

APA Resource Document

Resource Document on Preparing in Advance: What Every Psychiatrist and Their Family Should Know About Planning for Unexpected Practice Closures

Approved by the Joint Reference Committee, February 2025

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Prepared by the Ethics Committee, by Revising the Resource Document First Prepared by the Council on Psychiatry and Law and Approved by the Joint Reference Committee in May 2007

Key Points:

1. The unexpected closure of a psychiatrist's practice due to their incapacitation or death is a complicated situation for colleagues, staff, patients, and the psychiatrist's family that can be planned for in advance in order to mitigate disruptions to patient care.
2. Psychiatrists have an ethical responsibility to mitigate disruptions to patient care that may be caused by their unexpected death or incapacitation.
3. While there is no legal obligation to use this document, psychiatrists may find the resources and worksheets in the document to be a useful framework with which to make plans for an unexpected practice closure in advance. Please refer to these worksheets and adapt them to your specific practice situation as is useful.

Introduction

A psychiatrist's death or incapacity raises immediate concerns related to clinical coverage, administrative responsibilities, medical records, and ethical responsibilities to patients. To avoid major disruptions to patient care and to ease a difficult situation for colleagues, staff, and family, psychiatrists should plan for emergencies before they occur. In addition, psychiatrists have an ethical responsibility to their patients to ensure continuity of care and to help patients avoid feeling abandoned should unexpected events prevent the psychiatrist from practicing.

This guide, initially developed in 2006 by the APA's Council on Psychiatry and Law and updated for contemporary psychiatric practice by the APA Ethics Committee in 2025, offers APA members, their families, and colleagues a resource to help navigate the logistical, ethical, and financial complexities of closing a practice on short notice. The information included in this guide assists with planning and risk management at the practice level and offers guidance to family, staff, and colleagues during a time of anxiety and loss.

By completing the attached worksheets, the psychiatrist will have prepared essential information in advance and provided a plan for implementation in case of an emergency. It should be noted that, though useful for those who may be planning to close their practice, this document does not specifically cover matters pertaining to a planned closure, transfer, or sale of a clinical practice, or other matters that would be applicable to retirees. In such instances, the psychiatrist should seek additional legal and financial advice. Other resources on planned closure and retirement are listed in the reference section at the end of this packet.

This document is not intended to replace the advice of a lawyer with appropriate expertise and experience. This area of the law is complicated and may differ from one jurisdiction to another. Using the documents in this resource may reduce the time needed to close a practice in an organized way.

Psychiatrists' primary ethical responsibility in the event of an unforeseen practice closure is to their patients. In particular, a rapid practice closure risks harm to patients because of interruptions in care. While psychiatrists cannot always predict when an incident that prevents them from practicing may occur or what specific form such an incident may take, they have an ethical obligation to prepare for such possibilities in a broad sense. During the unexpected closure of a practice, a certain amount of disruption to continuity of care is inevitable. The relationship between patient and psychiatrist is often an essential aspect of the treatment, and the loss of the relationship without forewarning could be particularly difficult for some patients.

Moreover, psychiatrists who have been working with a patient for a long time may have a deeper understanding of their psychiatric history, current and future medication plans, and other aspects of medical decision-making than can easily be conveyed through medical records. Patients with complex pharmacological regimens and those in the process of actively adjusting regimens may be particularly vulnerable during these transitions. Patients participating in psychotherapy with their psychiatrist may experience their own set of difficulties if the therapy is abruptly terminated. It often takes some time for a new psychiatrist to understand the full clinical picture of a patient who has been engaged with another psychiatrist for a long time, particularly if there is no option for a handoff or sign-out procedure. With such possibilities in mind, psychiatrists should do what they can in advance to minimize the adverse effects of such disruptions, ensuring that patients will have access to medications, therapy, and other interventions in the event of an unforeseen practice closure.

In some situations, psychiatrists may be able to predict the possibility of a rapid practice closure in advance. For example, a psychiatrist may be diagnosed with a medical condition in which a deterioration of physical health, cognition, or daily functioning may be an expected part of the natural history of the illness. Psychiatrists have the right to handle such situations in the way that best suits their personal needs and desires, and they may consider the opportunity to plan a taper to end their clinical practice to avoid the need for a rapid, unplanned closure. In cases where there is sufficient time to think about these issues beforehand, psychiatrists should consider making patients aware of their situation and plan accordingly to minimize the disruption if a rapid closure does become necessary. Psychiatrists should employ sensitive, compassionate communication techniques should they have such conversations with patients and remain attuned to the possible significant effects of self-disclosures of this nature on patients. Using their clinical judgment and considering what is best for the patient, psychiatrists should disclose information to the extent that it is useful to the patient and their treatment, and be mindful not to overwhelm patients with excessive detail. Psychiatrists should thoughtfully consider their personal right to privacy and boundaries in the context of minimizing adverse psychological, pharmacological, and medical impacts on patients. In such cases where psychiatrists may be struggling to cope with their situation and its potential implications for their future, they should consider

seeking consultation with trusted colleagues, family members, or other mental health professionals.

Even without a specific concern, all psychiatrists are in a position to start thinking about the future and how they would like to structure their practice should unforeseen events unfold. This document can help ease the burden on psychiatrists, patients, colleagues, family members, and friends should the unexpected arise.

