

The *Standards of Accreditation for Health Service Psychology* (SoA; effective January 1, 2017), approved in 2015, provide guidance for programs at the doctoral, internship and postdoctoral levels of training. During the development of the SoA, the Commission on Accreditation (CoA) also revised the *Accreditation Operating Procedures* (AOP); the AOP describes the accreditation process. In addition, as part of the development process of the SoA, the CoA began updating Implementing Regulations (IR), the documents that “elucidate, interpret and operationally define” policies and procedures.

Through the process of IR revision in support of continuous improvement, the CoA proposes revisions to two (2) IRs that support the AOP. The CoA is therefore requesting public comment on the two (2) currently approved IRs for which proposed revisions are presented:

- D. 3-8, Access to Confidential Files by the CoA/Site Visitors
- D.6-1(b), Procedures for Complaint Reviews

A summary description of the proposed changes for each of the two (2) IRs is included in the introduction to each section of the Comment System. The Commission is requesting comment on the changes made to these documents.

The CoA is providing an electronic-based comment form for public comment submission. The comment period is scheduled to begin at **5:00 pm Eastern Daylight Time on August 15, 2017, and will continue through 11:59 pm Eastern Daylight Time on September 14, 2017**. Comments and other information, including the users’ identity, will be public. Email addresses used in the registration will be kept confidential. The CoA will consider all comments received and make any appropriate revisions prior to approval of the final revisions.

On behalf of the CoA, thank you for your review and comments. Should you have any questions or concerns, please contact:

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In support of the Commission's ongoing efforts to promote quality control and continuous improvement, *IR D.3-8., Access to Confidential Files by the CoA/Site Visitors*, was reviewed for its consistency with the regulatory requirements prescribed by HIPAA and FERPA. As such, revisions have been made to the draft below.

For ease in review and consideration, the IR is not presented in redline format. A current version of this IR can be found on the OPCA website: <http://www.apa.org/ed/accreditation/index.aspx>.

D.3-8. Access to Confidential Files by the CoA/Site Visitors

(Commission on Accreditation, July 1989 and July 1997; revised January 2001, November 2003, proposed July 2017)

Accreditors may have valid reason to review confidential files maintained by a program. Access to such files must be tempered as necessary by the legal and ethical standards that apply to files that may contain personal health information. (e.g., the APA "Ethical Principles of Psychologists", HIPAA, FERPA, and state privacy laws).

Rules Regarding Confidential Records

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and state privacy laws impact access to Protected Health Information (PHI) of patients / clients. Protected Health Information is information relating to the health or health care of an individual that identifies the individual. PHI includes all confidential health information that is transmitted or maintained in any form, including written, oral, and electronic, whether such information is purposefully or incidentally disclosed to site visitors by any party. Under no circumstances should site visitors receive or review individual patient/client records. A site visitor should not ask a program to see any client records, site visitors should not ask for redacted records, and site visitors are also not to sign any Business Associate Agreement (relating to confidential information) when on a site visit.

The Family Educational Rights and Privacy Act (FERPA) is another privacy law covering educational records. It specifically prohibits the release of educational records by educational agencies and institutions except in delineated situations. Educational records include those which are directly related to a student and are maintained by an educational agency. They can include, but are not limited to, grades, transcripts, class schedules, disciplinary files, and electronic mail messages. However, while FERPA requires that educational institutions have policies and practices that restrict the release of student educational records, accrediting organizations are excluded from this restriction for release, as long as the records are provided for the purposes of completing actions of the accreditation function. This provision therefore allows site visitors to access student academic records and programs should release such records to site visitors for this purpose.

Occasionally records containing student health information have been included in academic records as part of a disciplinary proceeding or remediation. To the extent such records constitute educational records of the program, related to the education of the student, such records are not covered by HIPAA and can be part of academic records for the purpose of completing actions of the accreditation function.

Confidentiality Agreements:

All site visitors will be required to sign a confidentiality agreement prior to each site visit. The Site Visitor

Confidentiality Agreement prohibits access to PHI that is protected under HIPAA and/or state privacy laws and requires the site visitor to agree not to request, use, disclose, duplicate, take notes on, or make duplicate copies of any patient/client information. The Office of Program Consultation and Accreditation will be responsible for ensuring that site visitors sign this confidentiality agreement and maintaining a copy on file at the office. In addition, the OPCA will make these forms available to the program, upon request.

Should an incidental exposure to PHI occur, the site visitor is to immediately contact the OPCA for instructions on the disposition of the information obtained. In addition, the site visitor agrees to mitigate any harmful effect known to them to the extent practical, should any disclosure of PHI occur.

In support of the Commission's ongoing efforts to promote quality control and continuous improvement, *IR D6-1(b)*, *Procedures for Complaints Reviews*, was reviewed and proposed modifications were made.

