

The Duty to Record: Ethical, Legal, and Professional Considerations for Colorado Psychologists

Introduction

The American Psychological Association Practice Directorate has provided an excellent online presentation about electronic healthcare records (EHRs) and the basic terminology related to EHRs; the presentation dispels common myths about EHR systems and provides detail about their meaningful use in integrated health care settings.¹

The Division 31 and 42 EHR working group's² primary goal was to create a series of State specific templates that would work well for psychologists as they transition into the use of EHRs, particularly in integrated health care settings where shared information is clinically essential and specific laws or regulations may dictate at least some of what is included in those records. To achieve this goal, we conducted a review of the laws related to record keeping, and the relevant and recent literature (particularly the last decade) regarding EHRs, including variations across states. Further, we consulted with key psychologists that have been using EHRs on a day to day basis, who have developed experience establishing policies and processes within their own institutions and practices. They have effectively used this developing technology to improve clinical care while protecting patient rights. They have found that the EHR enables collaborating professionals within the integrated health care settings to understand the behavioral risk factors that exist in each case and to be kept informed about the health behavior changes that occur with psychological service interventions (HRSA, 2012).³

In order to digest the laws accurately, we examined the annotated codes and regulations available on Westlaw and Lexis for the 50 states and the District of Columbia with reference to several relevant state-by-state surveys retrieved from Lexis

¹ Electronic Health Records: A Primer (retrieved Nov. 29, 2012 at <http://www.apapracticecentral.org/update/2012/11-29/electronic-records.aspx>.

² Christina Luini, JD, M.L.I.S.; Dinelia Rosa, PhD; Mary Karapetian Alvord, PhD; Vanessa K. Jensen, PsyD; Jeffrey N. Younggren, PhD; G. Andrew H. Benjamin, JD, PhD, ABPP. The working group, came together to discharge the obligations of the CODAPAR grant that we wrote and received: <http://www.apadivisions.org/division-31/news-events/grant-funding.aspx>.

³ Preparing the Interprofessional Workforce to Address Health Behavior Change. (retrieved Nov. 11, 2012 at http://www.hrsa.gov/advisorycommittees/bhpradvisory/acicbl/Reports/acicbl_tenth_report_final.pdf).

and Westlaw.⁴ Our research answered the following questions for each jurisdiction: (a) Do record keeping duties created by statutes or administrative rules exist? (b) Have court rulings created a common-law duty or interpreted the statutes or administrative rules? (c) What are the contents of the record that are mandated by law? (d) Are there laws related to the maintenance and security of records? (e) What are the laws related to retention of records? (f) What are the consequences of violating specific duties?

Readers should view the narrative summary of their jurisdiction's law as a starting point for interpreting how to meet the law within their own jurisdiction as they construct their electronic records. As laws can change, please check the law with your state associations to see if more current interpretations for meeting the record keeping duties. Many state professional associations have ethics committees that can be consulted as part of their benefits. In addition, your association can refer psychologists for individual consultation to lawyers specializing in legal practices focused on *mental health practice*. The professional liability carriers also provide free legal and professional consultation.

Colorado specific templates for the types and contents of the record are provided based upon a review of your jurisdiction's law. The digest of your jurisdiction's law should be read if you intend to use the templates.

State Specific Template for contents of a record

Colorado law calls for an intake and evaluation note, and progress notes. The contents of the two templates for these documents comply with the law digested below. We believe that a termination note will likely reduce exposure to arguments about continued duty of care and reduce the risk of responsibility in a duty to protect/warn jurisdiction, and recommend that psychologists use this template, too.⁵

Because the documents permit hovering over the underline fields with a cursor to select an option or permit filling in the shaded text boxes, they cannot be inserted into this document.⁶ Please access each of the documents on this website, separately.

⁴ 50 State Surveys, Legislation & Regulations, Psychologists & Mental Health Facilities (Lexis March 2012); Lexis Nexis 50 State Comparative Legislation / Regulations, Medical Records (Lexis June 2011); 50 State Statutory Surveys: Healthcare Records and Recordkeeping (Thomson Reuters/ West October 2011).

⁵ Benjamin, G. A. H., Kent, L., & Sirikantraporn, S. (2009). Duty to protect statutes. In J. L. Werth, E.R. Welfel, & G. A. H. Benjamin (Eds.), *The duty to protect: Ethical, legal, and professional responsibilities of mental health professionals* (pp. 9 – 28). Washington, DC: APA Press. doi:10.1037/11866-002.

