The following policy statements are based on the Board's interpretation of the psychology licensure law, state rules and regulations, and the Ethics Code. These policies reflect the opinion of the Board and may not reflect on the psychologist's relationship with their third party payers.

TREATMENT RECORD RETENTION

Treatment Records are defined as intake evaluation forms or reports, treatment or progress notes, and treatment summary reports. Adult Psychotherapeutic Treatment Records shall be retained for at least five years after the date that psychotherapy was terminated, but the clinician should be aware of State law and/or contractual obligations Child Treatment Records shall be retained at least until the child reaches the age of 22.

ASSESSMENT RECORD RETENTION

Adult Evaluation Reports must be retained for five years after the date of completion of the report. Child Evaluation Reports are kept until the child reaches the age of 22. Test Materials Other than raw scores and scaled scores, it is not necessary to retain test data and test materials (protocols, etc.).

ADDING A SCOPE OF PRACTICE DOMAIN

When licensed psychologists want to add a domain of expertise they must submit a letter of request and documentation that they attained additional training and/or supervision sufficient to prepare them to practice in the new domain. They may also submit three pertinent work samples. After review of this documentation and materials the Board may approve the new domain or require that additional tasks be completed.

TELE-PSYCHOLOGY – SKYPE

In July 2011, the APA Division 29 task force on tele-psychology observed that internet and cell phone communication do not have the same security as a land line phone. The task force accurately comments that "The Internet is not regulated and not currently protected by privacy laws. Skype, for example, is not an encrypted site and is, therefore, not a confidential means of communication. "The task force further comments that providing psychotherapy on unencrypted sites is 'ill advised'". The WV Board of Examiners agrees.

Because this does not completely preclude providing such services, extreme caution is advised. For those holding a license to practice in a given jurisdiction, clinical judgment and common sense must be vigorously employed in the choice to use such venue. In such a case, based on the APA's conclusions and recommendations, the WV Board of Examiners believes the psychologist would need to:

1. Contact their malpractice insurance carrier to determine if skype work is covered.

2. Contact the patient's insurance to determine coverage.

3. Use skype with an established patient determined not to be a high risk patient.

4. Make certain the patient fully understands that skype is NOT the same as a phone conversation and is not protected by federal privacy law. It is an open/public forum and anything on skype can be published/used/broadcast/etc. Signed consent would be needed "before using skype".

It is somewhat doubtful that all of the above would be approved once the full nature of skype is known, but even then skype should be used on a limited basis, not as a complete substitute for in person treatment.

RECORDS PROCESSING GUIDELINES WHEN A PSYCHOLOGIST RETIRES OR OTHERWISE TERMINATES PRACTICE

DEFINITIONS

Patient Records: Intake evaluations, treatment progress notes, discharge summaries/reports, psychological evaluation reports [Not test data]. Note: Patient records are not owned by third parties, i.e. Social Security.

Active Patients: Are individuals with open cases/charts.

Inactive Patients: For the purpose of this policy, are individuals with cases/charts closed within the past 7 years.

Initial Notifications: Notify Inactive Patients via local newspaper for 10 days that, with proper identification, they can retrieve their records and have 30 days to do so. Notification may also include other forms of media. Communicate this message to Active Patients during treatment and evaluation sessions. Place signs in the office containing the same message. In the event that an Active Patient chooses referral to another mental health practitioner, with a signed release records may be forwarded to the designated professional.

Remaining Active or Inactive Patient records may be stored after the 30-day retrieval period. In such cases the psychologist should consider a variety of factors, including, as cautioned by the APA in their Record Keeping Guidelines,

“The risks associated with obsolete or outdated information, or privacy loss, versus the potential benefits associated with preserving the records"

We further underscore the APA’s caution that the psychologist should carefully weigh the decision whether to retain or dispose of records upon termination of practice.

DSM-5 IMPLEMENTATION

Until further notice, licensees and supervisees my use either the DSM-4 or the DSM-5. There is no set date upon which the latter must be used.

TITLES & LICENSURE NUMBERS

Licensees shall use the title “Licensed Psychologist” or “Licensed School Psychologist” and their license number on all reports, letters and other similar documents.

Example:

B. F. Skinner, MA

Licensed Psychologist, WV #000

PSYCHOMETRICIANS

Licensees who use psychometricians are required to provide the Board with a list of them every January. Licensees are also required to clearly indicate in their reports that they have used a psychometrician by

identifying that person by name in the report. Please note that supervised-psychologists are not permitted to supervise and/or use psychometricians.

VETERANS ASSESSMENT CE POLICY STATEMENT

Effective January 1, 2017, two hours of the 20 hours required for each two-year renewal period shall be about mental health conditions common to veterans and their family members. Such training shall include (1) Inquiry about whether patients are veterans or family members of veterans, and (2) Screening veterans and their family members for: (a) suicide risk and suicide prevention; (b) posttraumatic stress, anxiety, panic, depressive, intermittent explosive & related disorders; and (c) the need for family and/or marital counseling.