POSITION PAPER
National Privacy Commission — Call for Public Input
Classification of Psychiatric Medical Records and the Right to Access

April 22, 2026

I. INTRODUCTION

The Philippine Psychiatric Association, Inc. (PPA), through its Committee on Advocacy, Legislation and Multimedia (CALM), submits this position paper in response to the National Privacy Commission's (NPC) Call for Public Input. The PPA speaks on behalf of Filipino psychiatrists and the patients who trust them with their most personal disclosures.

Psychiatric records (comprehensive clinical document which includes identifying information, intake evaluations, mental status examinations, progress notes, treatment plans, medication charts, psychological assessments, risk evaluations, correspondence, collateral information from third parties or patient informants, consent forms, and discharge summaries, combining structured charts with narrative notes that chronicle the patient's course of treatment and serve as documentation of care provided) are **NOT** ordinary medical records. They hold the inner world of a person — his/her fears, trauma, relationships, and private thoughts shared in the course of treatment. These records must protect the patients, the physicians, the hospital or institution involved, and the therapeutic relationship that makes psychiatric care possible.

II. PSYCHIATRIC RECORDS: A PROTECTED CATEGORY

Psychiatric records are NOT ordinary medical records. They are protected under patient-doctor confidentiality and are NOT subject to routine records access requests.

What the patient shares, how he/she shares in the course of the therapeutic process – they become the foundation of the therapeutic alliance. Disclosing session content, even to the patient, can cause harm – not only to himself/herself, but to all those involved in the psychiatric treatment. It can distort the patients' understanding of their own treatment and damage the trust that therapy depends on.

The PPA recommends:

1. Psychiatric records are explicitly excluded from routine access requests and MUST not be released to THIRD parties without the patient's written consent or a specific court order.
2. Where a patient requests access to his/her own psychiatric records, the decision rests with the treating psychiatrist, guided solely by what is safe and beneficial for the patient and the therapeutic relationship.
3. That is a protected clinical judgment — not a denial of the patient's rights, but an exercise of the physician's duty of care for the patient.

III. PSYCHIATRIC DOCUMENTS ARE TIME-BOUND

A psychiatric assessment, diagnosis, or clinical impression is valid only at the time it was made. It is not a permanent label and must not be treated as one.

Psychiatric conditions are dynamic. Diagnoses and clinical impressions are based on information available at the time of assessment and are subject to change as new information emerges, as treatment progresses, and as the patient's condition evolves. What is documented at one point in time may not reflect the patient's current state unless the psychiatric diagnosis at the time of assessment was found to be permanent and incurable.

Psychiatric records which include psychotherapy notes and clinical working notes are provisional. They capture the physician's thinking at a specific moment — they are working documents, not final determinations. They may be revised, updated, or superseded by subsequent assessments.

The PPA recommends:

4. Any psychiatric document released must clearly state the date of the patient's assessment and reflect the psychiatric findings of the patient's condition at the time of assessment.
5. Psychiatric documents CANNOT be used as evidence of a patient's current mental state.
6. Diagnoses and impressions are not permanent and that prior assessment – does not define the patient's present or current condition.
7. Psychotherapy notes and working clinical notes are only provisional records — and are not yet final or conclusive findings. They CANNOT be relied upon as final or conclusive statements of diagnosis, capacity, or condition.

IV. WHAT MAY BE RELEASED

With the patient's written consent, waiver, or court order – the following information may be released:

- Diagnosis — as it stands at the time of the assessment being referenced
- Treatment plan
- Clinical summaries, prepared by the treating psychiatrist for the specific purpose of the request

Minimal disclosure applies: only the information requested for the stated purpose may be released. Nothing more.

The treating psychiatrist determines the form, the content, and limit what can be shared. Even with the patient's consent, the physician retains the authority to grant and/or deny the request for information to protect the patient.

V. REQUESTING AND RELEASING RECORDS

A. Written Request Required

No psychiatric information may be released based on a verbal or informal request. Every request must be in writing, signed by the patient, and co-signed by a responsible adult

(spouse; if the patient is a minor, by the parent/s; custodian or guardian) and must be personally presented to the psychiatrist by the requesting party.

B. Waiver of Release
Before any information is released, the patient must sign a Waiver of Release of Psychiatric Information stating:

- Who is requesting the psychiatric information (the patient and/or guardian, and etc.) and the reason for the request;
- That psychiatric information SHALL only be used for the reason stated in the request.

Psychiatric information released under a waiver SHALL only be used for the purpose stated in that waiver — NOT for any other proceeding, purpose, or context. Misuse of released records constitutes a breach of confidentiality and privacy protections safeguarded for both patient and physician.

C. The Psychiatrist's Role
The treating psychiatrist personally reviews every request, determines what information to release, and may decline to release information on clinical or ethical grounds. A psychiatrist who follows this process and acts in good faith is protected.

VI. PSEUDONYMS IN PUBLISHED INFORMATION
Published information involving psychiatric conditions — which may cover family law cases, such as, but not limited to: nullity cases, annulment cases, custody disputes, guardianship cases, criminal and administrative proceedings — must not identify the parties or institutions involved.

Real names of patients, family members, minor children, and their addresses and any information that could make them identifiable; treating or evaluating psychiatrists, clinics, hospitals, and institutions involved – must not appear in any published information or matter involving psychiatric conditions of any party.

Publishing the psychiatrists' name or involved clinic, hospital, and/or institution alongside a psychiatric case compromises the confidentiality of the therapeutic relationship and can harm the physicians' or institutions', etc, reputation and MOST OF ALL the patients' willingness to seek care.

The PPA recommends:

8. If psychiatric conditions are published, those involved—the parties, family members, clinicians, hospitals, and those referred to above — must not be identifiable. Hospital names, admission dates, and other information that could identify the patient or physician must be generalized or omitted.
9. Exceptions require the explicit written consent of the person concerned, or a specific court order.

VII. CLOSING STATEMENT

"Confidentiality in psychiatry is NOT ONLY a legal obligation. It is a fundamental pillar of therapeutic trust, patient dignity, and ethical medical practice."

The PPA-CALM Committee thanks the NPC for this opportunity and commits to ongoing collaboration in developing guidelines to protect all who are involved in any psychiatric care relationship.

SUBMITTED BY

Committee on Advocacy, Legislation, and Multimedia
Ann Princess Grana-Nespral, MD, FPPA, FPSCAP – Chair
Ma. Bernadette M. Arcena, MD, FPPA
Donaldo Nicanor Tugbang, MD, FPPA
Anna Cruz, MD, FPPA
Robert Gerard Kelemen, MD, FPPA
Joan Mae Perez-Rifareal, MD, FPPA
Marie Cresanne Pagaddu, MD, FPPA
Kevin Veneracion, MD

As consulted with
Hon. Judge Rosalina L. Pison (Ret.)
Legal Adviser, Philippine Psychiatric Association

For and in Behalf of
Anna Lizza Y. Salazar-Mañalac, MD, FPNA, FPPA, FPSCAP
President, Philippine Psychiatric Association

REFERENCES

- Republic Act No. 10173 – Data Privacy Act of 2012
- Republic Act No. 11036 – Mental Health Act
- Republic Act No. 2382 – Medical Act of 1959 (as amended)
- PPA Handbook of Ethics (2022)
- Philippine Medical Association Code of Medical Ethics (2020)