

# Professional Communication Standards

## Psychology Treatment and Diagnostics Board

Guidelines for Ethical and Effective Professional Communication

### I. General Communication Principles

#### Core Standards

- **Clarity:** Use clear, professional language appropriate to the audience
- **Accuracy:** Ensure all information is factually correct and current
- **Timeliness:** Respond to communications within established timeframes
- **Confidentiality:** Protect client privacy in all communications
- **Respect:** Maintain professional respect for all parties
- **Cultural Sensitivity:** Consider cultural factors in communication style

**HIPAA Compliance Reminder:** All communications containing protected health information must comply with HIPAA regulations. Use secure communication methods and obtain appropriate consent before sharing client information.

## II. Client Communication Standards

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### A. Initial Contact and Intake Communications

- Respond to initial inquiries within 24 hours during business days
- Provide clear information about services, fees, and policies
- Use welcoming, professional, and non-judgmental language
- Explain confidentiality and its limits during first contact
- Confirm appointments and provide necessary forms in advance

INITIAL CONTACT EMAIL TEMPLATE Subject: Response to Your Inquiry - [Practice Name] Dear [Client Name], Thank you for reaching out to [Practice Name]. I received your inquiry about [services requested] and am pleased to provide you with information about our services. [Brief description of relevant services and approach] Our next available appointment is [date/time]. Sessions are [duration] and the fee is [amount]. We accept [insurance/payment options]. Before our first meeting, please complete the attached intake forms and return them 24 hours prior to your appointment. This will help us make the most of our time together. I look forward to working with you. Please don't hesitate to contact me if you have any questions. Best regards, [Therapist Name, Credentials] [Contact Information] [Confidentiality Notice]

### B. Ongoing Treatment Communications

- Session reminders sent 24-48 hours in advance
- Prompt response to client questions (within 24-48 hours)
- Clear communication about scheduling changes
- Regular check-ins about treatment progress
- Transparent discussion of treatment modifications

### C. Crisis Communication Protocols

### **Crisis Response Standards:**

- Immediate response to crisis calls during business hours
- Clear after-hours emergency procedures communicated to clients
- Crisis hotline numbers and emergency resources provided
- Documentation of all crisis communications
- Follow-up within 24 hours of crisis contact

CRISIS COMMUNICATION TEMPLATE [Immediate Response] "I understand you're in crisis right now. Your safety is my primary concern. Are you in immediate danger? Do you need emergency services (911)?" [Assessment Phase] "Help me understand what's happening right now..." "What thoughts are you having about harming yourself/others?" "Do you have a plan? Do you have means?" [Safety Planning] "Let's work together on keeping you safe..." "Who can you contact for support right now?" "What has helped you cope with difficult feelings before?" [Follow-up] "I'm going to check in with you tomorrow. I will call you at [time]." "If you have thoughts of harm before then, please call [emergency number]."

### III. Professional Colleague Communications

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#### A. Referral Communications

##### Referral Letter Components:

- Client identifying information (with consent)
- Reason for referral and specific services needed
- Relevant diagnostic information
- Current medications and medical conditions
- Safety concerns and risk factors
- Previous treatment history
- Your contact information for questions

REFERRAL LETTER TEMPLATE Date: \_\_\_\_\_ To: [Colleague Name and Practice] From: [Your Name, Credentials, Practice] Re: [Client Name, DOB] - Referral for [Service Type] Dear [Colleague Name], I am referring [Client Name] to you for [specific service/reason]. [He/She/They] has provided written consent for me to share this information. PRESENTING CONCERNS: [Brief description of current issues] DIAGNOSTIC INFORMATION: Current Diagnosis: \_\_\_\_\_ Previous Diagnoses: \_\_\_\_\_ RELEVANT HISTORY: [Key background information] MEDICATIONS/MEDICAL: [Current medications and medical conditions] SAFETY CONSIDERATIONS: [Any risk factors or safety concerns] TREATMENT GOALS: [Specific outcomes sought from referral] Please contact me at [phone/email] if you need additional information. I appreciate your expertise and look forward to collaborating in [Client Name]'s care. Sincerely, [Your Name, Credentials] [Contact Information] Attachment: Release of Information (signed)