⁶ Please use the most recent version of WORD to access the full capabilities of the EHR templates.

Our group also suggests that users of the templates consider how “behavior may be shaped by culture, the groups to which one belongs, and cultural stereotypes.”⁷ Whenever “Eurocentric therapeutic and interventions models”⁸ may impair the consideration of multicultural factors among the integrated health care team members, we urge that psychologists note the factors within the appropriate template fields. In light of the World Health Organization’s demonstrated commitment to the formulation of a diagnostic system that moves beyond biological causation and integrates the contributions of psychological, cultural, and social factors, and APA’s participation in the development of the *International Classification of Functioning, Disability and Health* (World Health Organization, 2010), our group recommends using ICD-10 whenever diagnoses are being made.⁹ The EHR templates permit drop down diagnoses using the ICD-10 functional diagnoses.

Statute or Rule

Rule 16 promulgated by the Board of Psychologist Examiners and codified in the Colorado Code of Regulations¹⁰ sets forth the primary record keeping obligations for Colorado psychologists. Several other Colorado statutes described less directly govern record keeping by psychologists.

Common Law

A number of cases interpret or refer to Colorado statutes governing record keeping by psychologists: Cases regarding Colo. Rev. Stat. § 12-43-218 (re: Disclosure of confidential communications) consent to release records¹¹ or confidentiality;¹² a

⁷ American Psychological Association. (2002). *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists* (pp.17-24; p. 11). Washington, DC: Authors (<http://www.apa.org/pi/oema/resources/policy/multicultural-guideline.pdf> (last accessed August 1, 2012)).

⁸ *Id.* at p. 45.

⁹ See ICD-10 at <http://apps.who.int/classifications/icd10/browse/2010/en> (last accessed August 1, 2012); The APA Policy and Planning Board recognized how psychology could move forward by turning to a diagnostic system that was based on the concept of functional impairments (APA Policy and Planning Board, (2005). APA 2020: A perfect vision for psychology: 2004 five-year report of the policy and planning board. *American Psychologist*, 60, 512-522, 518. (See, <http://www.apa.org/about/governance/bdcmtc/five-year-report.pdf> ; and APA has helped fund the creation of the 10th edition in 2008. See, <http://www.apa.org/about/governance/council/08aug-crminutes.aspx> (last accessed August 1, 2012)).

¹⁰ 3 COLO. CODE REGS. § 721-1, Rule 16.

¹¹ The prohibition against revealing confidential information absent consent established by subsection (1) is inapplicable when a grievance is filed against a psychologist and the board, in the interest of public health and safety, investigates the conduct of the psychologist. *Colo. Bd. of Psychologist Exam'rs v. I.W.*, 140 P.3d 186 (Colo. App. 2006).

case regarding Colo. Code Regs. § 721-1 (re: related to the Board of Psychologist Examiners) access to records during grievance proceedings;¹³ a case regarding Colo. Rev. Stat. § 25-1-802 (re: Patient records) definition of mental health records,¹⁴ costs for copies of records¹⁵ or for inspection of records.¹⁶

¹² In connection with the dissolution of his marriage, plaintiff completed a program run by the psychotherapist designed to encourage co-parents to learn behaviors that supported healthy child/family relationships. Plaintiff filed suit against the psychotherapist after he failed to comply with plaintiff's written requests for a copy of his records under § 25-1-802. The psychotherapist argued that because the records pertained to mental health problems, he was only required to provide plaintiff with a summary of his records upon payment of a reasonable fee. However, the court held that it was conceivable that not all matters addressed in the program were directed solely at mental health problems and that there existed unresolved issues of fact as to whether plaintiff's records pertained to mental health problems. The court further held that the statement attributed to the psychotherapist did not constitute the disclosure of confidential information. He did not disclose mental health conditions or information received during the course of treatment. *Dauwe v. Musante*, 122 P.3d 15 (Colo. App. 2004); When a psychotherapist reveals opinions to third parties without the client's consent, the psychotherapist is negligent. A divorced mother of two children was seeking therapy concerning allegations that the ex-husband and father of the children had abused the children. The mother was dissatisfied with treatment and ended the therapeutic relationship. The psychotherapist sent a letter to the father of the children and the new therapist for the mother and children opining that the mother's actions were alienating the father from the children. Such letter prompted the father to modify his custody arrangement with the mother. By sending the letter to the father, the psychotherapist was negligent and breached the duty of care to the mother. *Mitchell v. Ryder*, 20 P.3d 1229 (Colo. App. 2000).

