



STANDARDS OF PRACTICE

Registrants of the Nova Scotia Regulator of Psychology are expected to be familiar with and adhere to all standards of practice, the Canadian Code of Ethics for Psychologists, other practice guidelines, and with legislation relevant to their practice.

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**STANDARDS OF PROFESSIONAL CONDUCT
SECTION I**

STANDARDS OF PROFESSIONAL CONDUCT¹

Effective 19th February 2007
Last Reviewed/Updated: December 2025

Terms

Psychologist refers to an individual registered by the Nova Scotia Regulator of Psychology .

Psychologist, Candidate Register refers to an individual who has completed their university training, has received a Masters or Doctoral degree, and is in the process of completing the Nova Scotia Regulator of Psychology requirements to become a registered psychologist.

Registrant refers to an individual registered on either the Register of Psychologists or the Candidate Register of the Nova Scotia Regulator of Psychology .

Professional governing body refers to the Nova Scotia Regulator of Psychology .

Psychological services refer to services provided by or under the direction of a psychologist or psychologist, Candidate Register. Psychological services include, but are not limited to, the following:

- (a) Psychological evaluation, diagnosis, and assessment of individuals and groups.
- (b) Interventions with individuals or groups.
- (c) Teaching of and/or research in psychology
- (d) Consultation
- (e) Program development and evaluation
- (f) Supervision

Professional activities refer to activities of a psychological nature conducted by or under the direction of a registrant. Professional activities include, but are not limited to, one or more of the following:

- (a) Education and training
- (b) Scholarly activities
- (c) Administration

Client includes:

- (a) Direct recipients of psychological services.
- (b) Public and private institutions, facilities or organizations receiving psychological services.
- (c) Third party purchasers- those who pay for the delivery of services but who are not the recipients of the services.
- (d) Parents or guardians of children who are unable to give informed consent.

¹Adapted from the Standards of Professional Conduct of the College of Psychologists of Ontario (revised September 2005). The Nova Scotia Regulator of Psychology expresses gratitude to the College of Psychologists of Ontario for allowing NSRP to adapt the Ontario Standards for use in Nova Scotia.

- (e) Children who are able to give informed consent and who are direct recipients of psychological services.

Public statements include but are not limited to: paid or unpaid advertising, grant and credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, comments for use in the media such as print and electronic transmission, statements in legal proceedings and contained in the public record, lectures and public oral presentations and published material.

Psychological records include all forms of information collected in relation to the provision psychological services regardless of the nature of the storage medium.

Principle 1

A registrant shall be open and responsive to the regulation and discipline of the Nova Scotia Regulator of Psychology .

- 1.1 It is the responsibility of a registrant to conduct themselves so that the activities and those of any persons they supervise in providing psychological services are in compliance with the ethics and standards endorsed by the Nova Scotia Regulator of Psychology (NSRP).
- 1.2 A registrant, when requested by NSRP, must be able to provide an account of their responsibilities and functions and when employed by an institution or by individuals other than psychologists, a description of the organizational and service context.
- 1.3 During the investigation of a complaint against a registrant, the registrant must promptly comply with requests for information made by NSRP or a committee of NSRP.
- 1.4 A registrant shall adhere to any undertaking or agreement that the registrant has made with NSRP.
- 1.5 If requested by a client, a registrant shall provide information regarding the mandate, function, location and contact information of NSRP, and provide information about where the client can obtain:
 - a) the statutes and regulations that govern the provision of psychological services; and
 - b) The NSRP's standards, guidelines, and codes of ethics

Principle 2

A registrant shall organize and conduct their activities so that users shall receive appropriate and adequate psychological services.

- 2.1 In private practice settings, a registrant, whether working individually, in partnership or as a shareholder of a psychological corporation, shall assume responsibility for the planning, delivery, and supervision of all the psychological services they provide to a client.
- 2.2 In employment settings, a registrant shall assume responsibility for the planning, delivery, and supervision of all the psychological services they provide to a client. Registrants working as employees shall make reasonable efforts to ensure that their work setting

adheres to the Standards of Professional Conduct in the planning, delivery, supervision and billing practices of all psychological services provided.

- 2.3 The provision of psychological services on behalf of a corporate client does not diminish a registrant's obligations and professional responsibilities to the individual client.
- 2.4 Registrants do not discontinue services without, in consultation with the client, making reasonable arrangements for the client to obtain services elsewhere.
- 2.5 A registrant shall be familiar with the standardization, norms, reliability, and validity of any tests and techniques used and with the proper use and application of these tests.
- 2.6 A registrant shall be familiar with the evidence for the relevance and utility of interventions used and with the proper use and application of these interventions.
- 2.7 A registrant shall provide professional opinions that are clear, fair and unbiased and communicate these in a manner likely to be understood by the client.
- 2.8 A registrant documents their sources of data.
- 2.9 A registrant uses the various guidelines i.e., Custody and Access Guidelines, Sexual Misconduct Guidelines etc., that are available through NSRP to monitor their provision of services in the areas addressed by the guidelines.

Principle 3

A registrant shall conduct themselves so that clients will receive their most effective professional performance.

- 3.1 A registrant shall provide services within the boundaries of their competence. A registrant wishing to provide services outside their areas of competence shall do so only under supervision. Individuals on the Candidate Register wishing to do so shall submit a formal learning plan to NSRP for approval.
- 3.2 A registrant planning to change or expand their professional practice to include a new area, client group or activity, beyond the registrant's existing declared competence shall undertake appropriate training, education and supervision. Registrants should consult the [Learning Plans & Scope of Practice Policy](#) to determine if a formal learning plan must be submitted to the Regulator for approval. In the event that there are questions regarding competency, the registrant must be able to demonstrate to the NSRP the preparation they have undertaken. Individuals on the Candidate Register planning to expand their practice shall submit a formal learning plan to NSRP for approval.
- 3.3 A registrant must not engage in the practice of psychology while their ability to perform professional services is impaired or could reasonably be expected to be, impaired due to addictions, mental, emotional, physiological, or pharmacological conditions. A registrant who becomes impaired after psychological services have been initiated shall discontinue providing services, making reasonable efforts to ensure clients are notified and assisted in obtaining replacement services.

- 3.4 A registrant is expected to maintain current knowledge of Federal and Provincial statutes, and other agencies and professional regulations relating to the delivery of their professional services.

Principle 4

A registrant accurately represents services and qualifications.

