The Duty to Record: Ethical, Legal, and Professional Considerations for Illinois 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 polices 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

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Columbia with reference to several relevant state-by-state surveys retrieved from Lexis and Westlaw. 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.

Illinois 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**

Illinois law suggests the need 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, reduce the risk of responsibility in a duty to protect/warn jurisdiction, such as Illinois, and recommend that psychologists use this template, too.5

Because the documents permit hovering over the underline fields with a cursor

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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).

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.

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


6 Please use the most recent version of WORD to access the full capabilities of the EHR templates.
8 Id. at p. 45.
10 ILL. ADMIN. CODE tit.68, § 1400.80(k), the Illinois Board has adopted The Ethical Principles of Psychologists and Code of Conduct. Copies of the APA Code of Ethics are available from American Psychological Association Order Department, 750 First Street, NE, Washington, D.C.
**Common Law**

The Illinois Mental Health and Developmental Disabilities Confidentiality Act is highly specific that "confidential communication" means any communication made by a recipient or other person to a therapist or in the presence of other persons during or in connection with providing mental health or developmental disabilities services to a recipient.11 “Communication” even includes the confidentiality and privilege of patient identity information.12

*Additional annotations to the Illinois Mental Health and Developmental Disabilities Confidentiality Act, 740 ILL. COMP. STAT. ANN. §110/2, et. seq.:*

- The Mental Health and Developmental Disabilities Confidentiality Act is carefully drawn to maintain the confidentiality of mental health records except in specific circumstances explicitly enumerated.13
- Privilege created by Health and Developmental Disabilities Confidentiality Act for therapist's records and communications concerning patient services belongs to patient.14
- Daughter's observations that her father and her step-mother were involved in marriage counseling on at least monthly basis for over one year before his death were not protected “records” or “communications,” where daughter's third-party observations were merely based on her personal knowledge from living with them during time they were involved in counseling which daughter did not attend.15
- Even if single, brief reference in magazine article to patient having been treated for “chemical imbalance” could be considered “public disclosure” within meaning of Mental Health and Developmental Disabilities Confidentiality Act, it would not allow full-scale disclosure of patient's mental health records, rather waiver of confidentiality privilege would be limited to information contained in

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11 740 ILL. COMP. STAT. ANN. § 110/2.
13 *In re Marriage of Peters-Farrell,* 802 N.E.2d 1250 (Ill. 2003).
14 *In re Estate of Bagus,* 691 N.E.2d 401 (Ill. 1998).

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the article.16

- Report issued by psychologist who performed “fitness for duty” examination of village police officer was record covered by Illinois Mental Health and Developmental Disabilities Confidentiality Act, which generally prohibits disclosure of mental health records and communications.17
- Internal Revenue Service's (IRS) subpoena powers preempted psychologist-patient privilege in Mental Health and Developmental Disabilities Confidentiality Act, making psychologist's appointment book containing names of patients she treated while she was employed by taxpayer who was under IRS investigation subject to disclosure, despite claimed privilege.18
- Mental Health and Developmental Disabilities Confidentiality Act requires consent of only one parent for disclosure of therapist's records and communications.19
- Psychological report in which defendant's uncle admitted that he had sexually abused defendant when she was five years old was not admissible in murder trial to impeach uncle's testimony against defendant; the report was privileged and confidential under the Mental Health and Developmental Disabilities Confidentiality Act, uncle never consented to use of the report, the abuse occurred more than ten years before the trial and never resulted in a criminal charge or conviction, defendant testified about the abuse when she took the stand, and the abuse was all but confirmed when uncle invoked the Fifth Amendment when asked about it.20
- Written consent of only one parent is necessary for therapist's confidential records and communications regarding child below age 12 to be subject to disclosure in custody proceeding.21
- In absence of specific provision in this act clearly stating circumstances under which hospital is required to respond to demand by former patient for