#### B. Consultation Communications

- Present cases objectively without identifying client information

- Focus on specific clinical questions or concerns
- Provide relevant background information concisely
- Document consultation recommendations received
- Follow up on consultation suggestions

### **C. Multidisciplinary Team Communications**

- Regular team meetings with structured agendas
- Clear role definitions and communication channels
- Consistent documentation and information sharing
- Conflict resolution procedures established
- Client-centered focus in all team communications

## IV. Insurance and Third-Party Communications

### A. Insurance Authorization Requests

**Required Information:**

- Client demographic and insurance information
- DSM-5 diagnosis with appropriate codes
- Clinical justification for treatment
- Proposed treatment plan and duration
- Expected outcomes and goals
- Previous treatment history if relevant

INSURANCE AUTHORIZATION TEMPLATE Patient: [Name, DOB, Member ID]  
Provider: [Your Name, NPI, Tax ID] Date of Request: \_\_\_\_\_  
DIAGNOSIS: [Primary DSM-5 Diagnosis and Code]  
Secondary Diagnoses: [If applicable] CLINICAL JUSTIFICATION: The patient presents with [symptoms/functional impairment] that began [timeline]. Symptoms include [specific examples]. Current level of functioning is impaired in [areas]. TREATMENT PLAN: Modality: [Type of therapy] Frequency: [Sessions per week/month] Duration: [Estimated length of treatment] Goals: [Specific, measurable objectives] MEDICAL NECESSITY: Without treatment, the patient is at risk for [consequences]. Evidence-based treatment [intervention] is indicated for [diagnosis] and has shown effectiveness in [research findings]. Please authorize [number] sessions for [time period].  
Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### B. Treatment Summary Reports

- Objective description of treatment provided
- Progress toward stated goals
- Current functional status
- Recommendations for continued treatment

- Prognosis and expected outcomes

## V. Legal and Court Communications

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### **Legal Communication Principles:**

- Maintain therapeutic neutrality and objectivity
- Distinguish between therapy and forensic roles
- Provide only factual information within scope of expertise
- Avoid advocacy positions unless ethically required
- Seek consultation for complex legal matters

### **A. Court-Ordered Evaluations**

- Clarify evaluation purpose and limits of confidentiality
- Use standardized assessment instruments when appropriate
- Present findings objectively without recommendations beyond expertise
- Address specific legal questions asked
- Acknowledge limitations and areas of uncertainty

### **B. Subpoena Responses**

#### **Subpoena Protocol:**

1. Review subpoena for validity and scope
2. Contact client immediately to discuss options
3. Seek legal consultation if needed
4. Assert privilege if appropriate
5. Provide only information specifically requested
6. Document all actions taken



RESPONSE TO SUBPOENA TEMPLATE [Date] [Court/Attorney Name and Address]  
Re: Subpoena for Records of [Client Name] Case Number: \_\_\_\_\_  
Dear [Title/Name], I am in receipt of your subpoena dated [date]  
requesting [specific information] regarding [client name]. I must  
respectfully assert that the requested information is protected by  
psychotherapist-patient privilege under [applicable law]. I cannot  
release this information without either: 1. A valid waiver from my  
client, or 2. A court order compelling disclosure after proper legal  
procedures I have contacted my client regarding this matter. [If client  
objects] My client objects to the release of this information. If the  
court determines that disclosure is required, I request the opportunity  
to review any protective orders that might limit the scope or use of  
the information. Please advise how you wish to proceed. Respectfully,  
[Your Name, Credentials] [License Number]