- 4.1 A registrant shall not make public statements that are false, misleading, or fraudulent concerning their psychological services or professional activities or those of persons or organizations with which they are affiliated.
- 4.2 A registrant shall not misrepresent directly or by implication their professional qualifications such as education, experience, or areas of competence.
- 4.3 A registrant shall not misrepresent their qualifications by listing or displaying any affiliations with an organization that might be construed as implying the sponsorship or certification of that organization. A registrant may list or display an affiliation only if such sponsorship or certification does, in fact, exist.
- 4.4 A registrant in presenting their qualifications:
- a) shall represent themselves to the public as a registrant of NSRP by the use of the title Psychologist or Psychologist, Candidate Register. This may be abbreviated to R. Psych or Psych (Cand. Reg.).
 - b) may clarify areas of practice with the addition of a qualifier either to the title Psychologist or Psychologist, Candidate Register or by citing one or more areas of practice. The qualifier or citation must be consistent with one or more of the areas of practice identified in the NSRP registration guidelines and must be consistent with the area(s) of practice identified to NSRP by the registrant.
 - c) shall not qualify their title by citing membership in professional associations (e.g., APNS, CPA, APA)
 - d) may note diplomate or specialist status.
 - e) shall specify only the highest academic degree on which registration is based.
 - f) shall refrain from using a title or designation unrelated to the nature of the services provided in presenting their qualifications e.g., MBA, CA, P.Eng.
- 4.5 A paid advertisement shall be identified, or clearly recognizable, as an advertisement. Registrants who engage others to create or place advertisements or public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.
- 4.6 Advertisements, announcements, brochures, business cards, business communication listings or any form of promotional activity must be supportable by facts and reflect 4.4 above.
- 4.7 A registrant shall not compensate a representative of the media, in any way, in return for free publicity.

- 4.8 A registrant who provides information, advice or comment to the public via any medium shall take precautions to ensure that:
- a) the statements are accurate and supportable based on current professional literature or research.
 - b) the statements are consistent with the professional standards, policies, and ethics currently adopted by NSRP.
 - c) the individual(s) receiving this information understands that the statements made are for information only, that a professional relationship has not been established and that there is no intent to provide a professional service.
- 4.9 A registrant shall correct other registrants who are not representing their services and qualification in a manner consistent with these guidelines. A registrant shall not represent directly, or by implications, any person to be a psychologist who is not entitled by law to use this title.
- 4.10 A registrant who employs non-psychologists to provide service must ensure clients are informed at the onset regarding the professional status, qualifications, functions, and supervision of the non-psychologist provider.
- 4.11 The registrant ensures all billing practices related to the non-psychologist provider are clear and transparent.

Principle 5

A registrant shall respect the client's right to know the nature of the services provided.

- 5.1 A registrant shall obtain informed consent with respect to the delivery of all psychological services unless otherwise permitted or required by law. This includes, but is not limited to, agreeing on the general nature and extent of the services to be rendered.
- 5.2 At the onset of the provision of psychological services, or at the earliest reasonable opportunity, a registrant shall be responsible for informing clients of the limits of confidentiality maintained by the registrant and anyone they may employ and/or supervise.
- 5.3 A registrant fulfills the terms of the agreement with the client. Services departing from this agreement shall normally have the informed consent of the client prior to their initiation.
- 5.4 To the extent advisable and not contraindicated, a psychologist shall properly inform a person who has undergone an assessment or their legal representative of the conclusions, opinions and recommendations issuing from the assessment within a reasonable time.

Principle 6

A registrant shall reach an agreement with an individual, group or organization concerning the psychological services to be provided, the fees to be charged and the billing arrangements prior to providing service.

- 6.1 A registrant sets fees based on the amount of time spent and complexity of the services rendered and does not base fees on the basis of advantage or clinically significant benefits accruing to the individual receiving services.
- 6.2 Interest may be charged on an overdue account as long as the client is informed of this practice at the time of billing.
- 6.3 Prior to using a collection agency or legal option to collect fees, the registrant informs the client of this intent and provides an opportunity for payment to be made.
- 6.4 A registrant does not request advance payment for psychological services however funds may be held in trust if agreed on by the client. Trust funds are applied only to services rendered with any excess returned to the client on the termination of services.

Principle 7

A registrant shall make reasonable efforts to ensure that psychological records are complete and accessible and that their records and the records of those they supervise are secure and protected from loss, tampering or unauthorized use or access.

- 7.1 A registrant shall keep a record related to the psychological services provided by the registrant for each client, individual or corporate, who has engaged the registrant to provide psychological services or for whom such services have been authorized.
- 7.2 Individual client records will include the following:
 - a. clients name, address and phone number (if available).
 - b. clients date of birth.
 - c. the date of every relevant and clinically significant contact with the client.
 - d. the date of every clinically significant consultation, either given or received by the registrant, regarding services to the client.
 - e. a description of any presenting problem(s) and history relevant to the problem.
 - f. relevant information about every clinically significant service activity related to the client that is carried out by the registrant or under the responsibility of the registrant, including but not limited to: assessment procedures; assessment findings; diagnoses; goals or plans of service; reviews of progress including any modifications to plans of service; activities related to crises or critical incidents; interventions carried out or advice given.
 - g. relevant information about every clinically significant service activity that was commenced but not completed, including reasons for non-completion.
 - h. all reports or correspondence about the client received by the registrant, which are relevant and clinically significant to the registrant's service to the client.
 - i. all reports and communications prepared by the registrant regarding the client.
 - j. a copy of every signed-consent and/or documentation of obtaining verbal consent related to the registrant's service to the client.
 - k. relevant information about every referral of the client by the registrant to another professional.

Group training, emergency group services, group screening services, public education, or prevention services do not normally require the maintenance of an individual client record. Otherwise, all information recorded and/or compiled about an individual client shall be identifiable as pertaining to that particular client and all information recorded and / or compiled shall be dated and contain the name of the person making the entry.

7.3 Corporate Client Records will include the following:

- a) the name and contact information of the corporate client
- b) the name(s) and title(s) of the person(s) who can release confidential information about the corporate client.
- c) the date and nature of each substantive service provided to the corporate client.
- d) a copy of all agreements and correspondence with the client
- e) a copy of each report that is prepared for the client

7.4 Unless otherwise required by law a registrant shall retain both individual and corporate client records for at least ten years following the last client contact. If an individual client was less than eighteen years of age at the time of last contact, the individual client record shall be retained for ten years following the date of the client's eighteenth birthday. In the case of ongoing service to a corporate client, information more than ten years old may be destroyed if it is not relevant to current services.

7.5 Billing records will include a record of fees charged to and received from clients; the payer; the recipient of services; the service provider(s); the date, nature and unit fee of the service; the total charged; and the date of payment. Billing records are retained on the same basis as 7.4 above.