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17 McGreal v. Ostrov, 368 F.3d 657 (7th Cir. 2004).
19 In re Marriage of Kerman, 624 N.E.2d 870 (Ill. 1993).
unrestricted access to his or her records, hospital did not act arbitrarily or unreasonably in refusing to voluntarily accede to former patient's demands that she be permitted to inspect her medical records.22

- Psychiatrist who voluntarily disclosed patient's confidential communications, as witness for patient's spouse in divorce proceeding, could be held liable for damages.23

- Department of Public Aid's procedures for acquiring medical assistance recipients' mental health records, for purposes of peer review of medical provider, violated Mental Health and Developmental Disabilities Confidentiality Act, where Department failed to notify patients that such disclosure might be made.24

- Patient's testimony at administrative disciplinary hearing brought against psychiatrist for allegedly engaging in sexual conduct with her did not constitute implied waiver of her patient privilege of nondisclosure concerning prior psychiatric treatment where only aspect of her treatment placed at issue was her sexual relationship with psychiatrist and that limited disclosure did not open door to disclosure of records of all prior mental health treatment.25

Relevant citing references to Illinois Admin Code, Title 68, section 1400.80 (re: adoption of the APA Code of Ethics)

- Board charged psychologist with failing to maintain proper in violation of section 6.01 of the Ethics Code, which obligates psychologists to “create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law.” Board revoked psychologist’s license for failure to maintain proper records, among other violations of the code of ethic.

On appeal, the court held that the evidence presented to the Board was sufficient to establish that psychologist violated ethics code by not creating and maintaining records regarding his treatment.\(^{26}\)

- Patient sought preliminary injunction barring Department of Professional Regulation from using patient's mental health records in a disciplinary proceeding. The Medical Practice Act and Confidentiality Act authorized the use of patient's mental health records in a disciplinary proceeding, provided that the Department of Professional Regulation removed information indicating patient's identity.\(^{27}\)

**Relevant annotations to 225 ILL. COMP. STAT. ANN. 15/15 (re: Clinical Psychologist Licensing Act - Disciplinary action; grounds)**

- Evidence was sufficient to establish at hearing before ALJ that clinical psychologist, who was accused of having inappropriate sexual contact with female patients at residential facility, violated psychologists' ethics code by not creating and maintaining records regarding his treatment of the patients; administrators at facility testified that psychologist had to be called several times to request that he submit records in connection with his treatment of the patients, that psychologist claimed he did not complete treatment records for two of the patients because such patients were treated on a *pro bono* basis.\(^{28}\)

**Contents of the record are mandated by law**

The APA Code of Ethics also would be applied with the Health Insurance Portability and Accountability Act (HIPAA)\(^{29}\) to psychological records:

**3.10 Informed Consent**\(^{30}\)

(a) When psychologists … provide assessment, therapy, counseling or consulting services in person or via electronic transmission or other forms of

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communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons… (See also Standards 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.

(c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

(d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

A HIPAA notice of privacy practices that delineates the psychologist’s scope of and limitations of confidentiality works in tandem with the disclosure document provided to the patient during the informed consent process specified by Standards 3.10, 9.03, and 10.01. In addition, the Illinois law would require disclosure about the following exceptions to protecting patient confidentiality:

- Mandatory duty to report child abuse or neglect;
- Mandatory duty to report suspected abuse, neglect, or financial exploitation of a disabled adult;

30 APA CODE OF ETHICS, supra note 10.
33 325 ILL. COMP. STAT. ANN. § 5/4.4a.
• Mandatory duty to report elder abuse, neglect or financial exploitation;\textsuperscript{34}
• Mandatory duty to warn of and protect from a recipient's threatened or actual violent behavior … of physical violence against a reasonably identifiable victim or victims.\textsuperscript{35}

APA Standard 4.04(a) suggests that psychologists focus the documentation in a manner that is very protective of their client’s privacy rights:

\textbf{4.04 Minimizing Intrusions on Privacy}\textsuperscript{36}
(a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made. The following standards set forth in the APA Code of Ethics create specific record keeping obligations for Illinois psychologists:

\textbf{6.06 Accuracy in Reports to Payors and Funding Sources}\textsuperscript{37}
In their reports to payors for services …psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided …the fees, charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards \textit{4.01, Maintaining Confidentiality}; \textit{4.04, Minimizing Intrusions on Privacy}; and \textit{4.05, Disclosures}.)