Using the Resource Document

This resource is designed specifically for emergency closings, e.g., in the case of an accident, serious illness, incapacity, or death. In such cases, arrangements must be made quickly to provide oversight for the psychiatrist's affairs and to protect the interests of patients. By preparing in advance, psychiatrists can fulfill an ethical obligation to ensure continuity of care for their patients; provide peace of mind for practice staff, colleagues, and family; and ensure continuity of service for their practice and patients in the future. While there is no legal requirement to make these arrangements, having plans in place can make it easier for psychiatrists, their colleagues, and family to navigate what is often a difficult and stressful situation. The materials in this document are designed to alert psychiatrists, their staff, colleagues, and family members to the myriad clinical and administrative issues that may arise if the psychiatrist becomes incapacitated, dies, or is otherwise unable to practice. The materials have been structured to focus on the immediate clinical, regulatory, and business steps that may need to be completed in an emergency. The document provides checklists, template letters, and forms that psychiatrists can adapt for their practice. Some items can be completed in advance of an emergency, which may help make emergencies less stressful and ensure patients continue to receive care despite serious disruptions to the practice. If applicable, the psychiatrist may decide to talk to their family and practice staff about this resource, create an electronic or paper file using the materials provided here, and include reference to the location and content of other important documentation.

It is most important that the psychiatrist determines who will serve as the "Special Administrator" who communicates their wishes if they should die or become incapacitated. Given the importance of the tasks to be assigned, the Special Administrator should ideally be a psychiatrist. If this is not possible, a staff member from the practice, a relative, colleague, or business associate can also assume this crucial role. Most importantly, this person needs to be someone who the psychiatrist feels will perform the tasks outlined in this document without feeling overwhelmed and who could respond effectively to other unforeseen circumstances. In the case of death, consideration should be given to how the "Special Administrator" role connects with the roles and responsibilities of the executor, who is likely to have oversight of the psychiatrist's personal affairs. If the will stipulates that the executor take control of the late psychiatrist's assets but the executor is not experienced with medical practices generally and psychiatric practices specifically, the Special Administrator should be proactive in educating the executor about the clinical and administrative intricacies of the practice. These roles may or may not be undertaken by the same person, and each will require different resources, skills, and time. The psychiatrist should consider in advance what might be needed and plan accordingly.

This resource document does not offer advice on other critical documentation, such as the psychiatrist's will, power of attorney, health care proxy, insurance policies, or other legal instruments recognized by state and federal law. Psychiatrists should ensure that these and other necessary legal documents are in place for their personal/practice affairs and can be readily located. The guidance provided in this resource may require cross-referencing to state and local law where applicable (e.g., laws regarding medical records and health information confidentiality).

This document can be useful to psychiatrists in a variety of practice settings. From solo practitioners in private practice to psychiatrists working in large groups and academic centers, there is an important role for preparing one's practice for unexpected events. The materials in this document can be adapted for clinicians working in diverse practice settings. For example, a psychiatrist working in an academic center would benefit from designating a colleague in their department as a Special Administrator to oversee the transfer of care of their patients should unforeseen events unfold. Members of a group practice could each designate one colleague to be the point person to manage administrative and logistical issues in the event of an unexpected practice closure. We encourage group practices, academic departments, emergency room psychiatrists, and psychiatrists working in other practices to adapt these documents to their unique needs and practice settings.

Immediate Steps

CLINICAL ENVIRONMENT

The Role of the Special Administrator and Notifications

At the time of an emergency closing of a practice due to death, serious illness, or another form of incapacitation, multiple people and agencies need to be notified, and several steps need to be completed. Appendix A provides a series of checklists, including a worksheet identifying those persons who should be notified and their contact information. The physician and the staff can complete the worksheet at any time and keep it on file for the Special Administrator. It may need to be updated at appropriate intervals. The Special Administrator should keep a signed authorization form that appoints them to this role. Information concerning keys, passwords, and security codes may need to be communicated to the Special Administrator. The psychiatrist's attorney should also hold a copy of the same information. The attorney's office, practice staff, and/or the family of the psychiatrist should keep a record of the contact information for the Special Administrator. The worksheet provides space for their contact information. Psychiatrists should consider keeping a printed record of the resource as back-up, and the practice should review the information for changes once a year.

The Special Administrator may need to notify staff, patients, hospital/clinic affiliates, and third-party payers. Depending on the size and scope of the psychiatrist's practice and the individual psychiatrist's roles and responsibilities in the practice, there could be numerous clinical and business associates. The practice, no matter what size, will likely be a consumer of various goods and services, accounts, and subscriptions, which may need to be closed. Appendix A provides a template for the Special Administrator to use to determine the steps needed to close the practice in an orderly way. The practice staff or psychiatrist should populate this template in advance of an emergency with all the specific policies, contracts, account numbers, and names of key contacts for the business aspects of the practice. The template is meant to be a tool for the Special Administrator. Even in a worst-case scenario, where the information has not been specified, family members and/or the Special Administrator are likely to be able to identify the key issues and the contacts with whom they will need to work.

Staff

Practice staff should be notified as soon as practical about an emergency closure. Staff members may be in a position to assist the Special Administrator most readily. In addition, they may appreciate personal contact and condolences, and they may be concerned about their own employment and financial future. In Appendix A, there is space on the worksheet for a staff contact list, which will make it easier to contact staff in an emergency. There are a number of issues that may need to be addressed related to staff.