7.6 A registrant shall make reasonable efforts to ensure that the disclosure or transmission of information protects the privacy of the client record and that appropriate care is exercised when placing information in a common record in an effort to ensure that their recommendations are not misunderstood or misused by others who may have access to the file.

7.7 In a private practice setting a member who plans to or ceases to provide psychological services shall take responsibility for the maintenance and security of client records or make arrangements for another registrant to secure and maintain the client record so that clients have access to their records for the prescribed retention period. The registrant shall inform NSRP of arrangements made at the earliest reasonable opportunity. A registrant in private practice should make advance arrangements for the security and maintenance of the client record in the event of their incapacity or death.

7.8 In an employment setting a registrant will make all reasonable efforts to ensure policy is in place that specifies the steps necessary to secure, maintain and make available, on appropriate request, all client records in the event of the registrants departure from that employment.

7.9 A registrant takes all reasonable steps to ensure that raw psychological data, if requested with proper authorization, is transferred to a designated registrant for interpretation rather than provided directly to a client or the client's legal representative.

- 7.10 A registrant does not release copyright or clinically significant information such as test questions, stimuli, manuals and protocols except when Ordered by the Court. In such cases the registrant makes all reasonable attempts to ensure the Court is aware of the ramifications of releasing such protected information to the general public.

Principle 8

A registrant shall not undertake or continue to provide psychological services when personal, scientific, professional, legal and financial or other interests could be reasonably expected to impair objectivity, competence or effectiveness in service delivery or expose the client to harm or exploitation.

Principle 9

A registrant does not seek special benefit or advantage from relations with a client.

9.1 Sections 9.1 to 9.4 have been replaced by the NSRP Sexual Abuse and Sexual Misconduct Standards (on the next page).

- 9.5 A registrant shall not engage in any verbal or physical behaviour of a demeaning or harassing nature in any professional context.
- 9.6 A registrant shall not use information obtained during the provision of psychological services to directly or indirectly acquire advantage over or exploit a client or to improperly acquire a benefit.
- 9.7 A registrant shall not persuade or influence a client to make gifts or contributions.
- 9.8 A registrant shall not accept a gift of more than token value

Revised January 2025

Sexual Abuse and Sexual Misconduct Standards

Nova Scotia Regulator of Psychology

1.0 Definitions

1.1 Client. Client means the individual who is the recipient or intended recipient of health care services from a registrant, and, where the context requires, includes a substitute decision-maker for the recipient or intended recipient of health care services, and vulnerable former client.

1.2 Vulnerable former client. All former clients of a psychologist are considered to be vulnerable. For clarity, vulnerable former client does not include former students or former employees.

Because sexual intimacies with a former therapy patient or client are so frequently harmful to the patient or client, and because such intimacies undermine public confidence in the psychology profession and thereby deter the public's use of needed services, psychologists do not engage in sexual intimacies with former therapy patients or clients even after a two-year interval except in the most unusual circumstances. The psychologist who engages in such activity after the two years following cessation or termination of treatment bears the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated, (2) the nature and duration of the therapy, (3) the circumstances of termination, (4) the patient's or client's personal history, (5) the patient's or client's current mental status, (6) the likelihood of adverse impact on the patient or client and others, and (7) any statements or actions made by the psychologist during the course of therapy suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the patient or client.

Section 1.2 has been adopted from the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association, 1992

1.3 Spouse. A person with whom the registrant is in a conjugal relationship for a continuous period of no less than two years, or who is legally married to the registrant

1.4 Intimate Partner. An intimate partner refers to a person whom one has been in a conjugal relationship with for at least 6 months, regardless of whether or not they cohabitate.

2.0 Sexual Misconduct

2.1 Sexual misconduct is any actual, threatened, or attempted sexualized behavior or remarks by a registrant towards a client or in a client's presence, including but not limited to, the following acts or omissions by the registrant:

2.1.1 Making sexually suggestive, flirtatious, or demeaning comments about a client's body, clothing, or sexual history, orientation or preferences.

2.1.2 Discussing the registrant's sexual history, sexual preferences, or sexual fantasies with a client.

- 2.1.3 Any behaviour, communication, gestures, or expressions that could be reasonably interpreted by the client as sexual.
 - 2.1.4 Rubbing against a client for sexual gratification.
 - 2.1.5 Removing the client's clothing, gown, or draping without consent or emergent medical necessity.
 - 2.1.6 Failing to provide privacy while the client is undressing or dressing, except as may be necessary in emergency situations.
 - 2.1.7 Dressing or undressing in the presence of a client.
 - 2.1.8 Posing, photographing, or filming the body or any body part of a client for the purpose of sexual gratification.
 - 2.1.9 Showing a client sexually explicit materials.
 - 2.1.10 Requesting or making advances to date or have a sexual relationship with a client, whether in person, through written or electronic means.
 - 2.1.11 Hugging, touching or kissing a client in a sexual manner.
 - 2.1.12 Fondling or caressing a client.
 - 2.1.13 Terminating the professional-client relationship for the purpose of dating or pursuing a romantic or sexual relationship.
 - 2.1.14 Sexual abuse.
- 2.2 No conduct constitutes sexual misconduct if the conduct is clinically appropriate to the professional services being provided by the registrant.
- 2.3 Sexual abuse is a form of sexual misconduct. The following acts between a registrant and a client constitute sexual abuse:
- 2.3.1 Sexual intercourse.
 - 2.3.2 Genital to genital, genital to anal, oral to genital, or oral to anal contact.
 - 2.3.3 Masturbation of a registrant by a client or in the client's presence.
 - 2.3.4 Masturbation of a client by a registrant.
 - 2.3.5 Encouraging the client to masturbate in the registrant's presence.
 - 2.3.6 Sexualized touching of a client's genitals, anus, breasts, or buttocks.
- 2.4 In addition to clients, Sections 2.1 to 2.3 also apply to current employees of the psychologist (excluding employees who are spouses or intimate partners) and current students of the psychologist.

3.0 Professional misconduct

- 3.1 Sexual misconduct constitutes professional misconduct.
- 3.2 A registrant must not engage in sexual misconduct.

4.0 Mandatory Duty to Report

- 4.1 A registrant:
 - must report to the registrar if the registrant has reasonable grounds to believe that another registrant has engaged in sexual misconduct;
 - must report to the regulatory body of another health profession if the registrant has reasonable grounds to believe that a member of that profession has engaged in sexual misconduct; and

- must report to an employer if the registrant has reasonable grounds to believe that a regulated or unregulated employee in the registrant’s work setting has engaged in sexual misconduct.

