Conflict of interest and undue influence

CRPO's Standard 1.6 and its examples, clients who know each other, small communities and undue influence (1.8.3).

Study aid, not legal advice. Last verified against the official sources linked below on 11 November 2026.

1 What it is

- A situation that could interfere with your professional judgment, judged by what an informed **reasonable person** would conclude.
- Actual, potential or **perceived**; nobody has to prove your judgment was compromised.
- Acting while in a conflict of interest is **misconduct** (O. Reg. 317/12, s. 1, para. 16).

2 Standard 1.6

1. **Assess** the potential for conflicts with each client on an ongoing basis.
2. **Judge**, clinically and ethically, whether continuing care is appropriate.
3. **Disclose** the conflict to the clients involved, unless that would breach confidentiality or harm a client.
4. **Manage** and mitigate it in the way that best protects the client, if care continues.
5. **Avoid** acting in a conflict that could be detrimental to client care.
6. **Refer** effectively if you end services because of it.

3 Money and benefits

- No benefit **for referring** a client, even to a related person or corporation, and no commissions (1.9.4).
- No benefit offered **for receiving** a referral.
- No gifts to keep a client coming when a **third party** pays; a small health-promoting item is fine.
- No **materials or equipment** in return for using or recommending a supplier; nominal samples are fine.
- Pay a reasonable **market rate** for premises and equipment.

4 Arrangements and products

- No **agreement** that stops you putting clients first, such as one treatment for every client.
- Share **revenue** only with another registrant, a regulated health professional, a health professional corporation, a social worker or social service worker, or someone whose written contract leaves you in control of your professional decisions.
- Selling or recommending a product sold on your premises: tell the client they may buy it **elsewhere** without affecting care, and give a written description.

5 Clients who know each other

- Treating clients who know each other is **often acceptable**, but when one discusses the other you may not serve both equally.
- Take care, and avoid treating people who are **in conflict** with one another.
- Weigh **objectivity**, confidentiality, fair limits, redirecting talk, comparable services, the client's stability.

6 Small communities

- A community, of any kind, where a dual relationship is **impractical or impossible** to avoid; the conflict may be unavoidable and must be managed.
- Raise it at **intake**, with how any conflict will be handled.
- Watch for **power** carrying over from therapy into social relationships.

7 Undue influence (1.8.3)

- Using your position in a way that **reduces the client's autonomy** and advances your agenda.
- Do not unduly influence clients or those close to them (personal decisions, **wills**, powers of attorney).

8 When in doubt

- Weigh **mitigating and aggravating** factors.
- **Seek advice** from a clinical supervisor, peers, legal counsel or CRPO.
- **Document** the disclosure and the safeguards.

Ask what a reasonable person would conclude; disclose, manage or refer, and write down why.

Official sources: CRPO Standard 1.6, Conflict of Interest and CRPO Standard 1.8, Undue Influence and Abuse and O. Reg. 317/12, Professional Misconduct. Condensed from Professional Conduct. Independent study aid, not legal advice, not affiliated with CRPO or COMPASS.