The Duty to Record: Ethical, Legal, and Professional Considerations for Missouri 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.\textsuperscript{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.

Missouri 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**

Missouri 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 also 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.\textsuperscript{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. 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.” Whenever “Eurocentric therapeutic and interventions models” 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. The EHR templates permit drop down diagnoses using the ICD-10 functional diagnoses.

**Statute or Rule**

Missouri’s State Committee on Psychologists has adopted its own ethical rules of conduct and view the APA Ethical Principles of Psychology and Code of conduct for psychologists and the ASPPB Code of Conduct as “… an aid in resolving ambiguities which may arise in the interpretation of the ethical rules of conduct.”

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6 Please use the most recent version of WORD to access the full capabilities of the EHR templates.
8 *Id.* at p. 45.
Common Law

Missouri does impose a common law Tarasoff duty. In Bradley v. Ray, the state Court of Appeals held that “when a psychologist or other health care professional knows or pursuant to the standards of his profession should have known that a client presents a serious danger of future violence to a readily identifiable victim the psychologist has a duty under Missouri common law to warn the intended victim or communicate the existence of such danger to those likely to warn the victim including notifying appropriate enforcement authorities.” In 2002, Virgin v. Hopewell Center clarified that Bradley does not impose a common law duty to warn the general public of dangerous clients as only “foreseeability as to a readily identifiable person will sustain a duty.” In Virgin, the plaintiff was injured when a client who had told her psychiatrist she had a “death wish” was speeding on the wrong side of an interstate highway.

Relevant citing references to 20 MO. CODE REGS. ANN. tit. 20, § 2235-5.030 (re: Ethical Rules of Conduct for Psychologists)

- By leaving documents containing confidential client information on Hammond's property as described in our Findings of Fact, Raum is subject to discipline under § 337.035.2(6) and (15) in that he failed to store, dispose of, and properly safeguard confidential client information in violation of the Ethical Rules of Conduct as set forth in 20 CSR § 2235-5.030(4)(B)1 and (9)(B). Raum is subject to discipline under § 337.035.2(6) and (15).

Relevant citing references to MO. REV. STAT. § 337.055. (re: Privileged communications)

- Statutory privileges for communications between a client and professional counselor or psychologist exist without the physician-patient privilege

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stipulation that the communications must pertain to treatment in order to be classified as privileged.15

- The hearing board for the state highway patrol properly excluded psychological records of complainant in proceeding which resulted in dismissal of patrolman based on allegation that patrolman made improper sexual advances while on duty; communications to licensed psychologist are privileged and protected from release without consent of person who received the professional services.16

- Father did not waive privilege attached to testimony of licensed psychologist by this section in dissolution proceeding by raising question as to mother's mental condition in determining custody.17

- Appellant cites Fierstein v. DePaul Health Ctr., 949 S.W.2d 90 (Mo.App.1997) as support for her argument. We find it is of little assistance to Appellant. In Fierstein, the plaintiff sued a hospital after the hospital prematurely released her medical records to her ex-husband's attorney after receiving a subpoena to provide the records at a deposition. The trial court granted the hospital's motion for summary judgment and the plaintiff appealed. Id. at 91. The Court of Appeals reversed the trial court's ruling, noting that there is a “fiduciary duty of confidentiality not to disclose any medical information received in connection with the treatment of the patient …If a physician discloses any information, without first obtaining the patient's waiver, then the patient may maintain an action for damages in tort against the physician.” Id. at 92. Fierstein simply recognizes that a tort action may lie against a physician for violation of his fiduciary duty of confidentiality.18

Contents of the record are mandated by law

Missouri law calls for the psychologist rendering professional individual services to a client (or a dependent), or services billed to a third party payer, must maintain professional records that include:19

1. Name of the client and other identifying information such as address,

15 State v. Hawkins, 328 S.W.3d 799 (Mo. 2010).
16 Gamble v. Hoffman, 732 S.W.2d 890 (Mo. 1987).
17 Griggs v. Griggs, 707 S.W.2d 488 (Mo. 1986).
19 MO. CODE REGS. ANN. tit. 20, § 2235-5.030(4).
telephone number, age, and/or sex;

2. The presenting problem(s) or purpose or diagnosis;

3. Any assessment including test results or other evaluative results obtained and any basic test data from which they were derived;

