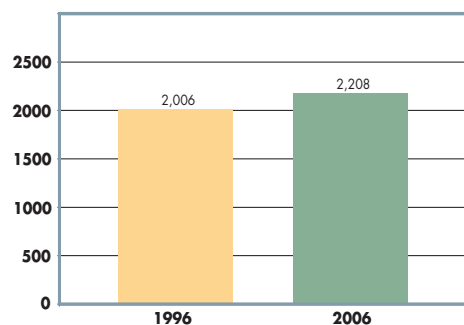


Texas Psychiatrist

Profile of Texas Psychiatry – 2006

According to data from the Texas Medical Board, Texas Psychiatry continues to increase. As of February 1, 2006, there were 2,780 physicians licensed in Texas who indicated Psychiatry as a Primary or Secondary specialty. Of this total, 2,208 psychiatrists currently reside in Texas. In 1996, there were 2,006 psychiatrists residing in Texas. Thus, Texas psychiatry has grown 10.1% during the past 10 years.

Total Texas Psychiatrists



Practice Type

Almost 81% of Texas psychiatrists provide direct patient care, a decline of about 4% from 1996.

Practice Type

Practice Type	1996	2006
Direct Patient Care	85.1%	80.5%
Medical Teaching	6.3%	4.8%
Administrative Medicine	3.5%	3.6%
Research	0.6%	1.9%
Resident/Fellow	0.0%	3.5%
Not in Practice	4.5%	5.8%

Practice Setting

Most Texas psychiatrists are in a solo practice today, a major change since 1996. Also, psychiatrists with hospital based practices have also changed significantly since 1996:

Practice Setting

Practice Setting	1996	2006
Solo	14.3%	51.7%
Hospital Based	49.7%	17.9%
Partnership/Group	0.0%	13.5%
Public Health Service	7.4%	5.2%
Other	0.0%	4.7%
VA	9.7%	4.8%
HMO	18.4%	1.3%
Military	0.6%	0.8%

Place of Birth

Origins of psychiatrists practicing in Texas is diverse. Only 29.2% of Texas psychiatrists were born in Texas while 46 other states and the District of Columbia have contributed 35.8% of Texas psychiatry. Psychiatrists born in 79 foreign countries constitute 30.3% of practicing psychiatrists in Texas. The three countries contributing most to Texas psychiatry are : India - 183; Mexico - 57; and Pakistan - 45.

Medical School

A total of 47.3% of Texas psychiatrists attended medical school in Texas, 24.8% received medical degrees in states other

than Texas and 27.9% received their medical training in foreign countries. The distribution of Texas medical schools psychiatrists attended is as follows:

Primary Specialty	1996	2006	Change	% Change
General Psychiatry	1,734	1,866	+132	7.6%
Child Psychiatry	204	247	+43	21.1%
Psychoanalyst	28	25	-3	-10.7%
Subtotal	1,966	2,138	+172	8.7%
Neurology with Psychiatry as 2nd Specialty	10	17	+7	70.0%
Other with Psychiatry as 2nd Specialty	30	53	+23	76.7%
Subtotal	40	70	+30	75.0%
Total Texas Psychiatry	2,006	2,208	+202	10.1%

It is interesting to note the growth of Child Psychiatrists. Considering psychiatrists who list Child Psychiatry as either a Primary specialty or a Secondary specialty, the growth rate over the past ten years has been 63.9%:

Specialty	1996	2006	Change	% Change
Child Psychiatry - Primary	204	247	+43	21.1%
Child Psychiatry - Secondary	95	243	+148	155.8%
Total Child Psychiatry	299	490	+191	63.9%

than Texas and 27.9% received their medical training in foreign countries. The distribution of Texas medical schools psychiatrists attended is as follows:

- Baylor - 125
- Texas A&M - 34
- Texas Tech Lubbock - 44

- U of North Texas - 39
- UTMB - 329
- UT Houston - 149
- UT San Antonio - 152
- UT Southwestern - 172

continued on page 6

Release of Medical Records

The Texas Medical Board recommends that physicians be familiar with their rules regarding the release of medical records (Board Rule 165) because violations

of this rule are common and can lead to administrative penalties or other disciplinary actions. Board Rule 165 requires physicians to provide properly requested patient records in 15 business days. Proper charges may be billed for providing the copy of the medical record, but the Board advises to send the records and not wait for payment before doing so. Board Rule 165 pertaining to the release of medical records follows:

165.2. Medical Record Release and Charges.

(a) Release of Records Pursuant to Written Request. As required by the Medical Practice Act, §159.006, a physician shall furnish copies of medical and/or billing records requested or a summary or narrative of the records pursuant to a written release of the information as provided by the Medical Practice Act, §159.005, except if the physician determines that access to the information would be harmful to the physical, mental, or emotional health of the patient. The physician may delete confidential information about another patient or family member of the patient who has not consented to the release. If by the

nature of the physician's practice, the physician transmits health information in electronic form, the physician may be subject to the Health Insurance Portability and Accountability Act (HIPAA) 45 C.F.R. Parts 160-164. Unless otherwise provided under HIPAA, physicians subject to HIPAA must permit the patient or an authorized representative access to inspect medical and/or billing records and may not provide summaries in lieu of actual copies unless the patient authorizes the summary and related charges.

(b) Deadline for Release of Records. The requested copies of medical and/or billing records or a summary or narrative of the records shall be furnished by the physician within 15 business days after the date of receipt of the request and reasonable fees for furnishing the information.

