy system:
      - Prescription dispensing = central pharmacy
      - Prescription distribution = remote pharmacy
      - all prescriptions cannot be dispensed until verified by the central pharmacist
    - a physical inventory of remote pharmacies are required on an annual basis

- pharmacist-in-charge, pharmacist, or other practitioner must submit all required information to the PDMP; failure to do so may result in disciplinary action being taken against the licensee (AS 17.30.200)
  - all licensees who have access to the State's PDMP must hold a license under DCCED (AS 17.30.200(d)(3))
- **Psychologists and Psychological Associates (AS 08.86.204(c)(d))**
  - must provide follow-up care if physically separated from patient
  - must request consent to send a copy of records to the primary provider
  - must comply with other regulations adopted by the Board regarding qualifications and restrictions pertaining to evaluation, diagnosis, supervision, and treatment
- **Social Workers (AS 08.95.050(b)(c))**
  - must provide follow-up care if physically separated from patient
  - must request consent to provide a copy of records to the primary provider
  - must comply with other regulations adopted by the Board regarding qualifications and restrictions pertaining to evaluation, diagnosis, supervision, and treatment
  - for initial license applicants, supervision hours can be obtained remotely by submitting a written request to the board (this does not apply to telemedicine services, telephonic or other distance based methods of obtaining supervision experience required for initial licensure)
- **Physical and Occupational Therapists (AS 08.84.120, 12 AAC 54.530, 12 AAC 54.825):**  
 Department/Board cannot impose disciplinary sanctions for a physical or occupational therapist who provides an evaluation, renders a diagnosis, or provides treatment via audio, video, or data communications if the licensee providing services is physically separated from the patient, but the licensee must
  - ensure there is another health care provider licensed in Alaska that is available to provide follow-up care
  - must request consent to send a copy of records to the primary care provider
  - must comply with other regulations adopted by the Board regarding qualifications and restrictions pertaining to evaluation, diagnosis, supervision, and treatment
  - Standards for telerehabilitation set in 12 AAC 54.530 and 12 AAC 54.825:
    - must be physically present in the state while performing rehabilitation
    - must interact with the patient maintaining the same ethical conduct and integrity required under the standards of practice in 12 AAC 54.530
    - must conduct one-on-one consultation, including initial evaluation
    - must provide and ensure appropriate client confidentiality and HIPAA compliance, establish secure connections, activate firewalls, and encrypt confidential information





THE STATE  
of

**ALASKA** *Department of Commerce, Community, and Economic Development*  
*Division of Corporations, Business and Professional Licensing*

### Telemedicine Business Registry

State Office Building, 333 Willoughby Avenue, 9th Floor

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550

Email: [license@alaska.gov](mailto:license@alaska.gov)

Website: [ProfessionalLicense.Alaska.Gov/TelemedicineBusinessRegistry](http://ProfessionalLicense.Alaska.Gov/TelemedicineBusinessRegistry)

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## Telemedicine Business Registry License Application Instructions

Please read the application and instructions carefully. Failure to do so may cause additional correspondence and delay in the processing of your application.

- **Initial Application:** To be included on the telemedicine business registry established and maintained under AS 44.33.381, and before providing telemedicine services to a recipient located in this state, a business performing telemedicine services must submit to the Division a complete registration on a form provided by the Division; the registration must include the business's name, address, and contact information.
- A business performing telemedicine services must register with the name it is using to perform telemedicine services in this state. A business operating under multiple names to perform telemedicine services shall file a separate registration for each name.
- **Business Registry Changes:** If the name, address, or contact information of a business on the telemedicine business registry changes, the business performing telemedicine services must submit to the Division, not later than 30 days after the change or termination, a Business Registry Change Form (08-4722). A business that fails to comply timely may not perform telemedicine services in this state and must submit a new application before resuming telemedicine services to a recipient located in this state.
- If a business terminates the performance of telemedicine services in this state, the business shall notify the department, requesting that the department remove the business from the telemedicine business registry. The business must submit a new application before resuming the provision of telemedicine services to a recipient located in this state.
- Appropriate fees must accompany applications before initial screening can begin. All fees may be paid with check or money order made payable to the State of Alaska or by credit card. To pay by credit card, use the attached credit card payment form.
- Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the Division's website at [ProfessionalLicense.Alaska.gov](http://ProfessionalLicense.Alaska.gov) under License Search.
- The complete set of statutes and regulations for this program are available by written request or online at the Division's website: [ProfessionalLicense.Alaska.Gov](http://ProfessionalLicense.Alaska.Gov). If you would like to receive notice of all proposed regulation changes for your program, email your request to [RegulationsAndPublicComment@Alaska.Gov](mailto:RegulationsAndPublicComment@Alaska.Gov) with your name, preferred contact method (mail or email), and the program you want to be updated on.