\textbf{9.01 Bases for Assessments}\textsuperscript{38}
(a) Psychologists base the opinions contained in their recommendations, reports and diagnostic or evaluative statements, …on information and techniques sufficient to substantiate their findings. (See also Standard \textit{2.04, Bases for Scientific and Professional Judgments}.)

(b) Except as noted in \textit{9.01c}, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those

\begin{itemize}
  \item 320 ILL. COMP. STAT. ANN. § 20/2(f-5).
  \item 405 ILL. COMP. STAT. ANN. § 5/6-103 (b).
  \item APA CODE OF ETHICS, \textit{supra} note 10.
  \item \textit{Id.}
  \item \textit{Id.}
\end{itemize}

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efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.)

(c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.

9.02 Use of Assessments

(a) Psychologists administer, adapt, score, interpret or use assessment techniques, interviews, tests or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques…

9.10 Explaining Assessment Results

Regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants or by automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative…

Standard 6.06 implies that information about the nature of the service provided…, the fees charged, the identity of the provider, findings, and diagnosis should be maintained in the record when necessary for billing purposes. In addition, the requirements of standards 9.01, 9.02, and 9.10 suggest that psychologists in Illinois would use an intake and evaluation note, and progress notes templates.

Maintenance and Security of Records

Under APA Code of Ethics Standard 4.01 - Maintaining Confidentiality, psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by

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39 Id.
40 Id.
41 Id.

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Guidelines do not substitute for laws of each state and provincial jurisdiction. This standard supports the record keeping standards:

6. Record Keeping and Fees

6.01 Documentation of Professional …Maintenance of Records
Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law. (See also Standard 4.01, Maintaining Confidentiality.)

Illinois permits disclosure of records without the patient’s permission in the following instances:

In the course of providing services and after the conclusion of the provision of services, a therapist may disclose a record or communications without consent to:

1) the therapist’s supervisor, a consulting therapist, members of the staff team participating in the provision of the services, a record custodian, or person acting under the supervision and control of the therapist;
2) persons conducting a peer review of the services being provided;
3) the Institute for Juvenile Research and the Institute for the Study of Developmental Disabilities;
4) an attorney or advocate consulted by therapist or agency which provide services concerning the therapist's or agency's legal rights or duties in relation to the recipient and the services being provided; and
5) the Inspector General of the Department of Children and Family Services when such records or communications are relevant to a pending investigation authorized by section 35. 5…

42 Id.; For hospital contexts, see: 210 ILL. COMP. STAT. ANN. 85/6.17. Hospital Licensing Act/Protection of and confidential access to medical records and information; Medical Patient Rights Act, 410 COMP. STAT. ANN. 50/3, et. seq.
43 740 ILL. COMP. STAT. ANN. § 110/9.
In the course of providing services, a therapist may disclose a record or communications without consent to any department, agency, institution or facility which as custody of the recipient pursuant to state statute or any court order of commitment.

Information may be disclosed under this section only to the extent that knowledge of the record of communications is essential to the purpose for which disclosure is made and only after the recipient is informed that such disclosure may be made. A person to whom disclosure is made under this section shall not redisclose any information access except as provided in this act.

Notwithstanding any other provision of this section, the therapist has a right to communicate any time and in any fashion with his or her counsel or professional liability insurance carrier, or counsel for any of those entities, concerning any care or treatment he or she provided, or assisted in providing, to the recipient with that within the scope of his or her employment, affiliation or at other agency with the employer, principal partner, or professional Corporation.

