



5353 Wayzata Blvd., Suite 350
Minneapolis, MN 55416
www.mnpsych.org

Absence from Practice: Continuity of Care Plan Form

Service Available to MPA Members

Unanticipated Absence from Practice: Colleague Designation Plan

The Minnesota Psychological Association now offers its members the option of filing a form identifying colleagues to be contacted in the event of their unanticipated absence from practice. Historically, when clients or colleagues were unable to reach their psychologists, they have sometimes contacted MPA for information or assistance. Completion of this form would allow MPA staff to provide callers with an appropriate contact person. Using this service will also assist members in meeting their ethical responsibility (as outlined in the APA Ethics Code) which states that "psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation, or retirement or by the client's/patient's relocation or financial limitations." (APA, 2002, p. 7).

Members using this service designate at least two qualified colleagues (psychologists or other mental health professionals) who have indicated a willingness to assume responsibility for managing the triage of the individual's practice in such circumstances. Advanced arrangements for the financial compensation of these colleagues, perhaps at their hourly rate, will likely increase their willingness and ability to assume these potentially-onerous responsibilities.

MPA does not offer a referral service to consumers and should not be relied upon to manage a member's caseload or to close the practice temporarily or permanently.

The "Colleague Designation Plan" form will only identify contact persons. It is the responsibility of the individual to develop a detailed plan for the notification of clients, maintenance and storage of records, and management of other professional and clinical responsibilities. This detailed plan should be provided to the identified colleagues. The "Colleague Designation Plan" form will need to be updated annually, and maintenance of MPA membership is required for it to remain on file. This service is available to MPA members at no charge.

Janet T. Thomas, Psy.D., LP, 2009

Date: _____

Member's Name: _____

Academic degree(s): _____

Member is licensed in Minnesota as: (check all that apply)

- Licensed Psychologist (LP)
- Licensed Psychological Practitioner (LPP)
- Other: _____
- Not licensed

Primary office address:

Agency _____

Street Address _____

Suite _____

City _____

State _____

Zip _____

Office phone _____

Other Business phone(s) _____

Please provide the designated colleagues with a copy of this completed form. Request that they read and sign the attached consent form.

The following colleagues have agreed to assume responsibility for triage of the member's professional responsibilities:

1) _____
Colleague's name, degree, licensure

Agency _____

Street Address _____

Suite _____

City _____

State _____

Zip _____

Office phone _____

Other Business phone(s) _____

2) _____
Colleague's name, degree, licensure

Agency _____

Street Address _____

Suite _____

City _____

State _____

Zip _____

Office phone _____

Other Business phone(s) _____



MINNESOTA
Psychological Association

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Member: _____

Member's Statement:

I understand that this document will be kept on file in the MPA office and the information contained therein will be provided to colleagues and consumers on request in the event that I am unable to execute my professional responsibilities because of injury, sudden illness, death, or another personal emergency. The designated colleagues have completed the attached consent verifying their willingness to assume responsibility for managing my practice under these circumstances, and have been provided with a copy of this document. I further understand that MPA's provision of this service is contingent upon my continued membership in the Association.

Member's signature

Date of signing

Designated Colleague Consent

The following statement must be read and signed by each designated colleague.

Colleague #1:

I have been provided with information and materials necessary to assume responsibility for the practice of my colleague, named above, in the event that he/she is unable to manage professional responsibilities because of injury, sudden illness, death, or other personal crisis. I understand that, in these circumstances, consumers and colleagues who contact MPA to request information about the above-named individual will be provided with my name, address, and phone number, and I consent to the release of this information.

Signature, credentials

Date of signing

Designated Colleague Consent

The following statement must be read and signed by each designated colleague.

Colleague #2:

I have been provided with information and materials necessary to assume responsibility for the practice of my colleague, named above, in the event that he/she is unable to manage professional responsibilities because of injury, sudden illness, death, or other personal crisis. I understand that, in these circumstances, consumers and colleagues who contact MPA to request information about the above-named individual will be provided with my name, address, and phone number, and I consent to the release of this information.

Signature, credentials

Date of signing