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**IT IS ILLEGAL TO DELIVER TELEMEDICINE SERVICES IN ALASKA  
WITHOUT A VALID BUSINESS LICENSE AND REGISTRATION**

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THE STATE  
of **ALASKA**

Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

FOR DIVISION USE ONLY

**Telemedicine Business Registry**

State Office Building, 333 Willoughby Avenue, 9<sup>th</sup> Floor

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550

Email: [license@alaska.gov](mailto:license@alaska.gov)

[ProfessionalLicense.Alaska.Gov/TelemedicineBusinessRegistry](http://ProfessionalLicense.Alaska.Gov/TelemedicineBusinessRegistry)

## Telemedicine Business Registry

<b>Required Fee:</b>	<input type="checkbox"/> Registration Fee	<b>\$50.00</b>
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Enter the three-letter program code of the primary health care profession delivered by telemedicine. Enter only <u>one</u> of the codes listed below:	<input type="text"/> — <input type="text"/> — <input type="text"/>
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**ATH** · Athletic Training

**AUD** · Audiology and Speech

**BEV** · Behavioral Analysis

**CHI** · Chiropractic

**CSW** · Social Work

**DEN** · Dental

**DTN** · Dietetics and Nutrition

**MED** · Medical

**MFT** · Marital and Family Therapy

**MID** · Midwifery

**NAT** · Naturopathy

**NUR** · Nursing

**OPT** · Optometry

**PCO** · Professional Counseling

**PHY** · Physical and Occupational Therapy

**PSY** · Psychology

**VET** · Veterinary

List your business name exactly as it appears on your current Alaska business license.	
<b>Business Name:</b> _____	<b>Business License #:</b> _____

<b>Complete Mailing Address:</b>	
<b>Representative's Phone:</b>	(       )       —

**EMAIL AGREEMENT:** By choosing to receive correspondence on any matter affecting your license or other business with the Alaska Division of Corporations, Business and Professional Licensing by email, you agree to notify the Division in writing when your email address changes. You understand that failure to check your email address or to keep it in good standing may result in an inability to receive crucial information, potentially resulting in the inability to obtain or retain licensure.

<b>Email Address:</b>	<input type="checkbox"/> Send my Correspondence by Email <input type="checkbox"/> Send my Correspondence by US Mail
-----------------------	--

<b>Representative's Name:</b> _____	<b>Title:</b> _____
<b>Representative's Signature:</b> _____	<b>Date:</b> _____



THE STATE  
of

**ALASKA** *Department of Commerce, Community, and Economic Development*  
*Division of Corporations, Business and Professional Licensing*

### **Telemedicine Business Registry**

State Office Building, 333 Willoughby Avenue, 9th Floor

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550

Email: [license@alaska.gov](mailto:license@alaska.gov)

Website: [ProfessionalLicense.Alaska.Gov/TelemedicineBusinessRegistry](http://ProfessionalLicense.Alaska.Gov/TelemedicineBusinessRegistry)

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## **Telemedicine Business Registry Information Change Instructions**

Please read the application and instructions carefully. Failure to do so may cause additional correspondence and delay in the processing of your application.

- **Business Registry Changes:** If the name, address, or contact information of a business on the telemedicine business registry changes, the business performing telemedicine services must submit to the Division, not later than 30 days after the change or termination, a Business Registry Change Form (08-4722). A business that fails to comply timely may not perform telemedicine services in this state and must submit a new application before resuming telemedicine services to a recipient located in this state.
- If a business terminates the performance of telemedicine services in this state, the business shall notify the department, requesting that the department remove the business from the telemedicine business registry. If a business gives notification under this subsection, the business must submit a new application before resuming the provision of telemedicine services to a recipient located in this state.
- Appropriate fees must accompany applications before initial screening can begin. All fees may be paid with check or money order made payable to the State of Alaska or by credit card. To pay by credit card, use the attached credit card payment form.
- Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the Division's website at [ProfessionalLicense.Alaska.gov](http://ProfessionalLicense.Alaska.gov) under License Search.
- The complete set of statutes and regulations for this program are available by written request or online at the Division's website: [ProfessionalLicense.Alaska.Gov](http://ProfessionalLicense.Alaska.Gov). If you would like to receive notice of all proposed regulation changes for your program, email your request to [RegulationsAndPublicComment@Alaska.Gov](mailto:RegulationsAndPublicComment@Alaska.Gov) with your name, preferred contact method (mail or email), and the program you want to be updated on.