(c) Denial of Requests for Records. If the physician denies the request for copies of medical and/or billing records or a summary or narrative of the records, either in whole or in part, the physician shall furnish the patient a written statement, signed and dated, within 15 business days of receipt of the request

stating the reason for the denial and how the patient can file a complaint with the federal Department of Health and Human Services (if the physician is subject to HIPAA) and the Texas State Board of Medical Examiners. A copy of the statement denying the request shall be placed in the patient's medical and/or billing records as appropriate.

(d) Contents of Records. For purposes of this section, "medical records" shall include those records as defined in § 165.1(a) of this title (relating to Medical Records) and shall include copies of medical records of other health care practitioners contained in the records of the physician to whom a request for release of records has been made.

(e) Allowable Charges.

(1) The physician responding to a request for such information shall be entitled to receive a reasonable, cost-based fee for providing the requested information. A reasonable fee shall be a charge of no more than \$25 for the first twenty pages and \$.50 per page for every copy thereafter. If an affidavit is

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It Takes a Psychiatrist...

Gary L. Etter, MD, President, Texas Society of Psychiatric Physicians



Gary L. Etter, MD

Involvement/Service

The theme of this year has been "It Takes a Psychiatrist...to be Involved." This was to emphasize the importance of membership in organized medicine and psychiatry, and to also be active in the organizations. However, in this age of medicine, and the difficulty that we face day in and day out to provide quality care with fewer resources, it actually requires others to partner with us, to better ensure that those resources are utilized in the best way, and that we do not sacrifice quality of care in the process. We need our patient advocacy organizations that have been active participants in our committees, and our annual leadership and advocacy conferences. We also need our physician colleagues from other specialties to partner with us. I am happy to say that the Texas Osteopathic Medical Association is now an associate member of the Federation of Texas Psychiatry, and joins with the Texas Medical Association, TSPP, the Texas Academy of Psychiatry, the Texas Society of Child and Adolescent Psychiatry, and the Texas Foundation for Psychiatric Research and Education in advocating for our patients and for our physicians. I personally want to thank Sam Tessen, Executive Director of TOMA, Dr. Kenneth Bayles, President of TOMA, Drs. Elizabeth Palmarozzi and Monte Troutman as well as the other members of the Executive Committee of TOMA, and Dr. Ronald Brenz of the Board of Trustees of TOMA and a psychiatrist in practice in San Antonio, for their help in getting this done. The Texas Society

of Psychiatric Physicians welcomes and looks forward to working with the 2,655 members of TOMA in continuing to advocate for our patients.

Texas Medical Board

One of the initial concerns raised by TOMA was that of the Texas Medical Board's approach to those physicians who report having a prior or current history of depression. They requested comments and input from our members with respect to the Board's draft of guidelines for forensic psychiatric evaluations.

This has been an ongoing focus of TSPP now since at least 2004, when TSPP identified three major concerns with the Board: 1) lack of due process, 2) discrimination against psychiatrists, and 3) discrimination against physicians with mental illness. This resulted in a TSPP report when the then Texas State Board of Medical Examiners was under Sunset Review. I have addressed this in a prior column and would again direct you to our web site, www.txpsych.org and go to the August/September 2004 TSPP Newsletter for the full report.

The request for input did indeed generate a significant discussion related to this issue. As I noted in my last column, it is encouraging to see the Board moving from investigating all cases of depression to those where the illness has resulted in impairment. However, the questions of who does the examination (forensic vs. general psychiatrist, treating vs. non-treating psychiatrist), what constitutes "impairment," and

criteria for other diagnoses including Bipolar Disorder, Schizophrenia, and Substance Abuse all remain. I do want to thank in particular Drs. David Axelrad, George Santos, Bill Reid, Martha Leatherman, Marie Kelly, Sandra Gilfilland Gary Miller, Elvira Lim, John Cassada, George Trapp, James Lomax, and Joel Silberburg, for their constructive dialogue and input on this issue. I would like for the Physician Advocacy Committee of TSPP to review these comments and suggestions and develop further recommendations.

Membership

At the Annual Meeting of TSPP in November 2005, the Executive Committee passed an action item proposed by the Membership Committee requesting that the President-Elect, President, and Past President visit each of the residency programs in the State to promote the advantages of membership in TSPP/APA. I will be meeting with the residents of Texas Tech and JPS this month, and I hope to also meet with the residents of Baylor and UT Houston as well within the next two months. Dr. Secrest will be meeting with the residents at UT Southwestern, and Dr. Sawyer will try to arrange meetings with UTMB, Scott and White, Austin, and UT San Antonio. I appreciate the cooperation of the residency program directors in scheduling these meetings. I stated that the purpose was to promote the advantages of membership, but I think that I would be more accurate in saying the necessity of membership. The importance of strength and viability in

organized psychiatry, particularly at the local level, has been emphasized repeatedly in this Newsletter. What is most important is to ensure ongoing future interest and growth by adding members in training. This will be the focus of our meetings with the residents.

Our History

At the same time that we look to our future, we will be celebrating our history and our past this year by celebrating our 50th Anniversary of TSPP. It is important to stop and look at the accomplishments of our great organization over the last fifty years. We sometimes take a lot for granted and it is easy to overlook the importance of organized psychiatry and organized medicine in Texas. However, TSPP along with the other member organizations of the Federation of Texas Psychiatry has been there representing all physicians in Texas, members and non-members, and advocating for our patients for years. A review of our history reflects that and reminds us that we need to continue to take steps to strengthen organized medicine for the future. I look forward to meeting with the residents of our training programs, and to our meeting of TSPP Committees and Executive Council at the Omni Hotel Austin in April. ■

TSPP Committee/Council Meetings and CME Dinner Program

April 22-23, 2006 • Omni Austin Hotel • Austin, Texas

SAVE THE DATE and make plans to join members of the Texas Society of Psychiatric Physicians, Texas Academy of Psychiatry and Texas Foundation for Psychiatric Education and Research at the April 22-23, 2006 meetings at the Omni Austin Hotel Downtown in Austin.