¹³ The wife of a couple filed a complaint with the Board about the treatment from the psychologist. The Board issued a subpoena *duces tecum* for all records relating to family counseling and individual treatment provided to the wife and the husband. When the husband opposed the disclosure of his records, the psychologist sought a protective order, and the Board directed the psychologist to produce all relevant confidential records pertaining to the husband within 14 days. On appeal, the court found that the Board did not err in requesting the confidential records. While Colo. Rev. Stat. § 13-90-107(1)(g) (2005) barred the disclosure of confidential client information without consent, it did not apply (Colo. Rev. Stat. § 12-43-218(1)) if the Board was obtaining client information in the course of conducting grievance proceedings against psychologists. Further, in issuing the subpoena, the Board acted within its statutory authority to compel the production of confidential records pertaining to the husband. *Colo. Bd. of Psychologist Exam'rs v. I.W.*, 140 P.3d 186 (Colo. App. 2006).

¹⁴ The phrase "mental health problems" means psychiatric or psychological problems. The phrase does not include general professional counseling, addressing life skill building, decision making, and problem solving, unrelated to psychiatric or psychological problems. *Dauwe v. Musante*, 122 P.3d 15 (Colo. App. 2004).

¹⁵ The phrase "the reasonable costs" of providing copies of medical records is not singular and is not limited to the costs of supplies and the labor of copying. *Colo. Consumer Health Initiative v. Colo. Bd. of Health*, 240 P.3d 525 (Colo. App. 2010).

¹⁶ "Reasonable costs" may include the costs inherent in record inspection. *Colo. Consumer Health Initiative v. Colo. Bd. of Health*, 240 P.3d 525 (Colo. App. 2010).

Contents of the record are mandated by law

Rule 16 mandates that many details must be included within psychological records:¹⁷

- (1) Name of the treating therapist;
- (2) Client's identifying data to include name, address, telephone number, gender, date of birth, and if applicable the name of the parent or guardian. If the client is an organization, the name of the organization, telephone number and name of the principal authorizing the mental health provider's services or treatment;
- (3) Reason for the psychology/psychotherapy services;
- (4) Mandatory disclosure statement(s);
- (5) Dates of service including, but not limited to the date of each contact with client, the date on which services began, and the date of last contact with client;
- (6) Types of service;
- (7) Fees;
- (8) Any release of information;
- (9) If any of the following have been written: assessment, plan for intervention, consultation, summary reports, and/or testing reports and supporting data. The records must be prepared in a manner that allows any subsequent provider to yield a comprehensive conclusion as to what occurred;
- (10) Name of any test administered, each date on which the test was administered, and the name(s) of the person(s) administering the test;
- (11) Information on each referral made to and each consultation with another therapist or other health care provider. This information shall include the date of referral or consultation, the name of the person to whom the client was referred, the name of the person with whom consultation was sought; the outcome (if known) of the referral, and the outcome (if known) of the consultation;
- (12) Records of counseling, interview notes, correspondence, audio or visual recordings, electronic data storage, and other documents considered professional information for use in counseling; and
- (13) A final closing statement (if services are over).

Mandatory disclosure statements must be provided verbally and in writing to each client during the initial client contact and include:¹⁸

- (1) (a) The name, business address, and business phone number of the licensee, registrant, or certificate holder;

¹⁷ 3 COLO. CODE REGS. § 721-1, Rule 16(b).

¹⁸ COLO. REV. STAT. § 12-43-214.