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Department of Commerce, Community, and Economic Development  
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Email: [license@alaska.gov](mailto:license@alaska.gov)

[ProfessionalLicense.Alaska.Gov/TelemedicineBusinessRegistry](http://ProfessionalLicense.Alaska.Gov/TelemedicineBusinessRegistry)

## CHANGE: Telemedicine Business Registry

<b>Required Fee:</b>	<input type="checkbox"/> Registration Change Fee	<b>\$50.00</b>
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List your business name exactly as it appears on your current Alaska business license.

**Business Name:** \_\_\_\_\_ **Business License #:** \_\_\_\_\_

<b>CURRENT Contact Person:</b>		<b>Email:</b>	
<b>CURRENT Mailing Address:</b>			
<b>CURRENT Contact Phone:</b>	(      )	—	

### NEW INFORMATION TO BE REFLECTED ON THE REGISTRY

<b>NEW Contact Person:</b>	
<b>NEW Mailing Address:</b>	
<b>NEW Contact Phone:</b>	(      ) —

**NEW CONTACT PERSON EMAIL AGREEMENT:** By choosing to receive correspondence on any matter affecting your license or other business with the Alaska Division of Corporations, Business and Professional Licensing by email, you agree to notify the Division in writing when your email address changes. You understand that failure to check your email address or to keep it in good standing may result in an inability to receive crucial information, potentially resulting in the inability to obtain or retain licensure.

<b>Email Address:</b>		<input type="checkbox"/> Send my Correspondence by Email <input type="checkbox"/> Send my Correspondence by US Mail
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<b>Representative's Name:</b>	_____	<b>Title:</b>	_____
<b>Representative's Signature:</b>	_____	<b>Date:</b>	_____



THE STATE  
of **ALASKA**

Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

FOR DIVISION USE ONLY

**Telemedicine Business Registry**

State Office Building, 333 Willoughby Avenue, 9<sup>th</sup> Floor  
PO Box 110806, Juneau, AK 99811-0806  
Phone: (907) 465-2550  
Email: [license@alaska.gov](mailto:license@alaska.gov)  
[ProfessionalLicense.Alaska.Gov/TelemedicineBusinessRegistry](http://ProfessionalLicense.Alaska.Gov/TelemedicineBusinessRegistry)

**REMOVAL: Telemedicine Business Registry**

This form must be completed by a business currently on the Telemedicine Business Registry but which has terminated telemedicine services in Alaska. By submitting this form, the business named below will be removed from the registry. If telemedicine services are resumed, a new application (*Form 08-4694*) for placement on the registry must be submitted to the Department before services are provided to a recipient located in this state as required by 12 AAC 02.600(e).

Enter the three-letter program code of the primary health care profession delivered by telemedicine. Enter only one of the codes listed below:

--	--	--

- |                                   |   |  |
|-----------------------------------|---|--|
| <b>ATH</b> · Athletic Training    | <b>DTN</b> · Dietetics and Nutrition    | <b>OPT</b> · Optometry                         |
| <b>AUD</b> · Audiology and Speech | <b>MED</b> · Medical                    | <b>PCO</b> · Professional Counseling           |
| <b>BEV</b> · Behavioral Analysis  | <b>MFT</b> · Marital and Family Therapy | <b>PHY</b> · Physical and Occupational Therapy |
| <b>CHI</b> · Chiropractic         | <b>MID</b> · Midwifery                  | <b>PSY</b> · Psychology                        |
| <b>CSW</b> · Social Work          | <b>NAT</b> · Naturopathy                | <b>VET</b> · Veterinary                        |
| <b>DEN</b> · Dental               | <b>NUR</b> · Nursing                    |  |

<b>Telemedicine Business Registry Number:</b>	
---	--

<b>Complete Mailing Address:</b>	
<b>Representative's Phone:</b>	(       )       —

<b>Representative's Name:</b> _____	<b>Title:</b> _____
<b>Representative's Signature:</b> _____	<b>Date:</b> _____



THE STATE  
of **ALASKA**  
GOVERNOR BILL WALKER

Department of Commerce, Community,  
and Economic Development

DIVISION OF CORPORATIONS, BUSINESS AND  
PROFESSIONAL LICENSING

TELEMEDICINE BUSINESS REGISTRY

June 29<sup>th</sup>, 2017

P.O. Box 110806  
Juneau, AK 99811-0806  
Main: 907.465.2550  
Fax: 907.465.2974

TUNDRA TELEMEDICINE  
6931 CHAD ST  
ANCHORAGE, AK 99518

**TBR #: 124120**

Dear Alaska Business,

The Department of Commerce, Community, and Economic Development – Professional Licensing section received a Telemedicine Business Registry (TBR) application on behalf of representative, Carolyn McDougald for the partnership business, **TUNDRA TELEMEDICINE**, to be placed on Alaska's TBR. Effective **June 29, 2017**, the named business has been placed on the TBR in accordance with AS 44.33.381, 12AAC 02.600, and 12AAC 02.106. The registration number associated with this business is **124120** and will remain on the registry until a notice of termination is submitted to the Department. Placement on the registry does not require a renewal application or a renewal fee.

