

Practice Note

Practice Guidance: Social Workers in Private Practice

Definition

Private Practice is defined as the provision of social work services, on a full time or part time basis, by a Registered Social Worker (RSW) who is self-employed, a member of a partnership/group practice, or an independent contractor.

Social Workers in Private Practice are responsible for establishing the conditions under which services are offered, including but not limited to the administrative, legal, ethical, and clinical structures that support safe, ethical and effective practice. Services in Private Practice are provided on a fee for service model that is mutually agreed to by a service participant or third party (i.e., insurance company, employee assistance program, organization), which are set out in a contract.

Private practitioners must identify themselves as Social Workers when offering services (Code of Ethics, Value 4; Social Work Regulations 21(1)).

Before establishing a Private Practice, Social Workers should reflect on several key considerations, including:

- Evaluating the [benefits and challenges of Private Practice](#);
- Reviewing the CASW [Private Practice Portal](#) and completing the [Self-Assessment](#);
- Developing knowledge related to the [business operations](#) of Private Practice.

Private Practice requires Social Workers to manage both professional service delivery and the responsibilities associated with operating a business.

Regulatory Requirements

Before establishing a Private Practice, Social Workers must ensure their registration is current with the MCSW and that their employment status accurately reflects self-employment or Private Practice on the public registry.

All Social Workers must maintain professional liability insurance for all positions in accordance with Social Work Profession Regulation (Section 22) and the MCSW Standards of Practice (MCSW Standard 7.4) and comply with all requirements outlined in *The Social Work Profession Act*.

Competence and Scope of Practice

The Manitoba College of Social Workers emphasizes that Private Practice is not an entry-to-practice competence. The skills, knowledge and judgment required for Private Practice develop with time and

experience and are not acquired through academic training alone, even when that training includes practicum experiences. RSW's who are not adequately prepared for the many challenges of Private Practice can put the public at risk.

Social Workers entering Private Practice should typically have several years of supervised, professional experience and have completed additional specialized training relevant to the services they intend to provide. They must also maintain ongoing, adequate supervision and be skilled in providing all services, as advertised.

Social Workers must evaluate their competencies and consider Value 6, *Competence in Professional Practice*, of the MCSW Code of Ethics before offering services in Private Practice. Competence in practice develops with experience and ongoing training, in addition to a social work degree. Competence is defined as: “*the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection in daily practice for the benefit of the individual and the community being served*” (Epstein & Hundert, 2002, p. 224).

Service participants have the right to receive safe, competent, and ethical social work services. Social Workers must demonstrate due care for the interests and safety of service participants by limiting their practice to areas in which they possess demonstrated professional competence.

Social work practice is informed by a recognized social sciences knowledge base. Social Workers cannot claim formal education in a specialized practice area or modality based solely on attendance at lectures, demonstrations, conferences, workshops, personal experience or through general professional experience alone (MCSW Code of Ethics, Guideline 7.1.4).

Although the social work scope of practice is broad, many services, such as mental health assessment or specialized clinical interventions, require distinct competencies within that scope. A Bachelor of Social Work degree is a generalist degree. Additional training, supervision, and professional experience are required to provide specialized services. Social Workers are encouraged to obtain further specialization through advanced training, certifications, or graduate education.

Credentials and Title

In Manitoba, as in all Provinces, the title Social Worker and Registered Social Worker is reserved for those who are registered in the practicing category with the MCSW as outlined in *The Social Work Profession Act*. When marketing one's Private Practice, Social Workers must list their credentials and title (i.e., MSW, RSW), followed by one's area of professional competence and principal services offered. This assures service participants that they are receiving services from a qualified and licensed social worker who has met the criteria to practice social work in Manitoba (Regulation, 21(1)).

The College frequently receives inquiries regarding whether Social Workers in Manitoba can use the title Clinical Social Worker¹ to promote the clinical nature of their work. It is important to note that this title is not legislated under *The Social Work Profession Act*. Some US states and Canadian jurisdictions may grant the use of this title as per their licensing or registration categories **for use in those jurisdictions**. Manitoba does not currently have a separate clinical designation and therefore Social Workers in Manitoba are not authorized to use this title.