## VI. Electronic Communications

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### A. Email Communications

#### Email Security Standards:

- Use encrypted email for sensitive information
- Include confidentiality disclaimers in all emails
- Avoid detailed clinical information in unsecured emails
- Verify recipient email addresses before sending
- Respond to client emails within established timeframes

CONFIDENTIALITY DISCLAIMER CONFIDENTIALITY NOTICE: This email and any attachments may contain confidential and privileged information protected by law. If you are not the intended recipient, please notify the sender immediately and delete this message. Any unauthorized review, use, disclosure, or distribution is prohibited. This email communication is not intended for crisis situations. If you are experiencing a mental health emergency, please call 911 or go to your nearest emergency room.

### B. Text Messaging and Telehealth

- Establish clear policies for electronic communications
- Use HIPAA-compliant platforms for telehealth sessions
- Limit text messaging to scheduling and brief administrative matters
- Document electronic communications in client records
- Obtain client consent for electronic communication methods

## VII. Crisis and Emergency Communications

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### A. Mandatory Reporting Communications

#### Reporting Requirements:

- **Child Abuse:** Report to Child Protective Services within 24-48 hours
- **Elder Abuse:** Report to Adult Protective Services as required by law
- **Duty to Warn:** Contact potential victims and law enforcement when appropriate
- **Documentation:** Detailed records of all reporting actions

MANDATORY REPORT DOCUMENTATION Date of Report: \_\_\_\_\_  
Type of Report: [Child Abuse/Elder Abuse/Duty to Warn] Reporting  
Agency: \_\_\_\_\_ Report Number: \_\_\_\_\_ Contact  
Person: \_\_\_\_\_ REASON FOR REPORT: [Specific information  
that triggered reporting requirement] INFORMATION REPORTED: [Facts  
provided to agency, avoiding speculation] CLIENT NOTIFICATION: Date  
Informed: \_\_\_\_\_ Client Response: \_\_\_\_\_  
FOLLOW-UP ACTIONS: [Any additional steps taken] Clinician  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### B. Emergency Services Coordination

- Clear communication with emergency responders
- Provide relevant clinical information for safety
- Maintain professional boundaries during emergencies
- Document all emergency interventions
- Follow up with client after emergency services

## VIII. Documentation and Record Keeping

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### A. Clinical Documentation Standards

- Document all significant communications in client records
- Use objective, professional language
- Include date, time, and method of communication
- Note client responses and any follow-up required
- Sign and date all documentation

### B. Communication Log Template

COMMUNICATION LOG Client: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Type: [Phone/Email/In-person/Text] Duration: \_\_\_\_\_  
PURPOSE: ☐ Scheduling ☐ Clinical Check-in ☐ Crisis Contact ☐  
Referral ☐ Administrative ☐ Other: \_\_\_\_\_ CONTENT SUMMARY:  
\_\_\_\_\_  
\_\_\_\_\_  
CLIENT RESPONSE: \_\_\_\_\_  
ACTION ITEMS: ☐  
Schedule appointment ☐ Send information ☐ Make referral ☐ Follow-up  
required ☐ Other: \_\_\_\_\_ Next  
Contact: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

## IX. Quality Assurance and Training

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### Communication Competency Standards

- Regular training on communication best practices
- Cultural competency in communication styles
- Technology and security training for electronic communications
- Crisis communication protocols and role-playing
- Legal and ethical aspects of professional communication
- Supervision and feedback on communication skills

### Communication Audit Checklist

- Response times meet established standards
- Documentation is complete and appropriate
- Confidentiality protections are maintained
- Professional boundaries are respected
- Cultural sensitivity is demonstrated
- Emergency protocols are followed correctly

**Compliance Note:** All professional communications must adhere to applicable ethical codes (APA, state licensing board), legal requirements (HIPAA, state laws), and organizational policies. Regular training and supervision ensure maintenance of these standards. Violations must be reported through appropriate channels.