Highlights of the weekend's activities include meetings of all of the TSPP committees, including two of the newest special interest committees on Academic Psychiatry and Physician Advocacy; a special interest member luncheon; a two hour Continuing Medical Education Program; Executive Council business and the installation of TSPP's new officers for 2006-07:

- President: Leslie H. Secrest, MD, Dallas
 - President-Elect: William H. Reid, MD, MPH, Horseshoe Bay
 - Vice President: J. Clay Sawyer, MD, Waco
 - Secretary-Treasurer: George D. Santos, MD, Houston
 - Immediate Past President: Gary L. Etter, MD, Fort Worth
- We look forward to seeing you at the meetings!*

MEETING LOCATION

The TSPP, Texas Academy of Psychiatry and the Texas Foundation for Psychiatric Research and Education meetings will be held April 22 at the Omni Austin Hotel

Downtown, 700 San Jacinto at 8th Street. Centrally located inside historic downtown Austin the hotel is conveniently located to the State Capitol and the 6th Street Entertainment District.

A special discounted rate for program attendees has been arranged at the rate of \$139.00 if reservations are placed prior to March 31. All guests may make reservations by calling Central Reservations at 1/800/843-6664 and referring to the group name "Texas Society of Psychiatric Physicians".

DISCOUNTED REGISTRATION FEES

Attendees who register BEFORE April 1 will receive the special discounted meeting registration rates. After April 1 and on-site registration will be at a higher registration rate.

Additional program information and registration is available on the TSPP website www.txpsych.org or contact TSPP, 401 West 15th Street, Suite #675, Austin, TX 78701; phone 512/478-0605 or fax 512/478-5223.

Cancellation policy: In the event of cancellation, a full refund will be made if WRITTEN notice is received in the TSPP office by April 7, 2006, less a 25% handling charge. NO REFUNDS will be given after April 7. ■

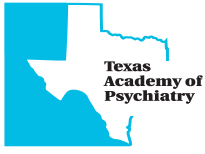
DAILY SCHEDULE

Saturday, April 22

7:00 AM - 7:00 PM	Registration	Balcony Alcove
7:30 AM - 8:55 AM	Foundation Bd of Directors Breakfast Mtg	Cellar
8:30 AM - 4:30 PM	Committee Hospitality	Boardroom Foyer
	<i>Complimentary Refreshments & Light Hors D'oeuvres For Committee Members</i>	
9:00 AM - 10:30 AM	Socioeconomics	Representative
	Fellowship	Justice
	Budget	Executive
	Institutional Psychiatry	Liberty
9:00 AM - 2:30 PM	Texas DBSA	Governors
10:30 AM - 12:00 PM	Membership	Executive
	Professional Practices	Representative
	Continuing Medical Education	Justice
	Texas Academy of Psychiatry	Liberty
12:00 PM - 1:15 PM	Luncheon Program - \$15 per person / \$20 on-site	Lone Star
1:15 PM - 2:45 PM	Strategic Planning & Coordinating	Liberty
	Public Mental Health Services	Representative
	Children and Adolescents	Executive
	Ethics	Justice
2:45 PM - 4:15 PM	Members in Training	Executive
	Forensic Psychiatry	Justice
	Academic Psychiatry	Liberty
	Constitution & Bylaws	Representative
	Physician Advocacy	Governors
4:30 PM - 6:00 PM	Government Affairs	Lone Star
6:00 PM - 6:30 PM	Reception	Austin North
	<i>Complimentary for Committee & CME Attendees & Guests</i>	
6:30 PM - 8:30 PM	CME Dinner/Program	Lone Star
	Mood Disorders: Update 2006	
	<i>For Program and Registration Information - www.txpsych.org or 512/478-0605</i>	

Sunday, April 23

7:00 AM - 8:30 AM	Federation Delegate Assembly Breakfast Mtg	Congress
9:00 AM - 12:00 PM	Executive Council	Capital Ballroom B
	<i>w/Complimentary Continental Breakfast</i>	



The Purpose of the Academy for 2006

R. Sanford Kiser, MD, President, Texas Academy of Psychiatry



R. Sanford Kiser, MD

What do you think the purpose of the Texas Academy of Psychiatry should be for the year 2006? The Academy is now an established organization, having completed a time of tumultuous birth. In the past year our resources had been diverted by the distraction of the dispute between the APA Board of Trustees and TSPP. Now is the time to think about our goals and directions for the future.

In reviewing the purposes and objectives that are listed in our Bylaws, I am struck by a common theme that runs through all of them – the theme of serving psychiatry by providing education to our members, psychiatric patients and their families, our colleagues, policymakers, and the public at large.

I would therefore propose that our primary goal for 2006 be the advancement of education. As we all know, the opportunities of providing the service of education are many, and include a multitude of venues, formats, audiences, and topics.

A topic that especially needs exploration, evaluation, explication, and education is the topic of how to properly prescribe medications. Research advances in the last few decades have created an explosion of new understanding about the basic and clinical neuropharmacology of mental illness. The psychiatric physician now has the availability of a multitude of new medications to treat conditions that once

The opportunities of providing the service of education are many, and include a multitude of venues, formats, audiences, and topics.

were beyond help or hope.

Ironically, at this time of great anticipation, psychiatric physicians are encountering a bizarre array of myths, fables, falsehoods, and fantasies that create barriers against the realization of this promise. Whereas previously the prescription of a physician was honored at face value, we are now increasingly finding that our ability to prescribe effectively is being impeded by third-party agents – such as insurance carriers, pharmacy benefit managers, bulk pharmacy contractors, insurance adjusters, unscrupulous and/or uninformed review doctors, and government agencies.