Notes:

- This standard is not meant to incorporate reporting of information learned within the confines of a counselling session with a client. It is related to reporting of colleagues.
- Registrants should refer to professional ethics and standards if information is provided by clients with respect to information about sexual misconduct that is shared in confidential client sessions.
- If a registrant has reasonable grounds to believe that a member of a regulated profession in their workplace has engaged in sexual misconduct, then they must report to both the regulatory body of the health professional as well as the employer.

5.0 Sexual misconduct when a spouse or intimate partner is a client:

Psychologists should not have as a client a person who is a spouse or intimate partner. In consideration of professional boundary issues, power relationships and other professional ethics and standards, psychologists do not normally provide formal psychological services to a spouse or intimate partner.

6.0 Registrants must cooperate with any regulatory body or committee of a regulatory body with respect to any regulatory process related to this standard.

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**STANDARDS FOR PROVIDERS OF PSYCHOLOGICAL SERVICES
SECTION II**

STANDARDS FOR PROVIDERS OF PSYCHOLOGICAL SERVICES

Effective 4th February 2010
Last Reviewed/Updated: December 2025

Adapted from the “Practice Guidelines for Providers of Psychological Services”, Canadian Psychological Association (2001 update) and ratified by the Association of Psychologists of Nova Scotia and the Nova Scotia Regulator of Psychology .

PREAMBLE:

Since the Nova Scotia Regulator of Psychology has the right to regulate psychology only, these Standards are to be understood to refer to psychological services and training (as opposed to services and training in other professions), even where the adjective “psychological” is not explicitly used, and psychological service units are not intended to interfere with the larger organizational structure in which they are embedded. Practice guidelines for psychologists who provide psychological services serve the important purpose of describing professional activities that demonstrate compliance with the profession’s standards of ethical and competent behaviour.

OBJECTIVES OF THE GUIDELINES:

- (1) Practice guidelines define common expectations for organizations and psychologists who provide psychological services, and for the user of the service. They provide both the provider and the user with a baseline or criteria for evaluating the quality and appropriateness of practice.
- (2) Practice guidelines provide an external authority for standards of ethical and competent practice for psychologists working in situations where others may be minimally knowledgeable and/or minimally supportive of these standards. Situations when such guidelines may be helpful may arise in working with organizational structures, or with third party users.
- (3) Practice guidelines identify standards of behaviour and approaches to service delivery that must be provided to at least a minimal level across the full range of psychological services. However, psychologists are expected to strive for excellence in the practice of their profession.

GENERAL:

All persons providing psychological services shall meet minimally acceptable levels of training and experience, which are consistent and appropriate with the functions they perform. Responsibility and accountability for services provided by or under supervision of psychologists must rest with psychologists who are registered in the province of Nova Scotia. Those providing psychological services who have lesser (or other) levels of training must be supervised by a psychologist to assure that the public receive services of high quality. Although the practice guidelines are based on the Canadian Code of Ethics for Psychologists, they are not a substitute for it and are not intended to provide comprehensive coverage of the Code.

While assuring the user of the psychologist's accountability for the nature and quality of services rendered, standards must not constrain the psychologist from employing new methods or making flexible use of support personnel in the delivery of services.

Standards provide a basis for a mutual understanding between provider and user and facilitate effective evaluation of services provided and outcomes achieved. Standards are an important step towards uniformity in legislative and regulatory actions involving providers of psychological services and provide the basis for the development of accreditation procedures where appropriate.

Standards for the provision of psychological services influence what is considered acceptable structure, budgeting, and staffing patterns within facilities providing psychological services.

Systematically applied, standards serve to establish uniformly the minimally acceptable levels of psychological services. They serve to establish effective and consistent basis for evaluating the performance of individual service providers, and to guide the organizing of psychological service.

Standards give specific content to the profession's concept of ethical principles and provide direction for training models in psychology.

Standards require periodic review and revision.

DEFINITIONS:

Providers of Psychological Services refers to:

- (1) Psychologists who are registered by the Nova Scotia Regulator of Psychology , and who may work independently or may be employed in a larger organizational unit.
- (2) Persons who offer psychological services under the supervision of a psychologist.
- (3) Psychologist administrators who are responsible for organized psychological services units including agencies, departments, programs, teams or other types of units.
- (4) A larger organization that mandates, funds, and/or employs staff to provide psychological services as part of its overall operation

Psychological Services refers to services provided by or under the direction of a psychologist.

Psychological services include one or more of the following:

- (1) Psychological evaluation, diagnosis, assessment and interpretation of data concerning the functioning of individuals, groups and organizations in a variety of settings and activities.
- (2) Psychological interventions to facilitate the functioning of individuals, groups and organizations.
- (3) Teaching of and/or research in psychology.
- (4) Consultation relating to 1, 2, and 3, above.
- (5) Program development of services in the areas of 1, 2, 3, and 4, above.
- (6) Supervision of psychological services.

A Psychological Service Unit is the functional unit through which psychological services are provided. This includes but is not limited to the following:

- (1) A unit that provides predominantly psychological services and is composed of one or more psychologists.
- (2) A psychological service unit that operates as a professional service or as a functional or geographic component of a larger governmental, educational, correctional, health-related, training, industrial or commercial organizational unit.
- (3) A psychologist providing psychological services in a multi-occupational setting.
- (4) An individual or group of individuals in a private practice or psychological consulting firm.

Clients or users of psychological services refers to all clients including individuals, groups, families and organizations. User or clients include but are not limited to the following:

- (1) Direct users or recipients of psychological services.
- (2) Public and private institutions, facilities or organizations receiving psychological services.
- (3) Third-party purchasers – those who pay for the delivery of services but who are not recipients of services.

THE STANDARDS:

These standards are intended to expand on and compliment, not supplant or override the Nova Scotia Regulator of Psychology -Standards of Professional Conduct.

I. PROVISION OF SERVICES

I.1 PSYCHOLOGISTS DESIGN THE CONTENT AND FORM OF PSYCHOLOGICAL SERVICES TO MEET THE NEEDS OF USERS.

The psychologist administrators of service units systematically collect and analyze information on the needs of users in order to develop appropriate service programs. They identify which user interests are addressed by the program.

The psychologist practitioners assess individual user/client needs and assure that individual services are suited to these needs before the services are provided.

The psychologist practitioners recognize that when there is conflict between employer or third party user need and that of the direct recipient client need, that the latter takes priority.

I.2 THE PSYCHOLOGIST ADMINISTRATORS ARE RESPONSIBLE FOR ASSURING THE PSYCHOLOGIST PRACTITIONERS ARE SUITABLY TRAINED IN THE SKILLS AND TECHNIQUES NECESSARY FOR PROVIDING THE SERVICES OFFERED.