**Information Change:**

If your business has a change in name, address, or contact information, a notice of the change must be submitted to the Department by completing the Business Registry Change Form (form #08-4722) within 30 days of the change.

**Termination:**

If your business terminates providing telemedicine services, a Request for Removal from the Telemedicine Business Registry (form #08-4727) is required. To resume telemedicine services, a new application for placement on the TBR must again be submitted to the Department along with the required fee.

You may search for this business's placement on the TBR using the professional license search:  
<https://www.commerce.alaska.gov/cbp/Main/Search/Professional>

Sincerely,

**Laura Carrillo**

Records & Licensing Supervisor  
Professional Licensing  
State of Alaska – DCCED  
Phone: 907-465-2691  
E-mail: [laura.carrillo@alaska.gov](mailto:laura.carrillo@alaska.gov)  
Fax: 907-465-2974

## **Alaska Statute**

### **Sec. 44.33.381. Telemedicine business registry.**

(a) The department shall adopt regulations for establishing and maintaining a registry of businesses performing telemedicine services in the state.

(b) The department shall maintain the registry of businesses performing telemedicine services in the state. The registry must include the name, address, and contact information of businesses performing telemedicine services in the state.

(c) In this section,

(1) "department" means the Department of Commerce, Community, and Economic Development;

(2) "telemedicine services" means the delivery of health care services using the transfer of medical data through audio, visual, or data communications that are performed over two or more locations by a provider who is physically separated from the recipient of the health care services.

# 17. New Business



## 18. Administrative Business

A. Schedule Upcoming Meetings

B. Sign Certificates & Meeting Minutes

C. Task List

# STATE OF ALASKA

# 2018 STATE CALENDAR

## State Holidays

Date	Holiday
01/01	New Year's Day
01/15	MLK Jr.'s Birthday
02/19	Presidents' Day
03/26	Seward's Day
05/28	Memorial Day
07/04	Independence Day
09/03	Labor Day
10/18	Alaska Day
11/11	Veterans' Day (observed 11/12)
11/22	Thanksgiving Day
12/25	Christmas Day

Biweekly employees please refer to appropriate collective bargaining unit agreement for more information regarding holidays.

- Holiday
- Payday

### JANUARY

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

### FEBRUARY

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11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

### MARCH

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### APRIL

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29	30					

### MAY

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27	28	29	30	31		

### JUNE

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### JULY

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### AUGUST

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### SEPTEMBER

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### OCTOBER

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### NOVEMBER

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### DECEMBER

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30	31					

# STATE OF ALASKA

# 2019

**JANUARY**

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**JULY**

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28	29	30	31			

**FEBRUARY**

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**AUGUST**

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18	19	20	21	22	23	24
25	26	27	28	29	30	31

### State Holidays

Date	Holiday
01/01	New Year's Day
01/21	MLK Jr.'s Birthday
02/18	Presidents' Day
03/25	Seward's Day
05/27	Memorial Day
07/04	Independence Day
09/02	Labor Day
10/18	Alaska Day
11/11	Veterans' Day
11/28	Thanksgiving Day
12/25	Christmas Day

Biweekly employees please refer to appropriate collective bargaining unit agreement for more information regarding holidays.

 Holiday  
 Payday



State calendar maintained by the  
 Division of Finance,  
 Department of Administration  
<http://doa.alaska.gov/calendars.html>  
 Revised 04/16/2018

# STATE CALENDAR

**MARCH**

S	M	T	W	R	F	S
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24	25	26	27	28	29	30
31						

**SEPTEMBER**

S	M	T	W	R	F	S
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22	23	24	25	26	27	28
29	30					

**APRIL**

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21	22	23	24	25	26	27
28	29	30				

**OCTOBER**

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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

**MAY**

S	M	T	W	R	F	S
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19	20	21	22	23	24	25
26	27	28	29	30	31	

**NOVEMBER**

S	M	T	W	R	F	S
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3	4	5	6	7	8	9
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17	18	19	20	21	22	23
24	25	26	27	28	29	30

**JUNE**

S	M	T	W	R	F	S
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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

**DECEMBER**

S	M	T	W	R	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				



**19. Lunch Break**

**20. Adjourn at 3 pm**

(Later if Necessary)