Many believe that misguided theories of cost control are the primary motivation for placing the physician in these bureaucratic handcuffs. The open acknowledgment of this fact would appear crass, crude, vile, and venal. Some other reason has to be

presented for curtailing the practice of medicine.

As a result we have seen the emergence of a variety of pseudoscientific excuses to deny payment for prescriptions, most of which involve the idea of “protecting” the public. These creative fabrications try to advance the idea that the only knowledgeable authority for proper medication prescribing is the third-party agent, and not the physician.

I find myself wondering how physicians suddenly became so ignorant and how the lack of a medical school education suddenly made the third-party agents become so smart.

In upcoming newsletters, I plan to address a variety of these topics, in which misinformation and miseducation is being

used to damage our patients. Areas that I believe need particular attention include:

- The true facts about the FDA medication approval process
- The strengths and limitations of the information in the PDR
- What “evidence based medicine” really is and really isn’t
- The fantasy that all medications are addicting and damaging
- The difference between polypharmacy and rational polypharmacy

Get ready to rumble! ■

MEMBERSHIP CHANGES

TSPP NEW MEMBERS

The following membership applications have been approved by the TSPP Executive Committee and have been transmitted to the APA.

General Member

Grewal, Reena, MD
Viltz, Anna, MD

Member in Training

Bankes, Lindy K., MD
Cheang, Victor, MD
Deaton, Ashley B., MD
Hamoheydari, Ladan, MD
Lippolis, L. Charlotte, MD
Malik, Zaid, MD
Mathew, Sean P., MD
Muranjan, Sunita, MD
Roger, James R., MD
Saeed, Muhammad U., MD
Vale, Sandra, MD
Velez, Angela, MD

Change in Status from MIT to General Member

Asghar-Ali, Ali, MD
Clarkson, Peta, MD

Cyriac, Thomas, MD
Earthman, Brian, MD
Garrett, Robert K., MD
Martin, Christopher, MD
Mian, Aysha, MD
Miles, Jane J., MD
Miranda, Liliana Z., MD
Nakamura, Alyson, MD
Quinlan, Julia, MD
Sadberry, Faye, MD
Siddiki, Lubna, MD
Smeal, Janis, L., DO
Troutner, John, MD

Transfer from Other District Branches

Delgado, Pedro L., MD
Doyle, Emily, MD
Kozel, Frank, MD
Mian, Mansoor, MD
Rusnak-McGovern, Jim, MD
Spillar, Lynn, MD

ACADEMY NEW MEMBERS

Ford, John S., MD

Parker, Lynda, MD

Workshops for Billing Psychiatric Services

The Texas Provider Outreach and Education Department of TrailBlazer Health Enterprises has scheduled workshops to give detailed information on billing for psychiatric services. Topics will include an explanation of the psychiatry procedure codes; documentation requirements; limited coverage; services of a licensed clinical

social worker; a clinical psychologist; a psychologist (Ph.D.); a licensed professional counselor; and, “incident to” services. The workshops are scheduled for May 10, 2006 in Houston and on July 25, 2006 in El Paso.

You may register to attend these workshops from the following link: <http://www.trailblazerhealth.com/calendar.asp>.

THE INSTITUTE OF CONTEMPORARY PSYCHOANALYSIS

offers a Weekend Psychoanalytic Training Program

Courses are held at 12121 Wilshire Blvd. #505, Los Angeles, CA 90025
Application deadline is June 25, 2006

Saturday and Sunday

**6 hours each day
1 weekend a month
10 months per year**

Courses offered are equivalent to ICP’s regular weekly psychoanalytic program.

This program is designed for those who live outside the Los Angeles area or work full-time.

For further information please call (310) 207-8441
Visit our web site: www.icpla.edu



Congratulations...

TSPP expresses sincere congratulations to the following members who, on recommendation of the Texas Society of Psychiatric Physicians, have been elected to the status of Distinguished Fellow of the American Psychiatric Association: **John R. Debus, MD**, Dallas; **George D. Santos, MD**, Houston; and **Timothy L. Sharma, MD**, Houston.

Congratulations are also extended to the following members who were approved for Fellow status in the American Psychiatric Association: **Mustafa Hussain, MD**, Amarillo; **John Morris, MD**, formerly Abilene; **Carol Nati, MD**, Fort Worth; and **Valerie Robinson, MD**, Lubbock.



Federation's Service to Texas Psychiatry

Conway McDonald, MD, Chairman, Federation of Texas Psychiatry



Conway L. McDonald, MD

The Federation of Texas Psychiatry is a youthful organization, but one that has already made a difference for Texas Psychiatry since its inception on July 1, 2004.

Purpose and Objectives

The Federation was established to support the entire profession of psychiatry in Texas with the following purposes and objectives:

- to promote the common professional interests of psychiatrists;
- to facilitate the coordination of and work in concert with state professional psychiatric associations and state professional subspecialty psychiatric associations, to unify programs that advance public and professional education and advocacy for psychiatry and persons with psychiatric illnesses;
- to provide centralized services to state professional psychiatric associations and state professional subspecialty psychiatric associations;
- to make psychiatric knowledge available to other practitioners of medicine, to scientists, and to the public; and,
- to promote the best interests of patients and those actually or potentially making use of mental health services.

Membership and Governance

Federation membership is available to any state professional psychiatric or medical association whose members are psychiatrists. Also, any firm, educational institution or corporation that supports the purposes of the Federation may be considered for membership.

The Federation's membership currently includes six organizations. The Federation's voting members include: the Texas

Society of Psychiatric Physicians, the Texas Academy of Psychiatry and the Texas Society of Child and Adolescent Psychiatry. Associate member organizations include: the Texas Foundation for Psychiatric Education and Research, the Texas Osteopathic Medical Association and the Texas Medical Association. Together, the member organizations of the Federation represent over 40,000 Texas physicians.