Some but not all of those issues include length of employment after the practice closes, retirement benefits, and possible use of or buyout for sick and vacation time. Questions related to benefits and payments of benefits may be best addressed with the practice payroll service and/or legal counsel. Within the constraints of the law and any relevant contracts, issues relating to staff retention should be made on an individual practice basis, depending on the size of the practice and the need to maintain the office for a period of time. Several administrative and practice issues may need to be resolved and completed before the practice can be completely closed, many of which are discussed in greater detail in this resource. It is important to recognize that the staff may need some additional support in dealing with their own feelings of loss and grief, particularly if they have been working for the psychiatrist's practice for an extended period. Section 5 provides more information on this. By completing the attached worksheet prior to an emergency, a psychiatrist will be able to minimize the confusion for office staff and the Special Administrator that naturally occurs during stressful times.

Patients

It is important to notify patients as soon as possible about the closing of the practice. There are several mechanisms to do this. First, at the time that the staff are notified, a new voice message on the practice phone line should be recorded that says that the practice is currently closed and all sessions have been canceled until further notice, and that patients who need immediate assistance (clinical emergency) or a prescription refilled should contact Dr. ___ (the primary covering psychiatrist), identified in Section 4 of Appendix A. If the practice uses an answering service, the service should be instructed to provide the same information as given in the practice's voice message. Sample wording for these messages can be found in Appendix B. If possible, an autoreply message indicating the practice's closure should be applied to any relevant practice email accounts. As soon as possible (preferably within 48 hours), the practice should send a letter or secure email to all active patients. If applicable, patient portals should also be updated with information announcing the practice closure and cancellation of appointments. All communications should be Health Insurance Portability and Accountability Act (HIPAA) compliant. These communications should provide a list of psychiatrists who have agreed to assist the psychiatrist's patients in identifying a new psychiatrist. They should also explain to the patients how to obtain copies of their records. Appendix B includes a sample letter. We recommend that the practice send these letters via registered mail with a "return receipt requested." This documentation can be placed in the patient's record. In the event that it is needed, the practice will have the necessary documentation of efforts to locate the patient. To make it easier to identify active and inactive patients, the practice may choose to keep a list of all active patients with contact information, including telephone and email address. The worksheet asks for the location of this listing. By updating this listing periodically (at least annually), the practice will be reasonably sure that the information for the Special Administrator is up to date. Every effort should be made to cancel the physician's scheduled patients as quickly as possible. Staff should contact patients and let them know that all sessions have been canceled. Staff should also let the patients know that they should expect to receive a formal notification about the practice closure, steps they can take to find psychiatric follow-up, and the plan for interim coverage at some point in the near future. Staff may also put a sign on the office door stating "All patient visits have been canceled. Please call (office number) for further information."

Hospital/Agency Affiliations

Since the psychiatrist's family, colleagues, and staff may not know all the psychiatrist's affiliations, these affiliations and their contact information should be included in the documents.

Third-Party Payers

It is important to inform third-party payers that the psychiatrist is no longer practicing, both to prevent

further referrals to the practice and to avoid worsening the problem of out-of-date “ghost networks.”

REGULATORY ENVIRONMENT

To protect the psychiatrist who is no longer able to practice, it is important to notify the state medical board(s) where the psychiatrist is licensed, the federal Drug Enforcement Agency (DEA), the state DEA, and any specialty boards of certification. There may be penalties associated with not notifying these agencies in a timely manner. The reference section provides the main website addresses for the federal DEA and their regional offices. The psychiatrist’s state medical board(s) should have more information on state requirements. Locating the relevant agencies and their contact information in advance may facilitate these steps during an emergency.

State Board of Registration

It is important that the family/Special Administrator notify the state medical board(s) that the psychiatrist will no longer be treating patients. The state medical board may require the psychiatrist’s license number and date of licensure.

Medications and Prescription Pads

The DEA, both federal and state offices, needs to be notified that the psychiatrist’s practice is closing. The DEA number (Controlled Substance Registration Certificate Number), registration certificate, unused government order forms (DEA222c), and any controlled drugs should be discarded or returned to the DEA (depending on direction from the DEA) as soon as possible. Procedures for disposal or destruction of controlled substances may be obtained from the DEA divisional office. The DEA division office has copies of all forms relating to prescriptions and medications and can provide any additional information that may be needed. The practice is required to retain records on patients for whom the psychiatrist has dispensed Schedules II through V drugs for two years. Unless the DEA instructs otherwise, any unused prescription pads should be shredded.

BUSINESS ENVIRONMENT

The following information provides suggested responses for business processes that may need to be managed. The needs of a particular psychiatrist’s practice should be tailored to the size and scope of the practice.

Out-of-Office Voice Mail/Email

Staff or the Special Administrator should access the psychiatrist’s business email and personal office voice mail if possible. They may post an out-of-office message with contact information for urgent matters for both clinical and business messages or questions. Section 4 of Appendix A is intended to assist the special administrator in navigating this process. A template of possible messages can be found in Appendix B.