(b) (I) An explanation [about being] ... licens[ed] including the educational, experience, and training requirements applicable to the particular level of regulation; and (II) A listing of any degrees, credentials, certifications, registrations, and licenses held or obtained by the licensee ...including the education, experience, and training the licensee, ...was required to satisfy in order to obtain the degree, credentials, certifications, registrations, or licenses;

(c) A statement indicating that the practice of ...psychotherapy is regulated by the division, and an address and telephone number for the board that regulates the licensee...;

(d) A statement indicating that: (I) A client is entitled to receive information about the methods of therapy, the techniques used, the duration of therapy, if known, and the fee structure; (II) The client may seek a second opinion from another therapist or may terminate therapy at any time; (III) In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses ...the licensee...; (IV) The information provided by the client during therapy sessions is legally confidential in the case of licensed ...psychologists except as provided in section 12-43-218 and except for certain legal exceptions that will be identified by the licensee ...should any such situation arise during therapy....

(2) If the client is a child who is consenting to mental health services pursuant to section 27-65-103, C.R.S., disclosure shall be made to the child. If the client is a child whose parent or legal guardian is consenting to mental health services, disclosure shall be made to the parent or legal guardian.

(3) In residential, institutional, or other settings where psychotherapy may be provided by multiple providers, disclosure shall be made by the primary therapist. The institution shall also provide a statement to the patient containing the information in paragraphs (c) and (d) of subsection (1) of this section and a statement that the patient is entitled to the information listed in paragraphs (a) and (b) of subsection (1) of this section concerning any psychotherapist in the employ of the institution who is providing psychotherapy services to the patient....

A HIPPA notice of privacy practices¹⁹ that delineates the psychologist's scope of and limitations of confidentiality works in tandem with the disclosures. In addition the

¹⁹ 45 CFR 164.502 (a)(1)(ii) & 45 CFR 164.506 (c); HIPPA, U.S. Government Printing Office Electronic Code Of Federal Regulations website at: [Subpart E--PRIVACY OF INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION](#) (last accessed Aug. 1, 2012).

Colorado mandatory reporting duties should be disclosed:

- Duty to report abuse or neglect of a child;²⁰
- Duty to report the abuse, neglect or exploitation of an at-risk adult;²¹
- Duty to warn and protect when a client makes a threat of imminent physical violence against a specific person or persons.²²

Maintenance and security of records

Rule 16 sets forth the following standards for the maintenance and security of psychological records:

Record Storage²³

Every psychologist shall keep and store client records in a secure place and in a manner that both assures that only authorized persons have access to the records and protects the confidentiality of the records.

Disposition of records²⁴

If the psychologist is not available to handle her/his own records, the psychologist and/or his estate shall designate an appropriate person to handle the disposition of records. A plan for the disposition of records shall be in place for all psychologists for the following conditions:

- (1) Disability, illness or death of the psychologist;
- (2) Termination of the psychologist's practice.

If record keeping occurs in agency/institutional settings, a psychologist need not create and maintain separate client records if the psychologist practices in an agency or institutional setting and the psychologist:²⁵

- (1) Sees the client in the usual course of that practice;
- (2) Keeps client records as required by the agency or institution; and
- (3) The agency or institution maintains client records.

Colorado psychologists who store patient information electronically may also be subject to the following standard:

²⁰ COLO. REV. STAT. § 19-3.304.

²¹ COLO. REV. STAT. § 26-3.1-102(1) - (3).

²² COLO. REV. STAT. § 13-21-117.

²³ 3 COLO. CODE REGS. § 721-1, Rule 16(c).

²⁴ 3 COLO. CODE REGS. § 721-1, Rule 16(e).

²⁵ 3 COLO. CODE REGS. § 721-1, Rule 16(g).

Electronic storage of medical records²⁶

Health plans, health care clearinghouses, and health care providers shall develop policies, procedures, and systems to comply with federal regulations promulgated by the federal department of health and human services related to electronic storage and maintenance of medical record information pursuant to federal law.

In addition to the Rule 16 contents of each record,²⁷ Colorado law governing psychologists creates a duty to maintain psychological records in a manner that secures their confidentiality:

Disclosure of confidential communications²⁸

(1) A licensee ...shall not disclose, without the consent of the client, any confidential communications made by the client, or advice given to the client, in the course of professional employment. A licensee's ...employee or associate, whether clerical or professional, shall not disclose any knowledge of said communications acquired in such capacity. Any person who has participated in any therapy conducted under the supervision of a licensee ... including group therapy sessions, shall not disclose any knowledge gained during the course of such therapy without the consent of the person to whom the knowledge relates.

