DIRECTIONS: Complete this test after viewing the web cast of the webcast listed above. In order for Western Psychiatric Institute and Clinic to record that you completed the training, please complete this test and the Application/Validation for Continuing Education Credit on the next page. After finishing, sign as indicated on the second page and return both forms by mail to:

Jennifer Lichok
WPIC/OERP
3811 O’Hara Street
Champion Commons, Third Floor
Pittsburgh, PA 15213

TRUE/FALSE – Please indicate whether the statements below are true or false.

1. Definition of a profession: an occupation whose core element is work based upon the mastery of a complex body of knowledge and skills.
   A. True
   B. False

2. In the American Medical Association (AMA) “Principles of Medical Ethics,” patients do not have a basic right to privacy of their medical information and records.
   A. True
   B. False

3. In federal confidentiality laws, disclosure of patient identifying information by federally assisted programs is never permitted.
   A. True
   B. False

4. Patients can waive confidentiality with consent.
   A. True
   B. False

5. In Pennsylvania drug and alcohol law, information released to judges, probation officers, and other government officials shall be restricted to a short statement as to whether the client has relapsed.
   A. True
   B. False

6. Confidentiality is absolute.
   A. True
   B. False

MULTIPLE CHOICE – Please select the BEST answer.

7. General common principles in ethics include:
   A. Beneficence and non-malfeasance
   B. Respect for autonomy/confidentiality
   C. Justice
   D. A & B only
   E. All of the above
8. In mental health, confidentiality can:
   A. Foster trust
   B. Ensure privacy
   C. Increase stigma
   D. A & B only
   E. All of the above

9. Confidentiality can change under the following circumstances:
   A. Voluntary commitment
   B. Court-ordered treatment
   C. Sharing information with other health care professionals/family caregivers
   D. All of the above
   E. B & C only

10. Mental health records are kept confidential and not released without the consent of the patient except to:
    A. Third-party payers
    B. Reviewers and inspectors
    C. Parents or guardians
    D. A & B only
    E. All of the above

11. An ethical framework for decision making includes:
    A. Morals
    B. Values
    C. Professional codes or rules which dictate or guide
    D. A & B only
    E. All of the above

12. Each action should lead us to our highest best is an example of which ethical code?
    A. Utilitarian
    B. Rights
    C. Fairness and justice
    D. Virtuousness
    E. Common good
“ETHICS IN PROFESSIONAL PRACTICE” (A047)
APPLICATION/VALIDATION SHEET FOR CONTINUING EDUCATION CREDIT FOR
General CEUs, Act 48, CADC/CCDP, CPRP, NBCC, PCHA, Psychologists, and
Social Work/LPC/LMFT (3.0 CREDIT HOURS)

INSTRUCTIONS: In order for Western Psychiatric Institute and Clinic to record the credit you earn by
viewing this program, we request that you follow the directions below:
1. Print your name, address, and social security number clearly below.
2. Sign the statement affirming your attendance at the session.
3. Return with payment to:

   Jennifer Lichok
   WPIC/OERP
   3811 O’Hara Street
   Champion Commons, Third Floor
   Pittsburgh, PA 15213

I hereby affirm that I viewed the videoconference web cast indicated above:

Signature ___________________________ Date Completed __________

PLEASE PRINT CLEARLY:

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Mailing Address ___________________________

Name ___________________________
City ___________________________
State ___________________________
Zip Code ___________________________

Phone # ___________________________
Email address ___________________________

TYPE OF CREDIT: Please Indicate Your Certification Needs
☐ Act 48: Educators (please complete Act 48 packet)
☐ CAC/CCDP: Certified Addiction Counselor
☐ CEU: General Continuing Education Credit
☐ CPRP: Certified Rehabilitation Practitioners
☐ NBCC: National Board of Certified Counselors
☐ PCHA: Personal Care Home Administrators
☐ Psychologist ___________________________
☐ SW/LPC/LMFT: Social Work (LCSW, MSW)

PAYMENT ENCLOSED:
☐ $30 for Act 48, CADC/CCDP, CEU, CPRP, NBCC, PCHA, Psychologist, or Social Work credit

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☐ Credit Card # ___________________________ Expiration Date: ______________ ID#: __________
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Send these two forms to the above address. If your score is 80% or above, you will receive a certificate
via mail. If you have any questions, contact Jennifer Lichok at lichokjl@upmc.edu or 412-204-9088.