



TECHNOLOGY AND DISTANCE COUNSELING CHECKLIST

TYPE

- | | | | |
|---|-----------------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Facsimile | <input type="checkbox"/> Computer | <input type="checkbox"/> Audio/Video | <input type="checkbox"/> Text |
| <input type="checkbox"/> Cellular phone | <input type="checkbox"/> E-mail | <input type="checkbox"/> VoIP | <input type="checkbox"/> Other |

CONFIDENTIALITY

- Information transmitted** is is not secure/encrypted and could be **transferred** to: referral source, legal representative, employer, rehabilitation team, payer, other(s): _____
- Communication with other parties** (referral source, legal representative, employer, rehabilitation team, subcontractors, other(s)): _____
- Minimal disclosure** of identifying information (e.g., codes, numbers, etc.)
- Verifying identity:** _____
- Identity of **parent(s)/guardian(s)** with minors or adults with guardians: _____
- Other limits to confidentiality: _____

BENEFITS AND/OR LIMITATIONS/HAZARDS

- | | | | |
|--|--|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Accessibility | <input type="checkbox"/> Documentation | <input type="checkbox"/> Reliability | <input type="checkbox"/> Other(s) |
| <input type="checkbox"/> Benefits | | | |

RECORDS AND MAINTENANCE/RETENTION

- Safety/confidentiality** of taped, computerized, digital, or electronic counseling records created, maintained, transferred, or destroyed over time
- How, how long, and in what format **electronic records** are **maintained**
- Other records maintenance and retention: _____

(UN)AUTHORIZED MONITORING OR TRANSMISSIONS

- | | |
|---|---|
| <input type="checkbox"/> Synchronous communication | <input type="checkbox"/> Technical assistance specialists |
| <input type="checkbox"/> Supervisors and/or Employers | <input type="checkbox"/> Other(s): _____ |

COUNSELOR AVAILABILITY

- When and **frequency** of when e-mail, voice-mail, text, or other **electronic communication is checked**
- Alternative** and/or **emergency contact(s)** when unavailable electronically
- Electronic failure**
- Lapses** in ability to access the Internet
- Other(s): _____

APPLICATION, BEHAVIOR, AND IDENTITY

- Inappropriate use or application** of the Internet
- Misunderstandings** resulting from the lack of visual cues and/or voice intonations
- Self-description** when there is no face-to-face interaction
- Level of **expected behavior** regardless of the form of communication
- Websites for certification bodies** and/or **licensing boards**
- Other(s): _____

This checklist was developed to assist certified rehabilitation counselors in the disclosure of technology-specific standards within the *Code of Professional Ethics for Rehabilitation Counselors*, should this be applicable or necessary when providing services to a client or an evaluatee.

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RECOMMENDED CITATION

Commission on Rehabilitation Counselor Certification. (2011). *Technology and Distance Counseling Checklist*. Retrieved [date] from, http://www.crc certification.com/filebin/pdf/CRCC_TechnologyAndDistanceCounselingChecklist.pdf