Business, Administrative Responsibilities, including Fee Structures

Private Practice requires Social Workers to comply with a range of professional, administrative, legal and business obligations.

MCSW does not regulate fees for Private Practice. It is the responsibility of individual private practitioners to set reasonable fee structures that are in line with the social work services being provided, and inform service participants of these fees at the onset of the professional relationship (MCSW Code of Ethics, Guideline, 1.3.4).

It is recommended that fee schedules be dated and provided in writing. If a Social Worker intends to offer pro-bono services, this should be outlined in the private practitioner's policies (MCSW, Standard 4 – Social Work Practice Methods, 4.8; Standard 7-Private Practice; Code of Ethics Guideline 5 – Ethical Responsibilities in Private Practice).

Fee policies should address:

- Payment obligations, including how much is charged and when payment is expected
- Accepted payment methods
- Policies regarding late arrivals or missed appointments
- Late payment policies
- Non-payment or termination policies

Social Workers are responsible for complying with all applicable legislation and regulations related to taxation, financial reporting, and business operations.

Social Work included in Medical Expense Tax Credit

Social Workers are recognized by the Canada Revenue Agency as medical practitioners for the purposes of the medical expense tax credit. Therefore, service participants of private practitioners providing health care services may claim service fees on their income tax returns. Information on the medical expense tax credit can be accessed on the Canada Revenue Agency website at <https://www.canada.ca/en/revenue-agency/services/tax/technical-information/income-tax/income-tax-folios-index/series-1-individuals/folio-1-health-medical/income-tax-folio-s1-f1-c1-medical-expense-tax-credit.html#N10468>.

Harmonized Sales Tax (HST) Exemption

Health related services provided by Social Workers are HST exempt as per Federal legislation (*The Excise Tax Act*). Social Workers in Private Practice should be familiar with this legislation and consult with their accountant and/or the Canada Revenue Agency to ensure they are interpreting this legislation correctly. The link to the legislation and other helpful resources are provided below.

- Excise Tax Act. 1985. <https://laws-lois.justice.gc.ca/eng/acts/e-15/>
- Excise and GST/HST News – No. 103 [ARCHIVED - Excise and GST/HST News - No. 103 - Canada.ca](#)

CASW Private Practice Portal -this resource can be accessed through the CASW members portal which requires a free CASW account that can easily be set up as an MCSW member.

Multi-jurisdictional practice

Social Workers have a responsibility to be aware of interjurisdictional issues when providing social work services in another jurisdictionⁱⁱ.

Regulatory requirements vary across provinces, US states and countries. It is the responsibility of Social Workers who reside in Manitoba to be aware of and adhere to the registration requirements for social work practice in this province, as well as the jurisdiction where the service participant is receiving services. Social Workers must also ensure that they have professional liability insurance which provides adequate coverage for the practice and the jurisdiction in which the service is being provided, even if this is provided virtually.

Further information on regulatory requirements can be obtained by contacting the appropriate regulatory organization in the jurisdiction where the service participant resides.

Social Workers providing Private Practice through telehealth platforms must verify service participants' location at each session and establish an emergency plan with a contact number if concerns arise during the telehealth session (Standards for Technology in Social Work Practice).

Record Keeping

The creation and maintenance of service participant records are essential components of social work practice (MCSW Standards of Practice, Standard 5).

In Private Practice, the Social Worker is responsible for establishing and maintaining their own policies and procedures regarding records. These policies must comply with social work standards and all applicable legislation.

Policies need to address:

- Documentation practices;
- Record creation and record retention timelines;
- Storage and security of records;
- Destruction of records when retention periods have expired.
- AI technology use disclosure.

Both clinical and financial records must be securely maintained. Particular care must be taken with clinical records due to the sensitivity of protected personal and health information.

The CASW Private Practice Portal suggests that records should be retained for a minimum of seven years. However, records related to minors must be retained for a longer period as the timeline starts once the minor has reached the age of majority ([Storage, Retention & Destruction of Records Practice Note](#)ⁱⁱⁱ).