The Federation is governed by a Delegate Assembly, composed of representatives from its member organizations. Representatives to the Delegate Assembly currently include: TSPP (David Axelrad, MD, Gary Etter, MD, Martha Leatherman, MD, Conway McDonald, MD, Richard Noel, MD, Priscilla Ray, MD, George Santos, MD, Clay Sawyer, MD, and Leslie Secrest, MD); Academy (Stuart Crane, MD, Sanford Kiser, MD, and Thomas Martin, III, MD); and TSCAP (Benigno Fernandez, MD, Patrick Holden, MD, Steven Pliszka, MD, and Cynthia Santos, MD). Associate member representation on the Delegate Assembly includes: Foundation (Edward Reilly, MD); TOMA (Sam Tessen); and TMA (Lou Goodman, PhD).

Officers for 2005-2006 are:

Chairman - Conway McDonald, MD
Vice Chairman of Education - Gary Etter, MD
Vice Chairman for Public Policy - Martha Leatherman, MD
Secretary/Treasurer - Richard Noel, MD

Public Policy Advocacy

The Federation was heavily involved in the 2005 Texas Legislative Session. The Federation tracked 213 bills that could have affected the practice of psychiatry. Of this total, 51 bills were passed and sent to the Governor. Major efforts by the Federation

were devoted to reforming the child foster care system which resulted in new measures to help ensure that children receive quality health care; passing the physician licensure act authorizing the Texas Medical Board; and protecting patients and quality psychiatric care by thwarting attempts by non-physician providers to gain prescribing privileges through the legislative process. The Federation was also an active partner in TMA's PatientsFIRST Coalition, a coalition of medical specialties to address scope of practice issues in the Texas Legislature.

Early during the Legislative Session, the Federation hosted Capitol Day for members of the Federation and mental health advocacy organizations including the Depression and Bipolar Support Alliance, NAMI Texas, the Texas Mental Health Consumers and the Mental Health Association in Texas. One day was devoted to communications training led by Joel Roberts and one day was devoted to personal visits with legislators at the Texas Capitol.

Even though the Legislature is not currently in session, the Federation is very active in monitoring interim studies of the Legislature and rulemaking by State agencies.

This Spring, the Federation will be forming a Political Action Task Force, composed of psychiatrists from all regions of Texas, to actively promote physician involvement in the political process. There is an unusual number of contested races this year, requiring considerable attention. It is the goal of the Federation's Political Action Task Force for every member of the 2007 Texas Legislature to know a psychiatrist from his or her District.

Educational Programs

As mentioned earlier, the Federation planned and hosted Capitol Day for physicians and advocates during the 2005 Legislative Session. The Federation is currently working on two educational programs for 2006. First, the Federation is

working with TSCAP and TSPP on a Foster Care Conference to be conducted on March 25 to help inform physicians and others involved in foster care about the new laws passed by the Legislature to help ensure quality health care for foster children in Texas. And second, the Federation is planning a Mental Health Advocacy Conference to be conducted on August 12-13 for the Mental Illness Awareness Coalition. This meeting for physicians and advocates will feature Joel Roberts and his outstanding program, "Advocating with Impact."

To further the educational purpose of the Federation, the Federation launched its newsletter, *Texas Psychiatrist*, in October 2004 and its website (www.txpsych.org) in May 2005.

Management Services

As a service to only member organizations of the Federation, the Federation offers and provides comprehensive association management services. Currently, the Federation is providing management services to the following member organizations: Texas Society of Psychiatric Physicians, the Texas Academy of Psychiatry, the Texas Society for Child and Adolescent Psychiatry and the Texas Foundation for Psychiatric Education and Research. Management services provided by the Federation help member organizations with limited financial resources to benefit from the economies of centralized services, thus benefitting each organization's members.

Through these activities and services already undertaken in a relatively short period of time, the Federation is providing a means of uniting Texas Psychiatry and providing a strong and effective voice for psychiatry and patients. ■



APA President, Steven Sharfstein, MD (right) with Houston Psychiatric Society President, Susan Sparkman, MD, during an HPS meeting on January 25.

Senior PsychCare

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Psychiatrist Wanted in Austin

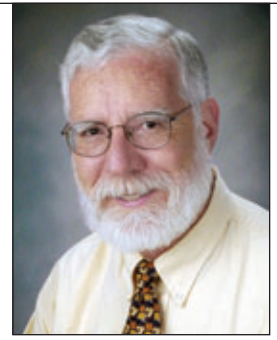
Psychiatrist wanted for growing Long Term Care practice in the Austin, Tx area. Travel is required on a daily basis. Position offers competitive salary and good benefits for full time employees who are looking for an opportunity to work with an established company. Position requires initial evaluations, follow-up visits for medication management and re-evals as needed. Position also may require delegation of prescriptive authority and supervision of APNs.

Contact Malcolm Duncan –
512-470-5600
email: md@aambinc.com



TSCAP Upcoming Educational Programs

Patrick Holden, MD, President, Texas Society of Child and Adolescent Psychiatry



Patrick Holden, MD

The Texas Society of Child and Adolescent Psychiatry will conduct two educational programs this year.