HIPAA also permits sharing protected health information (PHI) with other health care professionals who are engaged in the evaluation and treatment of the same patient.\footnote{44 45 CFR 164.520; HIPAA, U.S. Government Printing Office Electronic Code Of Federal Regulations website at: \texttt{Subpart E--PRIVACY OF INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION} (last accessed Aug. 1, 2012).} It enables the patient to inspect and obtain Protected Health Information (PHI) records, including the Psychotherapy Notes created by the psychologist, as long as those records are maintained.\footnote{45 45 CFR 164.524; 740 ILL. COMP. STAT. ANN. § 110/2: “Record does not include the therapist’s personal notes, if such notes are kept in the therapist’s sole possession for his own personal use and are not disclosed to any other person, except the therapist’s supervisor, consulting therapist or attorney.”} In addition, patients have a right to amend any part of the record;\footnote{46 45 CFR 164.526 (a).} Under this section, a denial of the proposed amendment can occur if the 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).
Under Illinois law, “(a) The following persons shall be entitled, upon request, to inspect and copy recipient's record or any part thereof:” 47

1) the parent or guardian of the recipient who is under 12 years of age;
2) the recipient if he is 12 years of age or older;
3) the parent or guardian of a recipient who is at least 12 but under 18 years, if the recipient is informed and does not object or if the therapist does not find that there are compelling reasons for denying the access. The parent or guardian who is denied access by either the recipient or the therapist may petition the court for access to the record. Nothing in this paragraph is intended to prohibit the parent or guardian the wrist of a recipient who is at least 12 but under 18 years from requesting or receiving the following information: current physical and mental condition, diagnosis, treatment needs, services provided, and services needed, including medication, if any;
4) the guardian of a recipient who is 18 years or older;
5) an attorney or Guardian ad litem represents a minor 12 years of age or older in any judicial or administrative proceeding, provided that the court or administrative hearing officer has entered an order granting attorney this right;
6) an agent appointed under a recipient's power of attorney for health care or for property, when the power of attorney authorizes the access;
7) an attorney in fact appointed under the mental health treatment preference declaration act; or any person in whose care and custody the recipient is been placed pursuant to section 3 – 811 of the Mental Health and Developmental Disabilities Code…

…(c) Any person entitled to access to a record under this section may submit a written statement concerning any disputed or new information, which statement shall be entered into the record. Whenever any disputed part of her record is disclosed, and the submitted statement relating thereto shall accompany the disclosed part. Additionally, any person entitled to access may request modification of any part of the record which he believes is incorrect or misleading. If the request is refused, the person may seek a court order to compel modification.

(d) Whenever access or modifications requested, the request and any action taken thereon shall be noted in the recipient's record.

47 740 ILL. COMP. STAT. ANN. § 110/4.
Finally, under HIPAA patients may obtain an accounting as to who has accessed the PHI and the details about each disclosure.48

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional…49
(a) Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standards 4.01, Maintaining Confidentiality, and 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)
(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.
(c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice. (See also Standards 3.12, Interruption of Psychological Services, and 10.09, Interruption of Therapy.)

HIPAA establishes privacy protections for all transmissions of PHI records, and requires specific patient authorizations (with a right of revocation) to transfer PHI records to third parties.50 Concrete security standards are established for all electronic healthcare information (45 CFR 160).

6.03 Withholding Records for Nonpayment51
Psychologists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.

Illinois law specifies “assistance in interpreting the record may be provided without charge and shall be provided if the person inspecting the record is under 18 years of

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48 45 CFR 164.528.
49 APA CODE OF ETHICS, supra note 10.
50 45 CFR 164.508.
51 APA CODE OF ETHICS, supra note 10.

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age. However, access may in no way been a denied or limited if the person inspecting the record refuses the assistance. A reasonable fee may be charged for duplication of a record. However when requested to do so in writing by an indigent recipient, the custodian of the records shall provide at no charge to the recipient...[the record].\footnote{740 ILL. COMP. STAT. ANN. § 110/4.}

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).\footnote{45 CFR 164.508 (b)(4).}

**Retention of Records**

Although no Illinois requirement exists for psychologist records, HIPAA\footnote{45 CFR 164.530 (j)(2).} mandates that the record must be retained for six years from the date of its creation or the date when it last was in effect, whichever is later.