Health professionals in Manitoba are bound by the provisions of the [Personal Health Information Act](#) (PHIA). Part 3, Section 17 of PHIA provides direction regarding the retention and destruction of health information. PHIA uses the term "trustee" to refer to the persons and organizations that are subject to the requirements in

the Act respecting collection, use, disclosure, retention, destruction and security of personal health information. Social Workers are required to understand their obligations under this legislation^{iv} (Standard 2-Professional Competence, 2.3; Standard 5 – Social Work File Records, Standard 7 Private Practice, 7.3).

Service Contracts and Informed Consent

To support informed consent, Social Workers are encouraged to use written service agreements or contracts with all service participants and to review consent regularly. When the goals or services change, Social Workers update their service agreement with the participant.

Service contracts should clearly outline:

- The nature of the services offered;
- How information is documented and how service participants may access their records;
- The purpose, nature, risks, and potential benefits of services;
- The right of service participants to obtain a second opinion or discontinue services;
- The process for submitting complaints;
- The limits of confidentiality (i.e. mandatory disclosures under legislation, court orders, sharing of information in supervision, reporting to authorities).

Additional considerations apply when working with children or individuals who are unable to provide consent. For example, when providing services to children, Social Workers should clearly explain to both the child and the child's parents or guardians how confidentiality will be managed. Social Workers may reserve the right to disclose certain information to parents or guardians if such disclosure is determined to be in the best interests of the child. These practices must be explained prior to beginning services (MCSW Code of Ethics, 1.3.3).

Confidentiality and Privacy

Social Workers respect the privacy rights of service participants and only collect personal information that is necessary to provide services.

Once information is shared or observed within the professional relationship, it is protected by standards of confidentiality. Social Workers must protect the identity of service participants and only disclose confidential information with informed consent or when required by law or court order.

This obligation to maintain confidentiality continues indefinitely, even after the professional relationship has ended (Standard 6 – Confidentiality).

Practice Setting and Accessibility

Social Workers must list a mailing address on the public registry of the Manitoba College of Social Workers as required under Section 9(2) of *The Social Work Profession Act*.

Social Workers who do not wish to list a physical address may consider obtaining a post office box to meet this requirement.

Private practitioners must ensure their services comply with relevant accessibility legislation, including [The Accessibility for Manitobans Act](#), and ensure fair and accessible business practices (Standard 7 – Private Practice, 7.1).

Use of Technology, Social Media, Advertising & Testimonials

Social Workers in Private Practice are increasingly developing professional websites and exploring social media platforms (e.g., LinkedIn, Psychology Today) to promote their practice. The CASW (2024) Code of Ethics highlights the responsibility of Social Workers to ensure “that the practice advertised on websites, telecommunications, telehealth web-based platforms and social media is accurate, current, and does not elicit testimonials or endorsements” (p. 18). The *Standards for Technology in Social Work Practice* expressly prohibits Social Workers from soliciting online testimonials from service participants.

When advertising fee-based services, it is crucial that Social Workers are transparent when promoting their experience and expertise ([Advertising Practice Guidance](#)^v).

Technology can improve access to services and enhance communication with service participants. However, the use of technology also raises important ethical and privacy considerations. Social Workers must comply with the [Standards in Technology](#) and are expected to use digital tools, AI technology and social media professionally and ethically. Social Workers should familiarize themselves with the [CASW Social Media Use and Social Work Practice](#) statement for additional guidance.

All communications with service participants through electronic platforms, including email, text messaging, and video platforms, are considered part of the professional record and must meet professional and legal documentation and privacy standards.

Social Workers must distinguish between actions and statements made as private citizens and statements made as Social Workers, recognizing that Social Workers are obligated to ensure that no outside interest brings the profession into disrepute (MCSW Code of Ethics, Guideline 7 – Ethical Responsibilities to the Profession).

Many professional liability insurance policies require additional cyber-security coverage when technology is used to provide services. Social Workers should check their insurance requirements with their providers.

Social Workers also need to be aware of relevant legislation such as [Canada’s Anti-Spam Legislation](#), which regulates the sending of commercial electronic messages.