4. The date and description of each contact or service provided or pertaining to the client;

5. The nature, type and goals of any psychological interventions;

6. The fee arrangement and documentation of discussion with client prior to initiation of services;

7. A copy of all test or other evaluative reports prepared as part of the professional relationship;

8. Notation and results of formal consults with other providers;

9. Notation of referrals given or recommended to the client;

10. Any releases executed by the client;

11. Records shall contain data relating to financial transactions between the psychologist and client, including fees assessed and collected;

12. Written informed consent must be obtained concerning all aspects of services including assessment and therapy;

13. A provisionally licensed psychologist must include on the informed consent the fact that the provisional licensee is working under the supervision of a licensed psychologist. The informed consent form must identify the supervising psychologist; and

14. Entries in the records must be made within ten (10) days following each consultation or rendition of service. Entries that are made after the date of service must indicate the date entries are made, as well as the date of service.
Missouri regulations also delineate informed written consent must be obtained:\textsuperscript{20}

The psychologist shall give a truthful, understandable and reasonably complete account of the client’s condition to the client or the parent of minor children or legal guardian. The psychologist shall keep the client fully informed as to the purpose and nature of any evaluation, treatment or other procedures, and of the client’s right to freedom of choice regarding services provided …When a psychologist agrees to provide services to a person or entity at the request of a third party, the psychologist shall explain and document the nature of the relationships with all individuals or organizations involved. This includes the role of the psychologist, who is the client, the probable uses of the services provided or the information obtained, and any known or probable limits to confidentiality.

Informed consent under Missouri regulation requires clarifying expectations:\textsuperscript{21}

The psychologist shall document that the client has been informed as to the purpose and nature of an evaluation, …treatment …procedure as well as reasonable alternatives in language commensurate with the individual’s level of comprehension. ….minors and those with diminished capacity. Whenever possible, the psychologist shall obtain informed consent from children and from individuals with diminished mental capacity regarding their participation in psychological services or research. If they object to participation, the psychologist shall consider the individual’s basic rights in light of those factors such as age, psychological maturity and the judgment of the individual’s parents or legal guardians. The psychologist’s decision shall be based upon the best interests of the individual …voluntary and mandatory procedures. The psychologist shall inform recipients as to the voluntary or mandatory nature of the assessment, treatment …procedure. When a procedure is voluntary, the psychologist shall inform the clients ….of their freedom of choice and any alternatives to participation. …electronic recording and filming. The psychologist shall obtain permission from clients …prior to the use of observation or electronic taping, recording or filming procedures …access to confidential information of others. When the possibility exists that others may

\textsuperscript{20} \textsc{Mo. Code Regs. Ann. tit. 20, § 2235-5.030(7).}
\textsuperscript{21} \textsc{Mo. Code Regs. Ann. tit. 20, § 2235-5.030(8)(B).}

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obtain access to confidential information, the psychologist shall explain this possibility, together with plans for protecting confidentiality, to clients ... as part of the procedure for obtaining informed consent.

The APA Code of Conduct also would be applied with the Health Insurance Portability and Accountability Act (HIPPA) to psychological records in Missouri:

### 3.10 Informed Consent

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


23 APA CODE OF CONDUCT, supra note 10.
A HIPPA notice of privacy practices\textsuperscript{24} 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. Missouri law would require disclosures when privilege would not apply, under the provisions of sections 337.600 to 337.689, to prevent the disclosure of any information acquired from persons consulting them in their professional capacity, or that would compel to disclose such information except:\textsuperscript{25}

1. With the written consent of the client, or in the case of the client’s death or disability, the client’s personal representative or other person authorized to sue, or the beneficiary of an insurance policy on the client’s life, health or physical condition;

2. When such information pertains to a criminal act;

3. When the person is a child under the age of eighteen years and the information acquired by the licensee indicated that the child was the victim of a crime;