Services to the Practice/Office

The Special Administrator should consider the business needs of the office in conjunction with any office staff who may continue to work while the practice’s affairs are being finalized. Staff may understand the needs of the practice best and may be able to advise the Special Administrator. (See “Staff Listing” in Appendix A for contact information.) The business needs of the office should be considered in conjunction with the sections “Immediate Steps: Clinical Environment,” “Regulatory Environment,” and “Medical Records” to ensure that the resources needed to complete the tasks outlined in these sections are available for as long as they might be needed. The Special Administrator should consider the likely time the practice will need to remain open before finalizing the plan for the office lease, leases of office equipment

such as fax or copier, and providers of services and utilities to the practice premises. Other items that the Special Administrator knows will not be needed could be canceled right away to avoid further costs. For services with contracts — e.g., cell phone, internet provider, electronic medical records (EMRs), e-prescription apps — or the work of any consultants/advisers, the Special Administrator should find and review contract documentation and consider operating needs for the foreseeable future, any ongoing costs these will incur, and any penalties that may apply for cancellation of services before proceeding and plan for discussions with providers accordingly.

Collecting Outstanding Bills (from patients/others — “Receivables”)

Collecting outstanding bills can be a time-consuming process and should be discussed with the practice accountant, billing service, or office staff who are typically responsible for these activities. If this involves practice software with which the Special Administrator is not familiar, they may choose to keep orderly paper records until these can be added to the existing electronic information. The technical aspects of processing receivables are not covered within this guidance, but it should be noted that all financial records relating to the practice must be retained for at least seven years — the time recommended to cover any audit required by the IRS, Medicaid, Medicare, relevant payers, etc. Any records (financial or non-financial) related to ethics investigations or litigation should be kept until the suit or investigation is closed. The psychiatrist (or the special administrator) should consult with their malpractice insurance carrier or attorney with any further questions about the need to keep records for a longer period.

Payments for Goods and Services (“Payables”)

The Special Administrator should request final statements from suppliers of goods and services once they have determined the date at which these services will cease, based on the operational needs of the practice (see above). The business checking account should be kept open for at least three months or as long as the psychiatrist’s attorney recommends. The Special Administrator should locate all checks and credit or debit cards associated with this account as soon as possible. Debit cards connected to the practice checking account may need to be canceled for security reasons. These issues should be discussed with the practice accountant or the bank as needed. The Special Administrator may need to be an authorized signatory to the checking account (a process that may need to be planned for), especially if no signatories aside from the psychiatrist are on the account. Appendix A identifies signatories on the checking account. These matters may intersect with the executor’s role in the event of the death of the psychiatrist; the Special Administrator should discuss these issues with the attorney for the practice.

Business Credit Card

If the Special Administrator is authorized, they should contact the credit card company and request a stop on any credit cards for future charges, but they should check first if any regular business bills are usually paid from this card. To close the card, the Special Administrator should request a final statement and include this as a bill for payment for the payables noted previously. If rewards/points are associated with the card, the policy should be checked with the company, and arrangements should be made for these to be cashed out before closing the card.

Tax Returns

The Special Administrator should ensure that all financial records (routine payables, additional business expenses, receivables, etc.) that are part of the work associated with an emergency closing are filed and accessible for future IRS returns.

Malpractice Insurance

The psychiatrist’s malpractice policy should be retrieved and its terms examined. The Special

Administrator may need to call the insurance company for clarification on current coverage and plan to terminate coverage, depending on whether the psychiatrist has an occurrence policy (covers harm alleged to have occurred at any time during the period the policy was in effect, no matter the date of the actual claim), a claims-made policy (coverage only if claim is filed while policy is in effect), and/or tail coverage (coverage until the statute of limitations has expired on all potential cases). Tail coverage is especially important in closing a practice if the psychiatrist has not had occurrence policies throughout their career or if there are periods of carrier insolvency. This should be discussed as soon as possible with the insurance carrier.

Mail

Once the date of closure is determined or the practice premises are no longer accessible, the Special Administrator should plan for a mail forwarding service with the postal service. Further extensions may be needed on mail forwarding services if they expire before all practice issues have been resolved.

Business Notifications

A letter informing business associates of the closure of the practice, which identifies an email address and mail forwarding address and the name of the Special Administrator, can also be drafted and sent to business associates with whom the practice had regular contact or a financial relationship. Appendix B contains templates for all business notifications and can be adapted to suit particular circumstances. Another letter in Appendix B requests “no further mail” to those who supply journals, newsletters, and unsolicited correspondence either via post or email.

Medical Records

GENERAL INFORMATION

The psychiatrist has a responsibility to maintain medical records and keep physical records. However, the patient has a right to a copy of their medical record and the information contained therein. Bearing this in mind makes it easier to determine what needs to happen with the records at the closing of the practice.

HIPAA and State Laws

HIPAA is a federal law protecting the privacy of a person’s medical record. This law provides rules regarding the transmission and safeguarding of “protected health information” (PHI) by “covered entities.” With some exceptions, PHI includes a person’s individually identifiable health information used, disclosed, or maintained by a covered entity, such as a medical practice. In addition to HIPAA, most states have laws protecting the confidentiality of medical records, which, for example, may require that express written consent be obtained prior to disclosing certain medical information. As a result, physicians should be familiar with the state laws that apply to their practice. Relevant individuals are strongly encouraged to consult an attorney and to review other resources identified in Appendix C to gain a broader understanding of the requirements of HIPAA or other applicable laws as they pertain to practice closures. Further resources on HIPAA and record retention and release information are listed in Appendices B and C.