Professional Boundaries and Conflicts of Interest

Dual or multiple relationships occur when Social Workers have more than one relationship with a service participant, whether professional, social, or business.

Although such relationships are not inherently unethical, Social Workers must carefully evaluate whether any relationship creates a conflict of interest or places the Social Worker in a position of power that could negatively affect the service participant (MCSW Code of Ethics, Value 4 – Integrity in Professional Practice; Standard 3 – Integrity of Professional Practice).

Social Workers must take appropriate steps to ensure that professional judgment remains objective and that the needs and welfare of service participants are protected. Social Workers have the obligation to establish and maintain clear and appropriate boundaries in their professional relationships. Boundary violations are understood as any behavior that infringes on trust through exploitation of the vulnerability of the service participant. This includes sexual involvement, financial or other material gain, non-therapeutic influence and other misuse or abuse of the Social Worker's perceived authority and power (MCSW, Standard 3).

Supervision and Professional Consultation

All Social Workers, including those in Private Practice, are expected to engage in ongoing supervision and professional consultation (Value 6 – Competence in Professional Practice).

Standard 7 of the MCSW Standards of Practice states that Social Workers in Private Practice should maintain regular, structured supervision with a supervisor who has relevant expertise and knowledge of social work ethics and professional standards.

Supervision and consultation are empirically supported mechanisms that are essential to ethical decision-making, professional accountability, practitioner competence, and service quality. Effective supervision functions as a primary context for applied ethical reasoning, reflective practice, and the ongoing development and evaluation of professional judgment.

Coverage and Risk Management

Social Workers must deliver services and respond to inquiries or concerns in a timely manner (Standard 4 – Social Work Practice Methods, 4.3).

The MCSW Standards of Practice indicate that Social Workers in Private Practice must maintain accessibility to service participants by arranging:

- systems for responding to messages and inquiries promptly,
- coverage by competent peers during periods of absence such as illness or vacation,
- where clients can go for emergency services.

Private practitioners are also encouraged to develop a professional will or [Succession Plan](#) in case of emergency, serious illness, or death. This plan should identify a records custodian who can assume responsibility for managing professional records if necessary.

Complaints & Duty to Report

In accordance with the Standards of Practice of the MCSW, Social Workers have a professional and ethical obligation to support regulatory oversight in the interest of public protection. This includes a duty to cooperate fully with the College in the investigation of complaints and to respond in a timely, transparent, and complete manner when requested. Social Workers are expected to take appropriate action when they have reasonable grounds to believe that another practitioner's conduct, competence, or capacity may pose a risk to the public, which may include reporting concerns to the College where required or appropriate (Standard 8 – Advocacy and Public Policy).

In addition, private practitioners must ensure that service participants are informed of their right to raise concerns about the services they receive, including providing clear and accessible information on how to file a complaint with the MCSW. These obligations are essential to maintaining accountability, professional integrity, and public trust in the delivery of social work services.

Self-Care and Fitness to Practice

Social Workers must not provide services when their ability to practice safely and competently is impaired by illness, personal circumstances, substance use, or other factors (MCSW Standard of Practice 4-Social Work Practice Methods).

Private Practice can create additional pressures due to the demands of operating a business. Social Workers are encouraged to prioritize self-care, establish professional and personal boundaries and seek appropriate support when needed.

Some private practitioners choose to obtain extended health benefits or other supports to ensure access to necessary care.

Closing or Transferring Private Practice

When a Social Worker plans to close their Private Practice, they must take reasonable steps to ensure continuity of care and appropriate management of records (MCSW Code of Ethics Guideline 1 – Ethical Responsibilities to Clients, 1.8).

The CASW Private Practice portal offers the following advice:

- inform current service participants as soon as possible of the pending termination, or office closure;
- discuss their needs and provide referrals or alternative service options;
- inform former service participants about how records may be accessed or transferred;
- update voicemail messages, email communications, and websites to reflect the closure.

Social Workers may also prepare closing or transfer summaries to support continuity of care.