The psychologist administrators of service units that offer a wide or diverse range of service assure that individual psychologist practitioners concentrate on specific areas of practice or competence, and do not offer a range of services so broad as to reduce or dilute expertise.

The psychologist administrators of service units assure that psychologist practitioners have sufficient diversity of training and experience to meet diverse service needs.

The psychologist administrators assure that persons performing psychological service functions who do not meet standards for professional practice are supervised by professional psychologists with appropriate training and experience.

I.3 ALL LEVELS OF PROVIDERS OF PSYCHOLOGICAL SERVICES ARE RESPONSIBLE FOR PROVIDING SERVICES EFFICIENTLY AND EFFECTIVELY.

Psychologist practitioners are responsible to only offer services for which they have established their competence, or to obtain adequate training and supervision when extending their areas of competence to new areas. (See Standards IV.3 and IV.4)

Agencies, psychologist administrators, and practitioners work to ensure that users receive services in a timely fashion. Psychologists take action to avoid waiting periods or delays in the provision of services by monitoring the volume of service requests, and the capability of meeting those demands. Options for avoiding unreasonable delays may include increasing the number of psychologists in a service unit, establishing a hierarchy of user needs, or directing users to alternate services.

All levels of providers of psychological services monitor, review, or evaluate the effectiveness of services to ensure that user needs are met. Providers may alter or revise services to ensure effectiveness. They may adopt more effective new or alternate services as they become available. Psychologists are accountable for the services that they provide to the users of the service, and may also be accountable where applicable to an employer, to an external accrediting body, and to their professional regulatory body. Psychologists actively participate in procedures established by the employer or the profession of psychology for the purpose of review and evaluation of psychological practice. Psychologists ensure that these procedures comply with the standards of the Code of Ethics. Professional standards and guidelines for psychological practice are used to evaluate the quality of service delivery, and provide a basis for corrective action when deficiencies are discovered.

II. ORGANIZATION OF SERVICES

II.1 PSYCHOLOGISTS ESTABLISH THE RATIONALE AND PHILOSOPHY OF SERVICES THROUGH CLEAR STATEMENTS OF SERVICE DELIVERY OBJECTIVES.

The psychologist administrators organize professional services to meet stated objectives that identify the intended recipients and the general nature of the services to be provided.

Professional service program objectives are consistent with meeting the needs and well-being of users of psychological services.

Psychologist practitioners negotiate individual client objectives to meet the needs and well-being of individual users.

Psychologists communicate professional service objectives to staff, users, and other disciplines.

- II.2 **PSYCHOLOGISTS DEVELOP CLEARLY DEFINED POLICIES AND PROCEDURES TO STRUCTURE THE DELIVERY OF SERVICES.**
Psychologists within psychological service units adopt written procedures and policies that are consistent with professional standards for competent and ethical practice.
Psychologists inform clients of the procedures and policies that govern the provision of service.
Psychologists develop procedures and policies that are consistent with the code of ethics and with standards established by the professional regulatory body.

- II.3 **PSYCHOLOGISTS ESTABLISH CLEAR LINES OF PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY.**
Supervisory and professional roles and relationships within psychological service units are clearly defined.
A professional psychologist directs and administers a psychological service unit.
Supervisors must accept a special responsibility to protect the interests of both users and providers of services in those situations where the persons providing the services do not have current professional accreditation in psychology.
Psychologists in a service unit provide regular, systematic evaluation of services at the organizational level.
Psychologists in a service unit monitor the adequacy of their staffing patterns to meet service demands and seek to redress staffing shortages that create barriers to service delivery.

III. CLIENT RELATIONSHIPS

- III.1 **PSYCHOLOGISTS STRIVE TO MAKE THEIR CLIENT RELATIONSHIPS CLEAR AND UNAMBIGUOUS.**
Psychologists discuss with their clients the nature of their relationship, and clarify any factors that bear upon that relationship. They clarify limits to confidentiality of psychological records and, if this is a third-party payer for the services, they inform the client of the nature and extent of details that may be released to the third party (e.g. insurance companies, lawyers, courts).
Psychologists avoid dual relationships with clients and/or relationships that might impair their professional judgement or increase the risk of client exploitation. Examples of dual relationships include treating employees, supervisors, or close friends or relatives. Sexual relations with clients are prohibited.
Psychologists faced with making difficult ethical decisions seek professional consultation and support.

- III.2 **PSYCHOLOGISTS ONLY USE ADVERTISING OR MARKETING STRATEGIES, AND ONLY MAKE PUBLIC STATEMENTS THAT ARE**

CONSISTENT WITH THE WELFARE OF THE CLIENT, OTHER PSYCHOLOGISTS AND THE PROFESSION OF PSYCHOLOGY.

Psychologists act in a manner that is consistent with Principle 4 of the Nova Scotia Board of Examiners of Psychology – Standard of Professional Conduct.

To ensure that advertising and marketing strategies are targeted toward appropriate potential users, psychologists provide services to clients only if the service is based upon sound psychological principles or established research findings.

Psychologists use only those advertising and marketing approaches that are based upon sound business principles and that reflect well on the profession of psychology. Claims made by psychologists shall be based upon sound research findings, and may not employ testimonials, selective survey results, or misleading or false information.

Psychologists who interpret the science and practice of psychology to the public enter into a relationship with the public users of that information. Psychologists base public statements upon fact and established information and do not make public statements in areas where they do not possess expertise. Psychologists clearly differentiate between statements that are supported by empirical evidence and those that are based on opinion.

- III.3 PSYCHOLOGISTS SET REASONABLE FEES FOR THE SERVICES THEY RENDER, INFORM CLIENTS OF THE FEES THAT WILL APPLY TO THEM, AND COLLECT FEES IN A MANNER THAT IS CONSIDERATE OF THE WELFARE OF THE CLIENT. PSYCHOLOGISTS INFORM CLIENTS ABOUT FEES AND FEE COLLECTION METHODS AS EARLY IN THE RELATIONSHIP AS POSSIBLE

IV. TRAINING, QUALIFICATIONS AND COMPETENCE

- IV.1 PSYCHOLOGISTS SHALL LIMIT THEIR DELIVERY OF SERVICES TO THOSE AREAS OF COMPETENCE AS DEFINED BY VERIFIABLE TRAINING AND EXPERIENCE.

Psychologists practice within the limits of their competence.

Psychologists obtain training in the special areas of expertise where they will provide services. The training must meet the criteria for independent practice as required by the Nova Scotia Regulator of Psychology. Such training may include formal course work, research, individual study, applied training, and/or supervision as deemed appropriate. Psychologists must maintain their competence through the Continuing Competence Program and ensure any evolution in practice aligns with the [Learning Plans & Scope of Practice Policy](#).