STORAGE OF ELECTRONIC MEDICAL RECORDS

PRACTICAL GUIDANCE FOR THE TRANSFER, RELEASE, STORAGE, AND DESTRUCTION OF PATIENT RECORDS

For two fundamental reasons, APA encourages psychiatrists and the representatives acting in the event of their incapacity or death to obtain consent before disclosing medical information even if not legally

mandated by either HIPAA or state law. First, consent invites patients and their psychiatrists to discuss the nature and limits of the psychiatrist's duty to protect confidentiality. Second, APA has held, through its *Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry*, that explicit consent, preferably written, should be obtained from the patient prior to disclosing information to third parties (other than the limited emergent circumstances in which disclosure is mandated without such consent).

Release of Information

It is important that the safety and integrity of the patients' records be preserved, even in the case of death or incapacitation of the psychiatrist. In order for the practice to transfer or release medical records consistent with HIPAA, state law, and/or ethical guidelines, psychiatric practices should establish and follow certain procedures. Appendix B includes sample "Release of Information" forms that a practice may consider adopting. We suggest that the psychiatrist's attorney review these sample forms to ensure that they comply with laws applicable to the psychiatrist.

A psychiatrist's psychotherapy notes receive added protection under HIPAA and should be kept separate from the patient's medical record. If the patient requests disclosure of the psychotherapy notes, they need to complete a separate authorization form. In addition, should the patient's record contain information regarding the patient's HIV status or use of controlled substances, state or federal law may require the use of separate disclosure forms for these subjects. Sample authorization forms for these categories of information are also included in Appendix B. The medical records for patients can be copied and the copies can be given to whomever the patient has designated on their authorization form(s). The original record should always be kept at the psychiatrist's office or stored securely on the psychiatrist's work computer. (See below.) The sample "Release of Information" form (Appendix B) is explicit regarding the information to be sent, to whom it is to be sent, and the period of treatment that the release is to cover. We suggest that the psychiatrist contact either their district branch or their attorney for guidance on whether these sample forms are appropriate for their practice. As noted above, each state has different requirements that may or may not apply in conjunction with the HIPAA requirements. Under HIPAA, a psychiatrist may charge the patient a reasonable fee for copying or securely emailing the record. A state may establish standard charges for this. Psychiatrists are also allowed to recover any reasonable postage expense they incur for mailing the record.

Storage and Destruction of Records

A copy of each patient's original record should be retained and stored for an appropriate period of time by the psychiatrist or special administrator, which may be governed by state law and/or the psychiatrist's malpractice insurance policy. If the psychiatrist subscribed to an EMR, they or their special administrator should familiarize themselves with the software's policies governing long-term storage of patient records. They may need to back up patient records on an encrypted hard drive if canceling a subscription to the EMR in the future would mean losing access to patient records.

TRACKING PATIENT RECORD INFORMATION DISPOSITION

It is highly recommended that the psychiatrist's office retain a copy of a listing of any patients for whom records no longer exist, including their name, date of birth, treatment dates ("to" and "from"), primary diagnosis, and any comments that would help the psychiatrist recall pertinent details. In the event of incapacity or death of the psychiatrist, this listing can be stored with other patient records. For legal purposes, the practice should document any records that have been destroyed or moved to other storage locations, whether electronic or physical. Staff may decide to prepare an alphabetical listing by last name of all the patients' records housed in the office. (A suggested format for this form can be found in Appendix

B.) The spreadsheet can track when a letter was sent, whether the patient received it, whether there was a request to release information, and to whom the information was released. Records that have exceeded the required retention period can be securely destroyed. The key details from each of the records identified for destruction can be retained in the spreadsheet found in Appendix B. This spreadsheet could be a valuable tool for the Special Administrator to keep track of all patients' records and to identify the disposition of each record.

Personal Needs of the Psychiatrist's Family/Colleagues

Whether a psychiatrist becomes unexpectedly ill and incapacitated and is no longer able to practice medicine or suddenly dies, the impact is profound. Family, office staff, patients, psychiatrist colleagues, other health professionals, and the community at large are some of the groups of individuals affected. People may be shocked, saddened, frightened, and confused as they try to make sense of and understand what has happened. The event is a loss; the emotional process is mourning. As with bereavement in general, there are distinct phases that have been well described for decades — shock, denial, depression, anger, and acceptance. Depending upon the circumstances of the sudden illness (stroke, accident, or victim of assault, to name a few) or death (accident, heart attack, suicide), there may be added emotional reactions, including outrage, guilt, blame, embarrassment, and preoccupation with the event. This is a difficult time for many people, and many individuals may not be at their best in terms of being clear-thinking, rational, and understanding, and they may not be using good judgment. In fact, it is very important to remember this in the early days and weeks so that people can be tolerant, kind, and patient with each other.

With the emergency closing of a practice, whether for catastrophic illness or death, it is critical to ensure that the psychiatrist's spouse, partner, and children are coping as well as they can under the circumstances. One or more individuals should approach the immediate family and offer support. This may include suggesting professional help, if needed, from a primary care physician or mental health professional. If family members are interested, one can offer to set up initial appointments. There may be such confusion in the early days that the individuals themselves may not be able to make the needed telephone calls to treating professionals. It can be comforting, if possible, if someone volunteers to accompany the person to the initial visit and simply sits in the waiting room. This may ease a usually very painful journey. Primary care physicians and mental health professionals will be able to help grieving family members understand that what they are experiencing makes sense, given the acute loss and change. This can be tremendously reassuring. These same professionals should also be able to answer any questions that the family members may have about their symptoms. Usually, ongoing care will be suggested and should continue until the person is feeling stable. Medication may be indicated, and talk therapy usually helps tremendously. Bereaved relatives may feel greatly relieved when they know that their loved one's patients are being treated appropriately.