Management and Transfer of Records

The CASW Private Practice portal suggests that self-employed Social Workers who cease practice must either:

1. maintain service participant records according to their record retention policies, or
2. transfer records to another Social Worker.

If records are to be transferred, the Social Worker must make reasonable efforts to obtain written consent and to notify service participants about the new location of their records.

Responsibilities of the Receiving Social Worker

A Social Worker who accepts transferred records becomes responsible for maintaining those records in accordance with professional and legal requirements related to:

- retention and storage
- preservation
- destruction
- privacy and confidentiality
- security of clinical and financial information

Notification to the Regulator

In accordance with MCSW Standard 5-Social Work File Records, Social Workers who terminate independent practice in Manitoba must notify the Manitoba College of Social Workers of:

- their future contact information
- the future location of service participant records

Professional Liability Insurance Considerations

Social Workers who close a Private Practice are encouraged to consult their professional liability insurance provider regarding coverage after the practice closes.

Many policies include an extended reporting period that may provide coverage for malpractice claims or complaints related to services delivered before the closure of the practice.

Private Practitioner as Owner and/or Partner

Private Practice is often equated with independent practice. However, Social Workers in Private Practice may decide to establish a business and contract other professionals, including Social Workers, in the provision of services under the umbrella of their business.

Social Workers who are owners/partners in Private Practice are responsible for the operation of the business and the CASW Private Practice portal recommends that:

- All policies impacting services (e.g., recording/storage of client information, use of technology, informed consent, etc.) are developed.
- Contracted professionals that are part of regulated professions are appropriately licensed to practice and are registered in good standing with their respective regulatory bodies^{vi} (e.g., MCSW).
- Clients know who will be providing care and how intake and assignments will be performed.

Legal and Professional Advice

The Manitoba College of Social Workers does not provide legal advice. Registered Social Workers may benefit from seeking legal or professional advice before establishing Private Practice.

As small business owners in Manitoba, private practitioners must comply with a range of provincial and federal laws governing business operations, taxation, employment, consumer protection, and privacy.

This practice guidance provides an overview of key considerations for Social Workers who are private practitioners. It is not exhaustive and does not replace legislation, the [Standards of Practice](#), or the [Code of Ethics](#) of the Manitoba College of Social Workers (MCSW).

References and Resources:

CASW Private Practice Portal, [Private Practice Portal | Canadian Association of Social Workers \(casw-acts.ca\)](#)

[CASW Social Media Use and Social Work Practice | Canadian Association of Social Workers](#)

CASW webcasts, such as Clinical Supervision in Private Practice, [Clinical Supervision in Private Practice | Canadian Association of Social Workers](#)

Epstein RM, Hundert EM. Defining and assessing professional competence. JAMA. 2002 Jan 9;287(2):226-35. doi: 10.1001/jama.287.2.226. PMID: 11779266.

[Ethics in Private Practice - SocialWorker.com](#)

[General Information for GST/HST Registrants - Canada.ca](#)

[Managing Records in the Manitoba Government | Government Recordkeeping | Archives of Manitoba](#)

MCSW Code of Ethics and Standards of Practice, [Code and Standards - MCSW](#)

[PRACTICE NOTES: WHY YOU NEED TO PUT IN THE TIME BEFORE PRIVATE PRACTICE - OCSWSSW](#)

[Province of Manitoba | Business - Starting Smart](#)

Standards of Technology in Social Work Practice, [Standards for Technology in Social Work Practice \(socialworkers.org\)](#)

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Practice Notes provide support and information for Manitoba social workers, employers, and members of the public regarding social work practice issues. These notes offer general guidance only and are not a substitution for legal advice. College members with specific inquiries are invited to consult the College.

ⁱ Use of title Clinical Social Worker, [MCSW Practice Note](#)

ⁱⁱ [Social Work in other Jurisdictions, MCSW Practice Note](#)

ⁱⁱⁱ [Practice Guidance - MCSW](#)

^{iv} [Information for Trustees | Personal Health Information Act \(PHIA\) | Health | Province of Manitoba](#)

^v [Advertising Practice Guidance](#)

^{vi} [Is my RSW Transferable, MCSW Practice Note](#)