4. When the person waives the privilege by bringing charges against the licensee;

5. When the licensee is called upon to testify in any court or administrative


\textsuperscript{25} MO. REV. STAT. § 337.636; See, MO. REV. STAT. § 337.035: Persons licensed under the provisions of sections 337.700 to 337.739 may not disclose any information acquired from persons consulting them in their professional capacity, or be compelled to disclose such information except: (1) With the written consent of the client, or in the case of the client’s death or disability, the client’s personal representative or other person authorized to sue or the beneficiary of any insurance policy on the client’s life, health or physical condition; (2) When such information pertains to a criminal act; (3) When the person is a child under the age of eighteen years and the information acquired by the licensee indicated that the child was the victim of a crime; (4) When the person waives the privilege by bringing charges against the licensee; (5) When the licensee is called upon to testify in any court or administrative hearings concerning matters of adoption, adult abuse, child abuse, child neglect or other matters pertaining to the welfare of clients of the licensee; or(6) When the licensee is collaborating or consulting with professional colleagues or an administrative superior on behalf of the client.
hearings concerning matters of adoption, adult abuse, child abuse, child neglect, or other matters pertaining to the welfare of clients of the licensee; or

(6) When the licensee is collaborating or consulting with professional colleagues or an administrative superior on behalf of the client.

In addition, the Missouri law would require disclosures during the informed consent process about the following legal limits of protecting patient confidentiality:26

The psychologist shall safeguard the confidential information obtained in the course of practice …or other professional duties. Psychologists who offer services, products or information via electronic transmission shall inform clients/patients of the risks to privacy and limits of confidentiality.

…The psychologist shall disclose confidential information to others only with the informed written consent of the client with the exceptions as set forth here.

1. Disclosure without informed written consent. The psychologist may disclose confidential information without the informed written consent of the client when the psychologist judges that disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by the client on the client or on another person. In that case, the psychologist shall disclose the confidential information only to appropriate professional workers, public authorities, the potential victim, the family, or both, of the client. When the client is an organization, disclosure shall be made only after the psychologist has made a reasonable and unsuccessful attempt to have the problems corrected within the organization.

2. Use of interpreters. Psychologists using the services of an interpreter shall obtain informed consent from the client/patient to use that interpreter, shall ensure that confidentiality of test results and test security are maintained, and include in recommendation reports and diagnostic or evaluative statements, including forensic testimony, discussion or any limitations on the data obtained.

3. Legally dependent clients. At the beginning of a professional relationship, to the extent that the client can understand, the psychologist shall inform a client

26 MO. CODE REGS. ANN. tit. 20, § 2235-5.030(9).
who is below the age of majority or who has a legal guardian of the limit the law imposes on the right of confidentiality with respect to his/her communications with the psychologist.

4. Multiple clients. When service is rendered to more than one (1) client during a joint session, for example to a family or a couple or a parent and child or a group, the psychologist shall, at the beginning of the professional relationship, clarify to all parties the manner in which confidentiality will be handled. All parties shall be given opportunity to discuss and to accept whatever limitations of confidentiality will be adhered in the situation.

5. Release of confidential information. The psychologist may release confidential information upon court order, as defined in section (2) of this rule, or to conform with state or federal law or regulation (e.g., “The psychologist who has knowledge or believes in good faith that there has been a violation of the statutes or rules of the committee shall inform the committee in writing. When the information regarding that violation is obtained in a professional relationship with a client, the psychologist shall report it only with the written permission of the client. Nothing in this rule shall relieve a psychologist of the duty to file any report required by applicable statutes. Failure to report a violation of the statutes and/or rules, is in itself, an ethics violation.” 27

6. Abuse reports of abuse of children and vulnerable adults. The psychologist shall be familiar with any relevant law concerning the reporting of abuse of children and vulnerable adults, and shall comply with the law.

7. Discussion of client information among professionals. When rendering psychological services as part of a team or when interacting with other appropriate professionals concerning the welfare of the client, the psychologist may share confidential information about the client provided the psychologist takes reasonable steps to assure that all persons receiving the information are informed about the confidential nature of the information and abide by the rules of confidentiality.

HIPPA also permits sharing protected health information (PHI) with other health

27 See, 20 MO. CODE REGS. ANN. tit. 20, §2235-5.030(15)).

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care professionals who are engaged in the evaluation and treatment of the same patient.28

In addition, Missouri regulation states that for each person professionally supervised, the psychologist shall maintain a record of the supervisory session that shall include the type, place, and general content of the session, as well as other information required by these rules, other law or good practice.29

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

4.04 Minimizing Intrusions on Privacy30
(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 Missouri psychologists:

6.06 Accuracy in Reports to Payors and Funding Sources31
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 4.01, Maintaining Confidentiality; 4.04, Minimizing Intrusions on Privacy; and 4.05, Disclosures.)