As family members struggle with their own loss, they seem to be able to empathize with how patients must feel when they suddenly lose their psychiatrist. In fact, some spouses may be aware that the psychiatrist's patients have been concerned about the possibility of their illness, death, or retirement. Depending on the psychiatric community, the availability of resources, and how long the psychiatrist has practiced there, it may be easy for colleagues to step in and volunteer to help. Even accepting one or more patients can help ease the worry and responsibility that some spouses or partners feel about the patients. The same psychiatrists who take over the care of these patients should be prepared for their shock and

mourning on top of their pre-existing illnesses and conflicts. In situations where the psychiatrist has died by suicide, any number of their patients may become acutely suicidal themselves.

Navigating the technical and legal dimensions of closing a practice can be extremely stressful for spouses and adult children of psychiatrists. Having a road map and tool kit helps greatly, but so does personal support. It is important to always remember that everyone grieves in different and unique ways; there is no formula, no one correct way to come to terms with the loss of a loved one. With regard to insurance companies, family members may need support as they begin to deal with processing claims for benefits from one or more life insurance policies. Sometimes, they are expected to provide details that they cannot locate or that are so complicated that even assistance with filling out forms will be appreciated. When it appears that there is unnecessary red tape or unavoidable delays, others may be able to assist by contacting particular insurance people on behalf of the family. If the psychiatrist who dies suddenly had received psychiatric care in the recent past, many insurance companies will want to review the medical record. The spouse will be contacted to sign a release of information to the company, which can be very upsetting.

In conclusion, there are many ways that psychiatrists can help the families of those professionals who suddenly become incapacitated or die. Associates who knew the psychiatrist and know the family can provide much-needed guidance and support, while colleagues at arm's length can help by offering formal treatment to spouses and children.

Resources:

**Appendix A
Emergency Closing Check List**

During the first 48 hours after an emergency practice closure, items 1-6 in the document below, pertaining to assigning the Special Administrator, notifying staff and patients, and ensuring continuity of care and prescriptions, should be prioritized. It may be useful to defer other administrative tasks, including notifying boards, informing insurance companies, cancelling services and utilities, and finalizing billing, until a later time to ensure that patient care is prioritized during the initial period.

1. Special Administrator

Person authorized as responsible for practice affairs who can access necessary keys and passwords for business records.

I designate the following person as my Special Administrator to handle the closing of my practice:

Name : _____ **Telephone:** _____

Address : _____ **Email:** _____

2. Staff

Staff should be notified as soon as possible to ensure that patients are notified in a caring and professional manner.

Name : _____ **Telephone:** _____ **Email:** _____

Name : _____ **Telephone:** _____ **Email:** _____

Name : _____ **Telephone:** _____ **Email:** _____

Name : _____ **Telephone:** _____ **Email:** _____

3. Patients

By having the following information readily available, staff will be able to generate letters to inform patients of the practice closing and identify colleagues who will be able to assist your patients. See Appendix B for sample letters.

A. My **Active List** (Name, address, email and telephone number) of patients is kept:

Electronic Version - File Name and Directory Information:

Hard Copy Version - File Name and File Cabinet Drawer:

My **Active Patient** records are kept:

Login information for my Electronic Medical Records can be found:

B. My **Terminated List** (Name, address, email and telephone number) of patients for whom I still hold records is located:

Electronic Version - File Name and Directory Information:

Hard Copy Version - File Name and File Cabinet Drawer:

My **Terminated Patient** records are kept:

4. Patient Issues

A. Coverage - Emergency/Prescriptions/Patient Transfer

Dr. _____ at telephone number:

_____ and email address:

_____ has agreed to handle the emergency and prescription needs of my patients on a short-term basis.

B. Coverage - Colleagues to assist my Patients in finding another psychiatrist

Name : _____ **Telephone:** _____ **Email:**

Name : _____ **Telephone:** _____ **Email:**

Name : _____ **Telephone:** _____ **Email:**

C. Patient Appointments

My appointments are arranged by: _____Me _____Staff _____Others

My patient schedule is located:

Login information for my electronic medical records can be obtained:

5. Prescribing Information

Electronic prescribing is done via:

Login information for my prescribing software can be obtained:

Paper prescription pads are kept:

6. Medication Storage

I keep medications in my office: ___Yes ___No If yes, where:

I keep Controlled Medications in my office: ___Yes ___ No If yes, where:

7. State Medical Board(s)

The telephone number(s) for the state medical board(s) where I am licensed to practice medicine is/are:

State	Telephone Number	License Number	Expiration

8. DEA Notification

The Federal DEA office Contact Information is:

Telephone Number: _____

My DEA License Number is: _____

The local DEA Office contact information is:

Telephone Number: _____

The Department of Public Health Contact Information is:

Telephone Number: _____

9. Hospital/Clinic Affiliations

I am affiliated with the following Hospitals/Clinics:

Name : _____

Telephone: _____

Name : _____

Telephone: _____

Name : _____

Telephone: _____

Name : _____ **Telephone:** _____

10. Third Party Payers

I am currently on panels for the following Payers:

Name : _____ **Telephone:** _____

Name : _____ **Telephone:** _____

Name : _____ **Telephone:** _____

Name : _____ **Telephone:** _____

11. Billing

My billing is handled by: _____ Me _____ Staff _____ Billing Service

The staff person who coordinates my billing is: _____

My Billing Service is: _____

Telephone Number: _____

Email: _____

12. Location of Business Records/Bills:

My business records are kept:

Login information for my business software can be obtained:

13. Business Accounts and Contact Information

(Not all these services will apply to your practice: Amend Template to suit your practice)

Service Provider	Company Name	Account #	Contact Name	Contact Information
Business Phone				
Business Cell Phone				
Business Fax				

Internet Provider				
Copier				
Computer				
Electronic Medical Record (EMR)				
Prescription Software				
Accounting Software				
Office Supplies				
Office Lease				
Insurance Agent (Property/Life/Workers Comp/Disability etc.)				
Attorney				
Medical Malpractice Insurance Carrier				
Electricity Supply				
Oil/Gas Supply				
Water Supply				

14. Financial Records

- a. _____ is a second signatory on my checking account.
- b. The following is a listing of all my financial information for my practice

Service Provider	Company Name	Account #	Contact Name	Contact Information
Practice Bank Account				
Financial Advisor (Investments/Retirement)				
Practice Accountant				

Appendix B

Templates

Sample Letter to Patient

Dear Patient:

As you may already know, Dr. _____ is (unable to practice at this time/ recently passed away). Dr. _____, prior to their (death)/(disability) had designated several colleagues who have agreed to assist you in finding another psychiatrist and ensuring that your medication refills are kept current. Their contact information is attached to this notice. If you have a clinical emergency prior to finding another physician, please call “911” or go to your nearest emergency room.

Since the records of your case are confidential, we will require your written authorization to release your information to another physician or to you. For this reason, I am enclosing an authorization form. Please complete the form and return to the address on the form. There will be a charge of _____ for copying records to cover practice expenses. If you do not return this authorization form by / / , you should contact _____ (EMR Company/Covering Psychiatrist/Other Contact) for further assistance.

Active Medical records (those patients who have been seen in the past seven years) will be transferred to

_____ on / / . If you would like to

receive information from your record after this date, you may contact them directly at

_____.

Inactive Patients (those who have not been seen for 7 years or more) will have their records disposed of in accordance with state law.

Please note, that after / / there will no longer be anyone at this (email address/phone number) to respond. If you need assistance after this date, please contact one of doctors on the attached list who will assist you to find someone to continue your treatment. Alternatively, you may contact your health insurer for a list of other providers in your coverage/plan area.

We recognize that losing Dr. _____ and changing your psychiatrist may be stressful. We encourage you to seek continuity by accessing a psychiatrist who can assume responsibility for your care.

Sincerely,

Office Manager/Special Administrator

Sample Letter to Business

Dear _____:

RE: Account Number: _____(Enter account number from Section 13 of the Attachment A Worksheet)

Please be advised that as of (Date for practice closure) the office of Dr. _____ will be permanently closed, and all services should be cancelled. Please forward to my attention any outstanding bills for your services to ensure prompt payment.

Thank you for your immediate attention to this request. Should you have any questions or concerns, please feel free to contact me at _____.

Sincerely,
Special Administrator

No Further Mail

Dear _____:

RE: Account Number/Membership Number: _____ (Enter information from Section 15 from Attachment A Worksheet)

Please terminate the (Membership/Journal) to _____, for Dr. _____. Sadly, Dr. _____ (will no longer be practicing)/(died on __/__/____).

Thank you for your immediate attention. Should you have any questions or concerns, please feel free to contact me at _____.

Sincerely,
Special Administrator

Voicemail / Email Announcement

As of ____/____/____ the office of Dr. _____ is closed, and all appointments are cancelled.

If you have a clinical emergency, please dial “911” or go to your nearest emergency room.

If you need assistance with a prescription refill, please contact Dr. _____ at _____ (See information on Section 4A of Attachment A Worksheet). A letter

will be sent to all patients within 48 hours explaining the practice closure with information of how to transfer to another psychiatrist.

(Optional - If you have a question concerning business matters, please email: _____ to communicate with a member of the practice staff.)

Thank you.

Sample Release of Patient Information – Patient Records

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Patient Name: _____ Health Record Number: _____

Date of Birth: _____

1. I authorize the use or disclosure of the above-named individual’s health information as described below.

2. The following individual or organization is authorized to make the disclosure:

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

3. The type and amount of information to be used or disclosed is as follows: (include dates where appropriate)

- Problem list
- Medication list
- List of allergies
- Immunization record
- Most recent history and physical
- Most recent discharge summary

Laboratory results, from (date) ___/___/___ to (date) ___/___/___

X-ray and imaging reports, from (date) ___/___/___ to (date) ___/___/___

Consultation reports from (doctors’ names): _____

Entire record

Other: _____

4. This information may be disclosed to and used by the following individual or organization:

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

for the purpose of: _____

I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing and present my written revocation to the disclosing individual or organization identified above. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____. If I fail to specify an expiration date, event or condition, this authorization will expire in six months.

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I understand I may inspect or copy the information to be used or disclosed, as provided in 45 CFR § 164.524. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact (insert practice contact person's name, title and/or contact information).