- IV.2 PSYCHOLOGISTS MAINTAIN CURRENT KNOWLEDGE OF SCIENTIFIC AND PROFESSIONAL DEVELOPMENTS THAT ARE DIRECTLY RELATED TO THE SERVICES THEY RENDER.

- IV.3 PSYCHOLOGISTS WHO WISH TO CHANGE THEIR SERVICE SPECIALTY OR TO ADD AN ADDITIONAL AREA OF SPECIALIZATION MUST MEET

THE SAME REQUIREMENTS WITH RESPECT TO SUBJECT MATTER AND PROFESSIONAL SKILLS THAT APPLY TO A POST-GRADUATE TRAINING IN THE NEW SPECIALTY. PSYCHOLOGISTS SHOULD CONSULT THE [LEARNING PLANS & SCOPE OF PRACTICE POLICY](#) TO DEVELOP A FORMAL LEARNING PLAN.

IV.4 PSYCHOLOGISTS MAINTAIN KNOWLEDGE OF SPECIALIZED STANDARDS AND QUALIFICATIONS THAT ARE NECESSARY IN THE AREAS IN WHICH THEY PROVIDE SERVICES. WHERE NECESSARY AND/OR APPROPRIATE, PSYCHOLOGISTS OBTAIN SPECIAL TRAINING IN THE AREAS IN WHICH THEY PROVIDE SERVICE, AND OBSERVE THE STANDARDS FOR PROVIDERS OF THOSE SERVICES.

IV.5 PSYCHOLOGISTS DO NOT PROVIDE SERVICES WHEN THEIR ABILITY TO DO SO IS IMPAIRED BY ALCOHOL, DRUGS, PHYSICAL OR PSYCHOLOGICAL DISTURBANCE, OR OTHER DYSFUNCTION. Providers who deem themselves, or are deemed by others to be, unable to provide services ensure that their clients are not adversely affected. Clients are informed of the inability to provide services and, where necessary and/or appropriate, are referred to other service providers.

V. RECORD KEEPING AND CONFIDENTIALITY

V.1 PSYCHOLOGISTS MAINTAIN ACCURATE AND CURRENT RECORDS OF SERVICES PROVIDED.

Psychologists are expected to manage records in a manner that is consistent with Principle 7 of the Nova Scotia Regulator of Psychology - Standards of Professional Conduct.

Psychologists maintain records with sufficient information for monitoring and evaluating the services provided.

Psychologists respect clients' privacy by collecting and recording only that information necessary to respond to the needs of the client with appropriate services. When records are used for purposes not directly related to service provision, providers establish policies for protecting the rights of clients and their privacy, and for ensuring that information from records is not used in a manner that violates their rights and privacy. Psychologists respect client's rights of access to their own records and develop procedures to permit user access and user correction of errors.

V.2 ALL LEVELS OF PROVIDERS WORK TO ESTABLISH AND MAINTAIN A RELIABLE METHOD FOR SAFEKEEPING AND CONTROL OF RECORDS. Psychologists control access to psychological service records regardless of method of storage (e.g. physical, electronic, etc.). When records from a psychological service unit are made part of an organization-wide record-keeping system, psychologists develop procedural safeguards to ensure control over the part of the record collected by the provider of psychological service.

All levels of providers ensure the physical safety of records from loss or damage. Information stored electronically is duplicated and made secure

so that restoration after accidental loss or damage of an original version is possible.

V.3 ALL LEVELS OF PROVIDERS ESTABLISHES UNEQUIVOCAL PROCEDURES FOR RELEASING RECORDS ONLY WITH THE FULLY INFORMED CONSENT OF CLIENTS.

Psychologists inform users of any limits to confidentiality of information concerning them, such as access to records or service information required by third-party users or courts.

Psychologists safeguard the confidentiality of information released to third parties, by providing suitable advice to recipients about the confidential nature of the information.

Psychologists avoid releasing information that requires professional training for interpretation or analysis to persons who lack that training. When this information must or should be released, providers advise recipients about the limits to the usefulness or meaningfulness of the information.

Psychologists are cognizant of legally established limits on confidentiality that apply in the jurisdiction in which they deliver psychological services. These limits are addressed, whenever appropriate, within the informed consent procedure that is an integral component of a psychological service.

**LISTING OF STANDARDS / LEGISLATION / GUIDELINES
SECTION III**

STANDARDS / LEGISLATION / GUIDELINES FOR PSYCHOLOGISTS

Registrants of the Nova Scotia Regulator of Psychology are expected to be familiar with and adhere to standards, guidelines and legislation relevant to their practice. The following list is meant to be of assistance but should not be considered exhaustive. **While we attempt to keep the links in this page up to date, links can change without notification. If a link on this page is not working, a new link to the information can usually be found by searching for the name of the legislation or act in your web browser.**

A list of all the current Consolidated Public Statutes of Nova Scotia can be found at:

<https://nslegislature.ca/legislative-business/bills-statutes/consolidated-public-statutes>

Adult Capacity and Decision-making Act

This new law is for adults who cannot make some or all decisions for themselves. They may not be able to make some decisions because of a learning disability, mental health problems, brain injury, or for other reasons. This law allows another person to make some important decisions for them.

Act: https://nslegislature.ca/legc/bills/63rd_1st/3rd_read/b016.htm

Regulations: <https://novascotia.ca/just/regulations/regs/adultcapacity.htm>

Adult Protection Act

<https://nslegislature.ca/sites/default/files/legc/statutes/adult%20protection.pdf>

Applies to adults (defined as age 16 and above) “who lack the ability to care and fend adequately for themselves can be protected from abuse and neglect by providing them with access to services which will enhance their ability to care and fend for themselves or which will protect them from abuse or neglect.”

Every person who has information, whether or not it is confidential or privileged, indicating that an adult is in need of protection and who fails to report that information to the Minister is guilty of an offence under this Act.

Age of Majority Act

<https://nslegislature.ca/sites/default/files/legc/statutes/agemajor.htm>

Establishes that in Nova Scotia the age of majority is 19. Under the law, a child under the age of 19 is an infant or a minor.

Apology Act

<https://nslegislature.ca/sites/default/files/legc/statutes/apology.pdf>

Provides the ability for a professional to make an apology but prohibits the apology from being used as evidence of fault or liability.

An Act to amend the Criminal Code (conversion therapy)

https://laws-lois.justice.gc.ca/eng/AnnualStatutes/2021_24/FullText.html

Everyone who knowingly causes another person to undergo conversion therapy — including by providing conversion therapy to that other person — is

- (a) guilty of an indictable offence and liable to imprisonment for a term of not more than five years; or
- (b) guilty of an offence punishable on summary conviction.