The only changes to the IRs under consideration by the CoA at this time are reflected below in redline.

D.6-1(b). Procedures for Complaint Reviews

(Commission on Accreditation, November 2001; revised January 2003; February 2016; July 2017)

~~Below are procedures for the review of complaints by the Complaints Committee.~~

~~1. When complaints are available for review the Accreditation Office staff liaison forwards the list of programs with pending complaints to the CoA Complaints Committee Work Group Chair. The Committee Work Group Chair checks with other committee work group members for any conflicts of interest and makes complaint review assignments accordingly. ~~to avoid any conflicts.~~ Two reviewers are assigned to each complaint, and they conduct independent reviews of the complaint. ~~A primary and secondary reviewer are assigned to each complaint.~~~~

When there is a complaint against a program that is simultaneously on the CoA agenda for program review, the complaint is decided on prior to the full CoA program review vote.

If there are multiple complaints – from multiple complainants against a program or from a single complainant against multiple programs – each complaint will be considered individually.

At the CoA meeting, the CoA discusses and votes on the disposition of the complaint, including any action stipulated in the *Accreditation Operating Procedure* 3.1.4. The CoA may act upon a complaint in any of the following ways: a) request an invitation for a special site visit to investigate the complaint; b) request additional information from the program; c) send an educative letter to the program, the complainant, or both; d) notify the program that no action is required by the program, or e) such other action as, in the judgment of the CoA, is appropriate under the circumstances.

When CoA requests additional information, the program's response is reviewed by the Complaints Work Group to determine the extent to which issues and concerns have been adequately addressed. Based on its review, the Complaints Work Group submits a recommendation to the full CoA for discussion and vote.

~~1a. For those complaints against a program to be reviewed at the upcoming CoA meeting, the complaint review will proceed concurrent with but independent of the program review so that these reviews do not influence each other. (Since all complaints are presented to and disposed of by the full CoA before the full CoA acts on program reviews, complaints against programs that are on the CoA agenda are disposed of before program reviews are discussed and voted on by the full CoA.)~~

~~2. The Committee Chair checks with other committee members for any conflicts of interest and makes review assignments to avoid any conflicts. A primary and secondary reviewer are assigned to each complaint.~~

~~2a. For complaints against programs which are to be reviewed at the upcoming CoA meeting (see 1a. above), none of the reviewers on the complaint should be assigned to the program review. In order to avoid assigning programs to those conducting a complaint review it will be necessary for the Accreditation Office staff liaison in charge of complaints to inform the CoA member doing program assignments of the program complaint assignments. (This requires that complaint review assignments~~

be made prior to the program review assignments, at least six weeks in advance of the upcoming CoA meeting.) Further, if a complaint reviewer happens to be on the panel on which the program is being reviewed, the complaint reviewer should remove him/herself from the discussion.

3. The primary and secondary reviewers do an independent review and then confer on their conclusions until they reach a consensus. In the event that they are having difficulties reaching a consensus, a third reviewer can be assigned to the complaint. When the reviewers reach consensus, the primary reviewer drafts a summary. The summary should include: a) a brief description of the nature of the complaint; b) the reviewers' general conclusions about the complaint; and c) the reviewers' recommendations for disposition and any action. This summary should be in a form that will allow ease of reporting to the CoA at the meeting and should also be composed so that the sections can serve as text for letters. (That is, after the complaint process is concluded a letter will be sent to both the party submitting the complaint and the complainant. It will include a brief description of the complaint, the conclusions about the complaint, and CoA recommendations for disposition and any action.)

4. The primary reviewer presents the complaint review, including a brief description, the reviewers' conclusions, and the recommended disposition and any action at the full CoA meeting. All complaints should be presented to the full CoA and disposed of before program reviews are discussed and voted on by the full CoA.

—4a. *Accreditation Operating Procedure 3.1.4* stipulates that the CoA may act upon a complaint in any of the following ways: a) request an invitation for a special site visit to investigate the complaint; b) request additional information from the program; c) send an educative letter to the program, the complainant, or both; d) notify the program that no action is required by the program, or e) such other action as, in the judgment of the CoA, is appropriate under the circumstances.

5. Once the CoA has acted on the complaint recommendation, the primary reviewer should revise the summary write-up as needed and prepare the text of the letters to go out to the party submitting the complaint and the complainant. The primary reviewer should have the secondary (and third, if appropriate) reviewer approve the letter drafts. (If a third reviewer was assigned, that reviewer should also be consulted.) Once approved by the reviewers, these letters should be forwarded to the Accreditation Office staff liaison who will have a final review conducted by CoA Chair before the letters are mailed out.

6. Once the letters have been mailed, the Committee Chair will notify reviewers that the complaint review process is considered concluded, and the reviewers may discard the complaint materials.