The TSCAP annual conference, "Treating the Consequences of Trauma and Other Disorders," to be held in Corpus Christi at the Omni Hotel on July 29-30, promises to have something for everyone this summer. Dr. Marty Drell, former member of TSCAP and currently practicing in Louisiana, will present his work dealing with the traumatic effects of Hurricane Katrina in that state. He will discuss the treatment of children with acute stress disorder and PTSD. Dr. Steve Pliszka, always a favorite speaker, will speak on new agents in the treatment of ADHD. Another speaker will give an update on the psychopharmacological treatment

of mood and anxiety disorders. In addition to a resident case presentation by Paul Croarkin, DO about a youth with an eating disorder, Dr. Tyler Wooten from Children's Medical Center at Dallas will describe current treatment approaches for youth with eating disorders. Finally, the ethics speaker will discuss ethical issues involved in child treatment. Make your plans now to spend the last weekend in July in Corpus enjoying the beach, listening to some great presentations and catching up with your colleagues from around the state.

The TSCAP will be joint sponsoring a spring conference with TSPP entitled "Delivering Quality Health Care to Texas Foster Children: The New Roles of Physicians and the State After Legislative

Reform." The conference will be held in Austin on March 25 at the Radisson Hotel and Suites. It will focus on the new roles of physicians and the other providers following the extensive foster care reforms enacted during the last Legislative session. Speakers including Steve Bresnen, Federation lobbyist, Texas Dept. of Family and Protective leadership, representatives from the Dept. of State Health Services, a DFPS caseworker, an attorney and a judge will speak on the impact of changes in the laws concerning treatment of foster children. More specific information about this important conference is printed in this newsletter.

The TSCAP is undergoing some changes to re-vitalize the organization and recon-

nect with the members; to that end the organization will increase communication with membership, institute long-range planning and resume twice yearly meetings. As a member organization of the Federation, TSCAP recently initiated a contract with the Federation to provide management services. TSCAP wishes to thank the TMA management group for the helpful management services provided over the past several years. ■

Delivering Quality Health Care to Texas Foster Children: The New Roles of Physicians and the State After Legislative Reform

Texas' Foster Care System Reformed

Texas children in foster care will soon see real improvements in the health care they receive while in state conservatorship, thanks to new legislation passed by the Texas Legislature and extensively shaped by Texas Psychiatry. Senate Bill 6 by Senator Jane Nelson (R-Lewisville) and Representative Suzanna Gratia Hupp (R-Lampasas) comprises the most extensive overhaul of the Texas foster care system in decades. Implementation of this new legislation is now being shaped by Texas executive branch agencies, including the Health and Human Services Commission, the Department of Family and Protective Services and the Department of State Health Services.

Foster Care Conference

The one-day conference, jointly sponsored by the Texas Society of Psychiatric Physicians and the Texas Society of Child and Adolescent Psychiatry and facilitated by the Federation of Texas Psychiatry, will be conducted on March 25 in Austin at the Radisson Hotel and Suites (111 Cesar Chavez at Congress Avenue) from 9:30 am until 4:00 pm. The conference will provide comprehensive information about the aspects of foster care reform that address the delivery of quality health care to foster children. The program will assist physicians, lawyers, judges, caseworkers, foster parents and others involved in foster care in understanding the new law and how it can help to ensure that foster care children receive quality health care in Texas. At the conclusion of the conference, participants will be able to:

- ❖ Recognize the impact of legislative reforms on physician practices and the courts
- ❖ Demonstrate the use of quality assurance and medication protocols for foster children
- ❖ Apply the new informed consent procedures
- ❖ Identify risk management issues for health care providers working with foster children

- ❖ Discuss the characteristics of new Medical Passports for foster children

Faculty and Conference Format

The faculty will be composed of individuals who played a role in shaping foster care reform in the Texas Legislature and those who are planning for its implementation, including a legislator, executives from State agencies, persons from the legal profession, and physicians.

The conference will employ an interactive format with the audience, incorporating panels of experts and question and answer sessions. The morning panel will

address "Orientation to Health Care Delivery System for Foster Children Under SB 6." The afternoon panel will address "The Physician's Role in the Systematic Delivery of Quality Health Care." During the luncheon program, a key legislator in the passage of SB 6 will address "The Legislature's Expectations of the Executive Branch Regarding Health Care for Foster Children."

Accreditation

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Texas Medical

Association (TMA) through the Joint Sponsorship of the Texas Society of Psychiatric Physicians and the Texas Society of Child and Adolescent Psychiatry. The Texas Society of Psychiatric Physicians is accredited by the Texas Medical Association to provide continuing medical education for physicians.

The Texas Society of Psychiatric Physicians designates this education activity for a maximum of six (6) category 1 credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity. ■

CONFERENCE REGISTRATION

Seating capacity for the conference is limited and reservations will be made on a "first come, first served basis." Register early and ensure your participation at this important conference. Take advantage of the Early Registration Discount by submitting your registration by March 3.

NAME _____		EMAIL _____		
ADDRESS _____		CITY _____	STATE _____	ZIP _____
PHONE _____				
#		Before March 3	After March 3	
___	Physician	\$55	\$75	
___	Attorney	\$45	\$65	
___	Allied Health Professional	\$35	\$55	
___	Foster Care Provider	\$25	\$45	
___	Advocate, Others	\$20	\$40	
___	Resident Physician	\$15	\$25	
TOTAL REGISTRATION FEE ENCLOSED		\$ _____		

Method of Payment - Make checks payable to "Texas Society of Child and Adolescent Psychiatry"

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CANCELLATION POLICY: In the event of cancellation, a full refund will be made if written notice is received by the Texas Society of Child and Adolescent Psychiatry by March 3, 2006, less a 25% handling charge. No refunds will be given after March 3, 2006.