Marginal note: Promoting or advertising

Everyone who knowingly promotes or advertises conversion therapy is

- (a) guilty of an indictable offence and liable to imprisonment for a term of not more than two years; or
- (b) guilty of an offence punishable on summary conviction.

Marginal note: Material benefit

Everyone who receives a financial or other material benefit, knowing that it is obtained or derived directly or indirectly from the provision of conversion therapy, is

- (a) guilty of an indictable offence and liable to imprisonment for a term of not more than two years; or
- (b) guilty of an offence punishable on summary conviction.

Canadian Code of Ethics for Psychologists

http://www.ns-rp.ca/downloads/Canadian_Code_of_Ethics_for_Psychologists.pdf

All psychologists are required to follow the Code of Ethics.

Canadian Free Trade Agreement

<https://www.cfta-alec.ca/>

Chapter Seven pertains to labour mobility in Canada.

Canadian Human Rights Act (R.S., 1985, c. H-6)

<https://laws.justice.gc.ca/eng/acts/H-6/>

An Act to extend the laws in Canada that proscribe discrimination

Children and Family Services Act

<https://nslegislature.ca/sites/default/files/legc/statutes/children%20and%20family%20services.pdf>

The purpose of this Act is to protect children from harm, promote the integrity of the family and assure the best interests of children.

CFSA sets out three types of duties to report:

1. General duty; [Section 23(1)]
2. Professional duty; [Section 24(2)] and
3. Third-party abuse [Section 25(2)].

Each duty applies to psychologists practising in Nova Scotia. Failing to report may result in harm to a child. Further, a failure to report is a criminal offence and carries significant legal consequences. Accordingly, it is critical that psychologists fully understand and appreciate their applicable legal reporting duties.

Child Pornography Reporting Act

<https://nslegislature.ca/sites/default/files/legc/statutes/childpor.htm>

The Act requires that "Every person who reasonably believes that a representation or material is child pornography shall promptly report to a reporting entity any information, whether or not it is confidential or privileged, that the person has respecting the representation or material."

Civil Procedure Rules Nova Scotia

https://www.courts.ns.ca/Civil_Procedure_Rules/cpr_home.htm

Rule 14.03 references the treatment of psychological data:

"... implied undertaking not to use information disclosed or discovered in a proceeding for a purpose outside the proceeding, without the permission of a judge.

(2) The implied undertaking extends to each of the following, unless a judge orders otherwise:

- (a) documentation used in administering a test, such as test documents supplied to and completed by a psychologist;
- (b) all notes and other records of an expert;
- (c) anything disclosed or produced for a settlement conference."

Copyright Act

<https://laws.justice.gc.ca/eng/acts/C-42/index.html>

Subsection 3(1) notes: *For the purposes of this Act, "copyright", in relation to a work, means the sole right to produce or reproduce the work or any substantial part thereof in any material form whatever, to perform the work or any substantial part thereof in public or, if the work is unpublished, to publish the work or any substantial part thereof and to authorize any such acts.*

Subsection 27(1) states: *It is an infringement of copyright for any person to do, without the consent of the owner of the copyright, anything that by this Act only the owner of the copyright has the right to do.*

Subsection 27(2) states: *It is an infringement of copyright for any person to*

. . .

(b) distribute to such an extent as to affect prejudicially the owner of the copyright,

. . .

a copy of a work, . . . that the person knows or should have known infringes copyright or would infringe copyright if it had been made in Canada by the person who made it.

Criminal Code Chapter C-46

<https://laws.justice.gc.ca/PDF/C-46.pdf>

Concerns criminal acts, including matters relating to arrest and judicial proceedings. Part XX.1 concerns mental disorder including assessment orders (s. 672.11 – 672.191) and reports (s. 672.2), protected statements (s. 672.21), fitness to stand trial (s. 672.22 – 672.33), and verdict of not criminally responsible on account of mental disorder (s. 672.34 – 672.36).

Divorce Act R.S., 1985, c. 3 (2nd Supp.)

<https://laws.justice.gc.ca/PDF/D-3.4.pdf>

Concerns the judicial steps necessary to obtain a divorce in Canada. s. 10(2)(b)(i) provides that the court, with consent of the spouses, may nominate a person trained or experienced in marriage counselling or guidance to assist the spouses in achieving a reconciliation.

Education Act

<http://www.gov.ns.ca/legislature/legc/statutes/eductn.htm>

Act applying to the publicly funded school system.

Freedom of Information and Protection of Privacy Act

<https://nslegislature.ca/sites/default/files/legc/statutes/freedom%20of%20information%20and%20protection%20of%20privacy.pdf>

Provides the right of access to documents of public bodies in Nova Scotia and a right of privacy with respect to personal information held by public bodies in Nova Scotia.

Freedom of Information and Protection of Privacy Regulations

<https://novascotia.ca/just/regulations/regs/foiregs.htm>

Regulations pertaining to the Freedom of Information and Protection of Privacy Act.

Guidelines for Psychologists

<https://www.ns-rp.ca/information-for-registrants/for-all-registrants/standards-guidelines/>

Guidelines NSRP has established to direct practice.

Hospitals Act

<https://nslegislature.ca/sites/default/files/legc/statutes/hospitals.pdf>

An Act relating to hospitals and their operations. Also within this context the Act includes requirements about records, confidentiality and consent and determining capacity and competence.

Human Rights Act (Nova Scotia)

<https://nslegislature.ca/sites/default/files/legc/statutes/human%20rights.pdf>

Extends the statute law relating to human rights and provide for its effective administration.

Involuntary Psychiatric Treatment Act

<https://nslegislature.ca/sites/default/files/legc/statutes/involuntary%20psychiatric%20treatment.pdf>

Applies to psychiatric facilities to ensure that issues dealing with mental health follow guiding principles established in the Act.

Motor Vehicle Act

<https://nslegislature.ca/sites/default/files/legc/statutes/motor%20vehicle.pdf>

Pursuant to 279 (8), a registrant may report to the Registrar of Motor Vehicles the name of any person who, in the opinion of the registrant, is afflicted with an emotional or mental disability that may interfere with the safe operation of a motor vehicle by that person.

Not Criminally Responsible Reform Act

https://laws-lois.justice.gc.ca/eng/AnnualStatutes/2014_6/page-1.html

"This enactment amends the mental disorder regime in the Criminal Code and the National Defence Act to specify that the paramount consideration in the decision-making process is the safety of the public and to create a scheme for finding that certain persons who have been found not criminally responsible on account of mental disorder are high-risk accused. It also enhances the involvement of victims in the regime and makes procedural and technical amendments."