(2) Subsection (1) of this section does not apply when:

- (a) A client or the heirs, executors, or administrators of a client file suit or a complaint against a licensee ...on any cause of action arising out of or connected with the care or treatment of the client by the licensee...;
- (b) A licensee ...was in consultation with a physician, registered professional nurse, licensee, registrant, or certificate holder against whom a suit or complaint was filed based on the case out of which said suit or complaint arises;
- (c) A review of services of a licensee ...is conducted by any of the following:
 - (I) A board or a person or group authorized by the board to make an investigation on its behalf;
 - (II) The governing board of a hospital licensed pursuant to part 1 of

²⁶ COL. REV. STAT. § 25-1-1203(4)(a).

²⁷ 3 COLO. CODE REGS. § 721-1, Rule 16(b).

²⁸ COLO. REV. STAT. § 12-43-218.

article 3 of title 25, C.R.S., where the licensee ...practices or the medical staff of such hospital if the medical staff operates pursuant to written bylaws approved by the governing board of the hospital; or (III) A professional review committee established pursuant to section 12-43-203 (11) if said person has signed a release authorizing such review.

(3) The records and information produced and used in the review provided for in paragraph (c) of subsection (2) of this section do not become public records solely by virtue of the use of the records and information. The identity of a client whose records are reviewed shall not be disclosed to any person not directly involved in the review process, and procedures shall be adopted by a board, hospital, association, or society to ensure that the identity of the client is concealed during the review process itself and to comply with section 12-43-224 (4).

(4) Subsection (1) of this section shall not apply to any delinquency or criminal proceeding, except as provided in section 13-90-107, C.R.S., regarding any delinquency or criminal proceeding involving a licensed psychologist.

(5) Nothing in this section shall be deemed to prohibit any other disclosures required by law.

(6) This section does not apply to covered entities, their business associates, or health oversight agencies, as each is defined in the federal "Health Insurance Portability and Accountability Act of 1996", as amended by the federal "Health Information Technology for Economic and Clinical Health Act", and the respective implementing regulations.

Rule 16 (d) Transfer of Records. Whenever a Psychologist deems it necessary to transfer her/his records to another Psychologist or other health care provider, the Psychologist making the transfer shall obtain the client's consent to transfer (when possible).

Licensed psychologists are also subject to the following standards that apply to all types of individual health care providers:²⁹

²⁹ COLO. REV. STAT. § 25-1-802; For providers that work in licensed or certified "health care facilities" a series of other laws exist: *See*, COLO. REV. STAT. § 25-1-801 & COL. REV. STAT. § 27-65-122.

(1) (a) Every patient record ...except records pertaining to mental health problems, shall be available to the patient upon submission of a written authorization-request for inspection of records, dated and signed by the patient, at reasonable times and upon reasonable notice. A summary of records pertaining to a patient's mental health problems may, upon written request and signed and dated authorization, be made available to the patient or the patient's designated representative following termination of the treatment program.

(b) (I) A copy of such records, including X rays, shall be made available to the patient or the patient's designated representative, upon written authorization-request for a copy of such records, dated and signed by the patient, upon reasonable notice and payment of the reasonable costs...

(2) Nothing in this section shall be construed to require a person responsible for the diagnosis or treatment of sexually transmitted infections or addiction to or use of drugs in the case of minors pursuant to sections 25-4-402 (4) and 13-22-102, C.R.S., to release patient records of such diagnosis or treatment to a parent, guardian, or person other than the minor or his or her designated representative.

(3) For purposes of this section, "patient record" does not include a doctor's office notes.

(4) All requests by patients for inspection of their medical records made under this section shall be noted with the time and date of the patient's request and the time and date of inspection noted by the health care provider or his designated representative. The patient shall acknowledge the fact of his inspection by dating and signing his record file.

(5) For the purposes of this section, medical information transmitted during the delivery of health care via telemedicine, as defined in section 12-36-106 (1) (g), C.R.S., is part of the patient's medical record maintained by a health care provider.

HIPPA enables the patient to inspect and obtain Protected Health Information (PHI) records, including Psychotherapy Notes created by the psychologist, as long as those records are maintained.³⁰ In addition, patients have a right to amend any part of the record;³¹ Under this section, a denial of the proposed amendment can occur if the

³⁰ 45 CFR 164.524.