**Violations of the specific duty**

Illinois psychologists are regulated by its Board, which may suspend or revoke a license, refuse to issue or renew a license or take other disciplinary action, based upon its finding of "unethical, unauthorized, or unprofessional conduct" within the meaning of Section 15(7) of the Act, which is interpreted to include, but is not limited to, the following acts or practices related to records:\footnote{ILL. ADMIN. CODE § 1400.80.}

- a) Practicing or offering to practice beyond one's competency (for example, providing services or using techniques for which one is not qualified by education, training and experience);

- b) Revealing facts, data or information relating to a client or examinee, except as allowed under Section 5 of the Act or under the Mental Health and Developmental Disabilities Confidentiality Act [740 ILCS 110]. The release of information "with the expressed consent of the client" as provided for in Section 6 of the Act is interpreted to mean that the psychologist, prior to the release of the information, obtained written consent and made certain that the client understood the possible uses or distributions of the information. Case history material may be used for teaching or research purposes or in textbooks or other literature, provided that proper precautions are taken to conceal the identity of the clients or examinees involved;
c) Making gross or deliberate misrepresentations or misleading claims as to his/her professional qualifications or of the efficacy or value of his/her treatments or remedies, or those of another practitioner;

…e) Refusing to divulge to the Division techniques or procedures used in his/her professional activities upon request;

…h) The commission of any dishonest, corrupt or fraudulent act that is substantially related to the functions or duties of a psychologist providing services or supervising psychological services;

…i) Submission of fraudulent claims for services to any health insurance company or health service plan or third party payor;

k) Pursuant to Section 15(7) of the Act, the Division hereby incorporates by reference the "Ethical Principles of Psychologists and Code of Conduct". American Psychological Association, 750 First Street, NE, Washington D.C. 20002, American Psychologist, June 1, 2010, with no later amendments or editions.

Many other possible reasons related to records could lead to the Department\textsuperscript{56} to refuse to issue, refused to renew, suspend, or revoke any license, or placed on probation, censor, reprimand, or take other disciplinary action deemed appropriate by the Department, including the imposition of fines not to exceed $10,000 for each violation, with regard to any license issued under the provisions of this act for any one or a combination of the following reasons:\textsuperscript{57}

1) Conviction of, or entry of the plea of guilty or \textit{nolo contendere} to, any crime that is a felony under the laws of the United States …or that is a misdemeanor of which an essential element is dishonesty, or any crime that is directly related to the practice of the profession.

2) Gross negligence in the rendering of clinical psychological services.

\textsuperscript{56} 225 ILL. COMP. STAT. ANN. § 15/2 (1): "Department" means the Department of Financial and Professional Regulation.

\textsuperscript{57} 225 ILL. COMP. STAT. ANN. § 15/15.
3) Using fraud or making any misrepresentation in applying for a license or in passing the examination provided for in this act.

…6) Professional connection or association with any person, firm, association, partnership or corporation holding himself, herself, themselves, or itself out in any manner contrary to this act.

7) Unethical, unauthorized or unprofessional conduct as defined by the rule…

8) Aiding or assisting another person violating any provisions of this act or the rules promulgated thereunder.

9) Failing to provide, within 60 days, information in response to a written request made by the department.

…11) Discipline by another State, Territory, the District of Columbia or foreign country, if at least one of the grounds is the same or substantially equivalent to those set forth herein.

…13) A finding by the board that the licensee, after having his or her license placed on probationary status has violated the terms of probation.

14) Willfully making or filing false records or reports, including but not limited to, false records or reports filed with State agencies or Departments.

…16) Willfully failing to report an instance of suspected child abuse or neglect is as required by the Abused and Neglected Child Reporting Act.

19) Making a material misstatement and furnishing information to the Department, any other state or federal agency, or any other entity.

20) Failing to report the Department any adverse judgment, settlement, or award arising from a liability claim related to an act or conduct similar to an act or conduct that would constitute grounds for action as set forth in this section…