Nova Scotia Regulator of Psychology (NSRP) Bylaws

https://www.ns-rp.ca/downloads/NSRP_Bylaws_Approved_November_242025.pdf

The Nova Scotia Regulator of Psychology's bylaws outline administrative rules and procedures approved by the board for governing the organization's internal operations. These bylaws cover board composition, terms of office, and professional standards in accordance with the Regulated Health Professions Act.

Patient Access to Care Act

https://nslegislature.ca/legc/bills/64th_1st/1st_read/b256.htm

PACA relates to licensing practices of healthcare professionals, but there is a section of the Act: "Schedule B, the Medical Certificates for Employee Absence Act". Schedule B recognizes a "qualified health professional" such as psychologists can provide notes to employers subject to the professional's individual scope of practice. Schedule B notes: "qualified health professional" means (a) subject to the regulations, a person who holds a licence to practise in a regulated health profession in the Province.

Medical Certificates for Employee Absence Act

<https://nslegislature.ca/sites/default/files/legc/statutes/medical%20certificates%20for%20employee%20absence.pdf>

Personal Directives Act

<https://nslegislature.ca/sites/default/files/legc/statutes/persdir.htm>

Purpose of the act to: Help individuals prepare for the possible onset of incapacity (either temporary or permanent) to make personal care decisions.

And help individuals who have not prepared for incapacity regarding some types of personal care decisions (health care, continuing care home placement, home care services)

Personal Directives Act Regulations

<https://novascotia.ca/just/regulations/regs/pdpersdir.htm>

Regulations made pursuant to the Personal Directives Act.

Personal Health Information Act

<https://nslegislature.ca/sites/default/files/legc/statutes/personal%20health%20information.pdf>

An Act to govern the collection, use, and disclosure of personal health information.

Personal Information International Disclosure Protection Act

<https://nslegislature.ca/sites/default/files/legc/statutes/persinfo.htm>

This law aims to provide protection to the personal information held by Nova Scotia "public bodies" and municipalities when that personal information is being collected, used or disclosed by those organizations. It makes it illegal for public bodies and municipalities to disclose information outside of Canada, or store personal information at (or allow it to be accessed from), locations outside Canada, unless certain circumstances exist.

Personal Information Protection and Electronic Documents Act (PIPEDA)

<https://www.priv.gc.ca/en/privacy-topics/privacy-laws-in-canada/the-personal-information-protection-and-electronic-documents-act-pipeda/>

An Act governing the collection, use and disclosure of personal information in a manner that recognizes the right of privacy of individuals with respect to their personal information the organization collects, uses or discloses in the course of commercial activities, or about an employee of the organization and that the organization collects, uses or discloses in connection with the operation of a federal work, undertaking or business.

Privacy Act

<https://laws-lois.justice.gc.ca/ENG/ACTS/P-21/index.html>

An Act to protect the privacy of individuals with respect to personal information about themselves held by a government institution and that provide individuals with a right of access to that information. Applies to any department or ministry of state of the Government of Canada, or any body or office, listed in the schedule, and any parent Crown corporation, and any wholly-owned subsidiary of such a corporation, within the meaning of section 83 of the Financial Administration Act.

Protections for Persons in Care Act

<https://nslegislature.ca/sites/default/files/legc/statutes/protection%20for%20persons%20in%20care.pdf>

This Act is an extra safe guard for patients and residents 16 years of age and older who are receiving care from Nova Scotia's hospitals, residential care facilities, nursing homes, homes for the aged or disabled persons under the

Homes for Special Care Act, or group homes or residential centres under the Children and Family Services Act.

Under this Act, abuse may be physical, psychological, emotional, sexual, neglect, theft or medical abuse. It requires health facility administrators and service providers (includes staff and volunteers) to promptly report all allegations or instances of abuse.

Psychology Regulations

<https://novascotia.ca/just/regulations/regs/rhppsychology.htm>

Profession-specific regulations establish items such as the scope of practice, and registration requirements for psychologists under the Regulated Health Professions Act.

Regulated Health Professions Act (RHPA) (2023)

<https://nsotr.ca/wp-content/uploads/2025/06/regulated-health-professions.pdf>

The RHPA establishes a common and consistent regulatory framework to govern all self-regulated health professions in Nova Scotia under a unified legislative structure.

Regulated Health Professions General Regulations (June 2024)

<https://novascotia.ca/Just/regulations/regs/rhpgeneral.htm>

The Regulated Health Professions General Regulations, effective June 3, 2024, aim to standardize administrative processes and establish consistent accountability requirements for all health regulators in Nova Scotia.

Sexual Orientation and Gender Identity Protection Act

The purpose of this Act is to protect Nova Scotia youth from damaging efforts to change their sexual orientation or gender identity.

<https://nslegislature.ca/sites/default/files/legc/statutes/sexual%20orientation%20and%20gender%20identity%20protection.pdf>

Standards for Providers of Psychological Services

[Click here](#) (pages 11-19 of this overall document)

Professional standards that all psychologists are required to follow.

Standards of Professional Conduct

[Click here](#) (pages 1-10 of this overall document)

Professional standards that all psychologists are required to follow.

Supreme Court of Canada Decision

(McInerney v. MacDonald, [1992] 2 S.C.R. 138)

Decisions of the Supreme Court of Canada can be searched by visiting:

<https://scc-csc.lexum.com/scc-csc/scc-csc/en/item/884/index.do>

This decision states that a patient is entitled, upon request, to have access to information about him/her in the custody of a healthcare provider. The healthcare provider owns the records, but the patient has a right to examine and copy the records and the healthcare provider must allow it as part of fiduciary duty to patient.

Workers' Compensation Act

<https://nslegislature.ca/sites/default/files/legc/statutes/workers'%20compensation.pdf>

Act respecting the compensation for workers:

109 (1) Every physician, surgeon, hospital official or other health-care professional consulted regarding any worker claiming compensation pursuant to this Part shall

(a) provide to the Board any information requested by the Board; and

(b) provide all reasonable and necessary information or other assistance to any worker to enable the worker to establish a claim for compensation

Youth Criminal Justice Act S.C. 2002, c. 1

<https://www.laws-lois.justice.gc.ca/eng/acts/y-1.5/index.html>

Deals with proceedings and sentences available for youth (at least age 12) that commit provincial statute offences, and services available to these youths. s. 1 defines an adult as a person who has reached 18 years of age.

Youth Justice Act (Nova Scotia)

<https://nslegislature.ca/sites/default/files/legc/statutes/youth%20justice.pdf>

An Act to provide procedures for persons under the age of eighteen years who violate Provincial enactments.

Listing of Standards / Legislation / Guidelines for Psychologists

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