_____	_____
Signature of Patient or Legal Representative	Date

If Signed by Legal Representative, Relationship to Patient _____
Signature of Witness _____

NOTE: The type of documents listed on the authorization form above may need to be modified depending on the particular health setting.

I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse. Separate authorizations are required for HIV/AIDS information and for the release of information by licensed treatment facilities for alcohol and drug addictions.

As stated above, the release of information regarding HIV, if applicable, may require a separate signature for release. Applicable state law should be consulted.

RELEASE OF INFORMATION – HIV

I, _____, of _____ hereby consent to the release of information contained in my medical record regarding the diagnoses or treatment for HIV or any AIDS-related illness to _____. The reason that this information is being requested is _____.

Signed this ___ day of _____, 20__

Signature of the Patient

RELEASE OF INFORMATION – DRUG OR ALCOHOL TREATMENT

THE FOLLOWING IS FOR THE RELEASE OF INFORMATION FOR DRUG OR ALCOHOL TREATMENT IN A FACILITY SPECIFICALLY LICENSED FOR THE CARE AND TREATMENT OF DRUG OR ALCOHOL ADDICTION

I consent to the release of my treatment records for alcohol and drug treatment to the following person or organization

_____ and limit said information to the following _____ [if none, write none]. The purpose for which this information is to be used is as follows: _____.

Signed this ___ day of _____, 20__

Signature of the Patient

Sample Release of Patient Information – Psychotherapy Notes

AUTHORIZATION TO USE OR DISCLOSE SPECIALLY PROTECTED

PSYCHOTHERAPY NOTES

Read entire document before signing

Patient Name: _____

Date of Birth: ___/___/___

1. I authorize the use or disclosure of the above-named individual's health information described below.

2. The following individual(s) or organization(s) are authorized to make this disclosure:

Address Line 1: _____

Address Line 2: _____

3. The information identified below may be disclosed to or used by the following individual(s) or organizations(s):

Address Line 1: _____

Address Line 2: _____

4. Information to be disclosed: I understand that the information to be disclosed under this authorization consists of psychotherapy notes maintained separately from other information in my medical record.

5. The information for which I am requesting disclosure will be used for the following purpose:

6. I understand that I have the following rights:

- **Right not to sign.** You may refuse to sign this authorization.
- **Right to revoke.** You may revoke this authorization at any time. Your revocation will not apply to any release already made in response to this authorization. To revoke this authorization, you must submit a written revocation to:

Address Line 1: _____

Address Line 2: _____

- **Re-disclosure.** I understand that once the information listed above has been disclosed, it could potentially be re-disclosed because the information may no longer be protected by state and federal privacy laws or regulations.

7. Expiration date or event: _____

I have read and understand this authorization, and authorize the use and/or disclosure of the health information as described in this authorization.

Signature of Patient or Legal Representative

Date

Relationship to Patient

Signature of Witness

Appendix C

Additional Resources

HIPAA, Record Retention Information, and Reference Articles

- HIPAA information available in the *Members Only* section of the American Psychiatric Association website: <https://www.psychiatry.org/psychiatrists/practice/practice-management/hipaa>
- HIPAA information prepared by the American Medical Association (AMA) <https://www.ama-assn.org/practice-management/hipaa>
- Article on Obtaining Medical Records from Closed Practices from the AMA: <https://www.ama-assn.org/system/files/2021-02/Patient-access-obtaining-medical-records-from-closed-practices.pdf>
- www.prms.com—Professional Risk Management Services, Inc. Site offers information on HIPAA and risk management.
- Information on closing a practice from American Professional Agency, Inc.: https://www.americanprofessional.com/wp-content/uploads/APA_Articles_ConsideringClosing_FINAL.pdf
- Information on closing a practice on short notice from PRMS: https://www.prms.com/media/2378/rm_0197-closing-on-short-notice.pdf
- Wakaba et al. “Continuing Obligations Following the Unexpected Death of a Physician: Things to Keep in Mind.” *Mo Med*. 2018 Jul-Aug; 115(4): 325-327.
- Joshi K. “Closing your practice: What to consider”. *Current Psychiatry*. 2022 March; 21(3): e1-e2.
- North Carolina Psychiatric Association: Closing a Practice: https://www.ncpsychiatry.org/assets/What_Psychiatrists_Need_to_Know/closing-a-practice.pdf
- Thomas J. and Walfish S. “Considerations Closing a Private Practice” in *Handbook of Private Practice: Keys to Success for Mental Health Practitioners*. March 2017.
- Barnett, J. E., Zimmerman, J., & Walfish, S. (2014). “*The ethics of private practice: A practical guide for mental health clinicians*.” Oxford University Press, USA

Grief Counseling

- National alliance of mental illness helpline: <https://www.nami.org/support-education/nami-helpline/>; Call 1-800-950-6264; text “HelpLine” to 62640 or email helpline@nami.org
- SAVE – support for suicide loss survivors: <https://www.save.org/programs/suicide-loss-support/>
- What’s Your Grief: <https://whatsyourgrief.com/>
- Grief Share support groups: <https://www.griefshare.org/>

Additional Links

- www.psychiatry.org (American Psychiatric Association— APA website)
- www.ama-assn.org (American Medical Association)
- <https://www.americanprofessional.com> (American Professional Agency, Inc.)