³¹ 45 CFR 164.526 (a).

record was not created by the psychologist (unless the patient provides a reasonable basis to believe that the originator of PHI is no longer available to act on the requested amendment) or if the record is accurate and complete (other subsections are not discussed as they are unlikely to arise for psychologists). Finally, patients may obtain an accounting as to who has accessed the PHI and the details about each disclosure.³² Release and transfer of PHI records cannot be conditioned on payment or other conditions (such as enrollment in the health plan that employs the psychologist).³³

Retention of records

Rule 16 sets forth the following standard for the retention of psychological records:

The Psychologist shall retain a record on each psychology client for a period of seven (7) years commencing on the date of termination of psychology services or on the date of last contact with the client, whichever is later.³⁴

The retention requirements of Section 4(a) of Colorado Revised Statutes § 25-1-1203, may also apply to psychologists in independent practice:

Records³⁵

...(4) (a) All facilities shall maintain and retain permanent records, including all applications as required pursuant to section 27-65-105 (3).

(b) Outpatient or ambulatory care facilities shall retain all records for a minimum of seven years after discharge from the facility for persons who were eighteen years of age or older when admitted to the facility, or until twenty-five years of age for persons who were under eighteen years of age when admitted to the facility.

Violations of the specific duties

Under Colorado law certain prohibited acts that may subject psychologists to discipline. “Prohibited activities” include when a psychologist:³⁶

³² 45 CFR 164.528.

³³ 45 CFR 164.508 (b)(4).

³⁴ 3 COLO. CODE REGS. § 721-1, Rule 16(a); 3 COLO. CODE REGS. § 721-1, Rule 16(f).

³⁵ COL. REV. STAT. § 27-65-121: (c) Inpatient or hospital care facilities shall retain all records for a minimum of ten years after discharge from the facility for persons who were eighteen years of age or older when admitted to the facility, or until twenty-eight years of age for persons who were under eighteen years of age when admitted to the facility..

³⁶ COLO. REV. STAT. § 12-43-222.

...(b) Has violated or attempted to violate, directly or indirectly, or assisted or abetted the violation of, or conspired to violate any provision or term of this article or rule promulgated pursuant to this article or any order of a board established pursuant to this article;

...(g)(I) Has acted or failed to act in a manner that does not meet the generally accepted standards of the professional discipline under which the person practices. Generally accepted standards may include, at the board's discretion, the standards of practice generally recognized by state and national associations of practitioners in the field of the person's professional discipline. (II) A certified copy of a malpractice judgment of a court of competent jurisdiction is conclusive evidence that the act or omission does not meet generally accepted standards of the professional discipline, but evidence of the act or omission is not limited to a malpractice judgment.

...(u) Has falsified or repeatedly made incorrect essential entries or repeatedly failed to make essential entries on patient records.

The State Board of Psychologist Examiners (Board) delegates the following statutory powers, duties, and functions to the Health Services Section Director and the Mental Health Program Director of the State Board of Psychologist Examiners:³⁷

- Sign and issue confidential letters of concern to licensees for practicing with an expired license for one year or less. Such matters that are dismissed with a confidential letter of concern shall be dismissed due to no reasonable cause to warrant further action at this time and shall be retained in the Board's files for a period of five years...
- Sign Stipulations and Final Agency Orders, and other orders authorized by the Board.
- Sign Suspension Orders as required by the Child Support Enforcement Program.
- Perform the initial review of complaints relating to the practice of persons under the Board's jurisdiction and to issue 30-day letters relating to the complaints.
- Initiate complaints and issue 30-day letters to licensees currently under Stipulation or other Final Board Order if, in the opinion of the Program Director, Program Manager, or Section Director, the licensee has failed to

³⁷ COLO. STATE BOARD OF PSYCHOLOGIST EXAMINER POLICIES § 10-1.

comply with any of the terms of the Stipulation or other Final Board Order.

- Initiate complaints and issue 30-day letters where otherwise authorized by the Board.
- Utilize services of the Office of Investigations as warranted to carry out duties of the Board.
- Allow delegated professional board member(s) to approve monitoring reports, monitors and continuing education relating to discipline...
- Suspend and reinstate the licenses of practitioners who are in violation and subsequently in compliance of the Child Support Enforcement Act as notified by the Colorado Department of Human Services.
- Sign Letters of Admonition, Cease and Desist Orders, Stipulations and Final Agency Orders and other formal actions of the Board, once approved by the Board...