Social media and your online presence

CRPO's Guideline on Social Media (June 2026) with the standards behind it: conduct (1.5), public and private accounts, boundaries (1.7), what you share, confidentiality, advertising (6.2), the limits of free expression, and why social media is never a therapy platform (3.4).

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

1 CRPO's guideline

- CRPO's Council approved a Guideline on Social Media on **June 11, 2026**; it clarifies how the standards apply online.
- Posting, liking, commenting, **resharing** or joining groups can be conduct unbecoming (Standard 1.5); the Code of Ethics is the test.
- CRPO's guidelines **may be used** in deciding whether standards of practice were maintained.

2 Private is rarely private

- Private and personal accounts may **still be considered public**: posts, likes and comments travel, and followers know you are an RP.
- Set reasonable **privacy settings** on personal accounts.
- Consider **separate** personal and professional profiles.
- Naming yourself an RP in a post or an account name ("**John Doe, RP**") ties what you say to the profession.
- You can be held accountable even **without the title**, for content promoting violence, hatred or illegal conduct.

3 Before you post (the guideline's questions)

- [ ] How does it reflect **on you**, and on the profession?
- [ ] Could it cause a **loss of trust**, suggest a lack of competence, or make someone less likely to seek care from an RP?
- [ ] Is it **targeted** at a person or group, or meant to incite a reaction rather than inform?
- [ ] Does it threaten anyone's **safety**, or refer to your title?

4 Boundaries with clients (1.7)

- Liking, friending or following a client is likely a **boundary crossing**; violations are harmful (1.7.4: boundaries online and in person).
- Do not interact with clients on **personal accounts**; you may redirect them to a professional account and explain why.
- Have a social media **policy** and explain your technology boundaries at the outset of therapy.
- Watch for transference, a **parasocial** relationship or dependence; after an accidental disclosure, use judgment and consider supervision.
- **Do not look up** clients online: it violates trust, widens the power imbalance and, without consent, breaches 3.1.1.

5 What you share

- Health information must be **accurate, verifiable and current**; clinical advice rests on reasonable professional opinion (2.1.3).
- **Good faith** efforts to educate or raise awareness are generally not unprofessional; calls for violence or violent imagery can be.
- The manual's scenario: opposing a government's actions is **less likely** to draw action than saying a country's citizens deserve harm.
- Do not answer **direct questions** about treatment: it can create, or seem to create, a client-therapist relationship.

6 Confidentiality

- Never share **identifiable** client information unless a legal exception applies (PHIPA).
- A pseudonym or redacted details may still identify a client, especially in **smaller communities**.
- Using personal health information for marketing needs express consent (PHIPA **s. 33**).

7 Advertising online (6.2)

- No reviews or **testimonials**; only accurate, truthful and verifiable content, and practice areas not exaggerated.
- Paid content (a paid "best of" listing, an influencer, an ad dressed as an op-ed) must be **identifiable as an ad**.
- No promised results, no comparisons or **superlatives** ("voted best psychotherapist"), no appeals to fear.
- Selling products or third-party content: disclose **conflicts of interest**.

8 The limits of free expression

- Free expression has reasonable limits; courts have **upheld** colleges' authority to respond to speech that reflects poorly on the profession.
- Criminal Code: defamatory libel (**s. 298 (1)**), criminal harassment (s. 264 (2)), public incitement and wilful promotion of hatred (s. 319).
- Harassment and libel can also be pursued in **civil court**.

9 Not a therapy platform (3.4)

- Social media is **never** a platform for providing therapy; agree with clients what email or text is for, such as booking.
- No psychotherapy to **anonymous** clients.

Online is still practice: private is rarely private, no clients on personal accounts, nothing about clients, advertising that is true, and the Code of Ethics as the test.

Official sources: CRPO, Guideline on Social Media (June 2026) and CRPO Standard 1.5, General Conduct and CRPO Standard 1.7, Dual Relationships and CRPO Standard 6.2, Advertising and CRPO Standard 3.4, Electronic Practice and CRPO, Professional Practice and Jurisprudence manual. Condensed from Professional Conduct and Business Practices. Independent study aid, not legal advice, not affiliated with CRPO or COMPASS.