9.01 Bases for Assessments32
(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

29 MO. CODE REGS. ANN. tit. 20, § 2235-5.030(4)(B)2; See, MO. CODE REGS. ANN. tit. 20, § 2235-2.080 about the record keeping duties concerning non-licensed persons [those that psychologists’ supervised].
30 APA CODE OF CONDUCT, supra note 10.
31 Id.
32 Id.

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(b) Except as noted in 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 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…

Specific record keeping content becomes necessary in Missouri if “when it is reasonably clear that the client is not benefitting from the relationship, and shall prepare the client appropriately for such termination; also, during a dual relationship context record keeping becomes necessary:

33 Id.
34 Id.
35 MO. CODE REGS. ANN. tit. 20, § 2235-5.030(7)(B).
36 MO. CODE REGS. ANN. tit. 20, § 2235-5.030(5)(B).

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The psychologist shall not undertake or continue a professional relationship with a client when the objectivity or competency of the psychologist is, or could reasonably be expected to be impaired because of the psychologist’s present or previous familial, social, sexual, emotional, financial, supervisory, political, administrative or legal relationship with the client or a relevant person associated with or related to the client. If a dual relationship develops or is discovered after the professional relationship has been initiated, the psychologist shall terminate the professional relationship in an appropriate manner, shall notify the client in writing of this termination and shall assist the client in obtaining services from another professional.

In light of the Missouri regulations, and the requirements of standards 9.01, 9.02, and 9.10, Missouri psychologists would use an intake and evaluation note, progress note, and termination templates.

Maintenance and Security of Records

Missouri regulation mandates that the “psychologist shall store and dispose of written, electronic and other records in such a manner as to ensure their confidentiality. The psychologist shall maintain the confidentiality of all psychological records in the psychologist’s possession or under the psychologist’s control except as otherwise provided by law or pursuant to authorization of a client specifically requesting or authorizing release or disclosure of the client’s psychological records.”

Under APA Code of Ethics Standard 4.01 - Maintaining Confidentiality, "[p]sychologists 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 institutional rules or professional or scientific relationship.” (See also Standard 2.05, Delegation of Work to Others.) This standard also 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,

37 MO. CODE REGS. ANN. tit. 20, § 2235-5.030(4)(B).
38 APA CODE OF ETHICS, supra note 10.
39 Id.
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.)

The following regulation imposes obligations related to confidentiality and recordkeeping for Missouri psychologists:40

The psychologist shall limit access to client records and shall assure that all persons working under his/her authority comply with the requirements for confidentiality of client material.

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.41 In addition, patients have a right to amend any part of the record;42 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). Finally, patients may obtain an accounting as to who has accessed the PHI and the details about each disclosure.43

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional...44
(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.)

40 MO. CODE REGS. ANN. tit. 20, § 2235-5.030(9)(D).
41 45 CFR 164.524.
42 45 CFR 164.526 (a).
43 45 CFR 164.528.
44 APA CODE OF ETHICS, supra note 10.

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(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.)

In addition, the following regulation imposes obligations related to continuity of care and recordkeeping for Missouri psychologists:

The psychologist shall make provisions for the transfer or disposal of all written or electronic records of the client in the event of the psychologist’s death or incapacitation.

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. Concrete security standards are established for all electronic healthcare information (45 CFR 160).

6.03 Withholding Records for Nonpayment

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.

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).

Retention of Records

Psychologists must assure that all data entries in the professional records,
including entries as supervisors, are maintained for a period of not fewer than five years after the last date of service rendered, or not less than the time required by other regulations, if that is longer.\footnote{MO. CODE REGS. ANN. tit. 20, § 2235-5.030(4)(B).}

**Violations of the specific duty**

A violation of the ethical rules of conduct for Missouri psychologists constitutes unprofessional conduct and is sufficient reason for disciplinary action or denial of either original licensure, reinstatement or renewal of licensure.\footnote{MO. CODE REGS. ANN. tit. 20, § 2235-5.030(1)(D).}

“…a complaint [may] be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered the person's certificate of registration or authority, permit or license for any one or any combination of the following causes: . . . (15) Being guilty of unethical conduct as defined in “Ethical Rules of Conduct” as adopted by the committee and filed with the secretary of state.”\footnote{MO. REV. STAT. § 337.035. Denial, revocation, or suspension of license, grounds for--interested third party, defined.}

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