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Profile of Texas Psychiatry – 2006

continued from page 1

Age

Sixty-two percent of Texas psychiatrists are over the age of 50:

- Less than 30: 8 (0.6%)
- 30-39: 249 (11.3%)
- 40-49: 573 (26%)
- 50-59: 638 (28.9%)
- 60+: 732 (33.2%)

Gender and Ethnicity

Sixty-five percent of Texas psychiatrists are male. Ethnicity distribution is as follows:

- White: 68.6%
- Black: 3.6%
- Hispanic: 11.3%
- Asian/Pacific Islands: 16.2%
- Am. Indian/Alaska National: 0.3%

Geographic Distribution

Since 1996, psychiatrists are located in 14 more counties in Texas.

County	2006	1996	County	2006	1996	County	2006	1996	County	2006	1996	County	2006	1996
Anderson	2	2	Collin	64	25	Grimes	1	0	Lampasas	1	0	Starr	1	0
Angelina	3	7	Colorado	1	0	Guadalupe	4	2	Lavaca	2	1	Tarrant	116	125
Aransas	2	0	Comal	8	7	Hale	1	1	Llano	1	1	Taylor	9	9
Atascosa	0	1	Cooke	1	0	Hamilton	1	0	Limestone	1	0	Titus	1	0
Bandera	3	0	Coryell	0	2	Hardin	0	1	Lubbock	36	32	Tom Green	15	11
Bastrop	4	0	Dallas	361	341	Harris	475	481	Marion	2	2	Travis	204	177
Bee	0	1	Denton	26	11	Harrison	1	1	Matagorda	0	1	Tyler	1	1
Bell	36	33	Ector	4	6	Hays	11	10	McLennan	25	28	Val Verde	1	1
Bexar	270	228	El Paso	37	49	Henderson	3	2	Midland	12	9	Van Zandt	2	0
Blanco	0	1	Ellis	3	0	Hidalgo	17	13	Montgomery	25	9	Victoria	5	12
Bowie	6	1	Erath	1	0	Hood	0	1	Nacogdoches	6	6	Walker	3	1
Brazoria	15	7	Falls	1	0	Howard	7	11	Nueces	21	24	Washington	1	0
Brazos	10	11	Fannin	2	0	Hunt	3	2	Orange	1	0	Webb	4	6
Brewster	1	0	Fayette	0	1	Jefferson	25	28	Parker	6	0	Wichita	27	27
Brown	2	2	Fort Bend	43	22	Jim Wells	1	0	Potter	14	23	Wilbarger	6	7
Burnet	1	0	Frio	1	0	Johnson	6	2	Randall	4	0	Williamson	20	10
Caldwell	1	1	Galveston	56	59	Kaufman	10	11	Robertson	0	1	Young	1	0
Cameron	11	10	Gillespie	1	1	Kendall	7	5	Rockwall	7	6			
Cherokee	14	9	Grayson	6	8	Kerr	15	17	Shelby	1	2			
Coleman	0	1	Gregg	10	7	Lamar	3	3	Smith	27	23			

Release of Medical Records

continued from page 1

- requested, certifying that the information is a true and correct copy of the records, a reasonable fee of up to \$15 may be charged for executing the affidavit. A physician may charge separate fees for medical and billing records requested. The fee may not include costs associated with searching for and retrieving the requested information.
- (2) A reasonable fee, shall include only the cost of:
- (a) copying, including the labor and cost of supplies for copying;
 - (b) postage, when the individual has requested the copy or summary be mailed; and
 - (c) preparing a summary of the records when appropriate.
- (f) Emergency Requests. The physician providing copies of requested medical and/or billing records or a summary or a narrative of such records shall be entitled to payment of a reasonable fee prior to release of the information unless the information is requested by a licensed Texas health care provider or a physician licensed by any state, territory, or insular possession of the United States or any State or province of Canada if requested for purposes of emergency or acute medical care.
- (g) Non-emergent Requests. In the event the physician receives a proper request for copies of medical and/or billing records or a summary or narrative of the records for purposes other than for emergency or acute medical care, the physician may retain the requested information until payment is received. If payment is not routed with such a request, within ten calendar days from receiving a request for the release of such records, the physician shall notify the requesting party in writing of the need for payment and may withhold the information until payment of a reasonable fee is received. A copy of

the letter regarding the need for payment shall be made part of the patient's medical and/or billing record as appropriate.

- (h) Improper Withholding for Past Due Accounts. Medical and/or billing records requested pursuant to a proper request for release may not be withheld from the patient, the patient's authorized agent, or the patient's designated recipient for such records based on a past due account for medical care or treatment previously rendered to the patient.
- (i) Subpoena Not Required. A subpoena shall not be required for the release of medical and/or billing records requested pursuant to a proper release for records under this section and the Medical Practice Act, §159.006, made by a patient or by the patient's guardian

or other representative duly authorized to obtain such records.

- (j) Billing Record Requests. In response to a proper request for release of medical records, a physician shall not be required to provide copies of billing records pertaining to medical treatment of a patient unless specifically requested pursuant to the request for release of medical records.
- (k) Prohibited Fees for Records Released Related to Disability Claims. The allowable charges as set forth in this chapter shall be maximum amounts, and this chapter shall be construed and applied so as to be consistent with lower fees or the prohibition or absence of such fees as required by state statute or prevailing federal law. In particular, under §161.202 of the Texas Health and Safety Code, a

physician may not charge a fee for a medical or mental health record requested by a patient, former patient or authorized representative of the patient if the request is related to a benefits or assistance claim based on the patient's disability.

- (l) Applicable Federal Law. Whenever federal law or applicable federal regulations affecting the release of patient information are inconsistent with provisions of this section, the provisions of federal law or federal regulations shall be controlling, unless the state law is more restrictive/ stringent. Physicians are responsible for ensuring that they are in compliance with federal law and regulations including the Health Insurance Portability and Accountability Act (HIPAA) 45 C.F.R. Parts 160-164. ■

GOOD LAWYERS ARE NO JOKING MATTER

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George Dix and the Third Criterion

Spencer Bayles, MD

The Mental Health Code of the State of Texas has in the last 150 years shown slow evolutions that reflect the social and medical changes of the treatment of persons with mental illness.

