

# 2026 PRMS RISK MANAGEMENT RESOLUTIONS



Here are 12 easy-to-implement risk management resolutions you may want to consider for 2026:

## PATIENT SAFETY

- When treating patients via telepsychiatry, consider asking for and documenting the patient's current address at the start of every telehealth encounter. In the event the patient goes into crisis during the telehealth visit, you will know where to send emergency services.
- Consider checking the prescription monitoring program (PMP) prior to prescribing every time – even if not legally required to do so. This can be onerous, but the PMP may yield clinically relevant safety information you would not have otherwise known. Don't forget to check other states that are available through your PMP.
- Review and update emergency contact information with your active patients.

## TECHNOLOGY

- Utilize AI, but do not rely upon it. AI can *"fabricate" or "hallucinate"* – it has frequently been found to make things up. AI should only supplement the physician's clinical decision-making, not replace it.
- Privacy controls are not an absolute guarantee that social media posts can't/won't be viewed by those other than you had intended. Search yourself online using all potential variations of your name to determine what information may be seen by others. Clean up your social media pages and remove anything that you would not want a patient, colleague, employer, or licensing board to see.
- Do not enter patient information into a generative AI system, such as ChatGPT, without obtaining a [Business Associate Agreement \(BAA\)](#) from the AI platform vendor. Under a BAA, the vendor must promise to maintain the confidentiality and security of your patients' information.

## DOCUMENTATION

- Ensure documentation has been completed as close to the treatment session as possible.
- When using electronic health records (EHRs), documentation shortcuts often result in a record filled with a large number of identical notes, calling into question whether the physician truly conducted a thorough evaluation. Try to use free form text to individualize each treatment note and distinguish one visit from another.
- Exercise extreme caution if utilizing AI scribes. Every AI-generated note should be carefully reviewed, and the note should indicate that it was prepared by the psychiatrist with the assistance of AI.

## COMMUNICATION

- While no handout can replace an informed consent discussion between patient and physician, consider utilizing the [FDA's Medication Guides](#) as part of your informed consent process. You can document in the record that the medication guide was reviewed with the patient, the patient was provided a copy, and even include a copy of the guide in the record.
- Ask a colleague for an informal "curbside" consult when faced with a tough clinical situation. In the event of a bad outcome and subsequent litigation, the fact that you thought to seek the assistance of a trusted colleague will be useful in your defense.
- At the start of treatment, discuss with patients being seen via telepsychiatry that sessions can only take place when patients are in states where you meet licensure requirements. If patients are planning to attend a telemedicine appointment from outside your state of licensure, they will need to notify you ahead of time so you may check for an exception to licensure. The [Center for Connected Health Policy](#) maintains a [survey](#) of state licensure requirements.

Have a safe and healthy 2026!



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