The scandalous treatments of the mid 1800's included confinement of persons with mental illness in county poor farms where part of the expense of care was raised by charging citizens a fee to come and look at the crazy inmates. Admission of persons with mental illness to such horrors was often simply on the complaint or signature of an angry spouse, invariably male.

When the Texas constitution was written in the 1870's efforts to correct such abuses were made by forbidding involuntary care until the evidence of mental illness could be presented to a judge and jury. A decision could then be made in open court that the person was truly mentally ill and confinement ordered in a fair and objective fashion.

Over the years the numbers of persons requiring treatment burdened the courts and the process became routinized, casual and questionable. I have heard stories that in Galveston where a state mental facility was located there were a crowd of loafers lounging around the courthouse steps, readily available to earn a few dollars by responding to the call for jury duty to commit the next group of prospective insane inmates.

As the population increased the numbers of mentally ill persons increased. No effective treatments were available. The only intervention was custodial confinement until the sufferer died or made an unexpected spontaneous recovery. Since this was all that could be done this is all that was done. The taxpayers made sure that the smallest appropriations possible were invested in this necessary but apparently hopeless public responsibility.

In the early twentieth century a few private hospitals began to be established for the care of persons whose families were wealthy enough to pay for decent care. Such private hospitals included efforts to provide new treatments that claimed to be effective. Examples were the Chestnut Lodge in Towsund Maryland, Institute of Living in Connecticut, Timberlawn in Dallas, Texas, Menningers in Topeka Kansas, and a few others.

Many came to notice the contrast between decent care and custody. Journalists, novelists, as well as psychiatrists tried to educate the public to "The Shame of the States" as Albert Deutsch put it.

By the 1940's and 50's new treatments were being discovered and made available. Texas responded to the new reality by amending its constitution in mid 1950's to drop the requirement of a jury trial to convict a person of mental illness in order to require treatment. In its place was a legislatively adopted Mental Health Code that prescribed a better defined, more humane, more sensitive, less public process to require commitment to inpatient treatment. A prospective patient must be examined by two physicians,

psychiatrists if available. Their findings were presented to a Probate Judge who could then order 90 days of hospital treatment. (subsequently, up to a year if patient had not improved) The criteria that must be met for such commitment were "A. The examined person is mentally ill, and B. as a result of that illness is likely to cause serious harm to himself or others." (Sec.574.011)

In the mid 1980's there was concern among mental health advocates that the criteria for commitment to mental hospitals were too strict or limiting.

Involuntary hospitalization could only be accomplished if a judge was convinced that a person was dangerous to himself or others and that this danger had been demonstrated by recent overt acts.

What seems to be needed now is a method, or authorization, or procedure to require continuation of a effective medication, even over the patient's objection.

Advocates were aware that treatment advances at that time permitted much more effective treatments than had ever been available before. It was also true that mentally ill persons would often refuse the treatments that might help them.

The untreated mental illness frequently then became enough worse that harm to someone resulted. The reluctance of the sick person was also related to the reality that up to the then recent past the only "treatment" available was extended lock up in remote "lunatic asylums."

Helen Farabee of Wichita Falls, a prominent advocate for better treatment for persons with mental illness was appointed by the Governor to establish a committee to review the Texas Mental Health Code and make suggestions to the Legislature as to how the procedures could be improved. Helen had been President of the Mental Health Association of Texas, and it was no handicap that her husband was a senior member of the Texas Senate.

I was honored to serve on Mrs. Farabee's Committee. I was asked to chair a subcommittee to make recommendations on the wording of criteria used to determine whether a person should be committed to involuntary care.

We appreciated the appointment of Professor George Dix to our subcommittee. Professor Dix was (and still is) on the faculty of the UT School of Law. Professor Dix had shortly before that time completed and published a study of the commitment laws of all the 50 states. He was said to have concluded that nearly all such laws involved unconstitutional deprivation of freedom. He made clear to the committee his opinion that Texas law was already as severe as the constitution would allow.

The other committee members argued the law was too rigid or too limited to protect persons whose illness was progressing and were likely to become dangerous and do harm to themselves or others.

Professor Dix finally conceded that it might be possible to devise a new criterion that could meet constitutional requirements. With this concession, the committee asked Professor Dix to see if he could draft a proposal that would pass constitutional muster. He reluctantly agreed to make the attempt.

As we ascended the stairs from the subcommittee meeting room to the large meeting area for the full committee, I overheard Professor Dix grumble to one of his friends, "I thought we came here to get rid of involuntary or forced treatment."

At the next meeting of the subcommittee, Professor Dix dutifully presented his proposal.

"or is (i) suffering severe and abnormal mental, emotional, or physical distress, (ii) experiencing substantial mental or physical deterioration of his ability to function independently, which is exhibited by the proposed patient's inability, except for reasons of indigence, to provide for the proposed patient's basic needs, including food, clothing, health or safety; and (iii) not able to make a rational and informed decision as to whether to submit to treatment."

I quickly asked if there was a motion to adopt his proposed wording. It was so moved. A second to the motion immediately followed. I think it is possible that I did not ask for discussion of the motion, since the issues had already been discussed at great length.

So I immediately asked for a vote. There were all ayes and no nos. There was no further business for the subcommittee so we carried the proposed wording to the full committee.

The wording was adopted by the full committee and transmitted to the Legislature where it was enacted into law. (see section 574.011(7)(B)(i))

(7) (A) the examined person is mentally ill; and (B) as a result of that illness is likely to cause serious harm to himself or to others or is:

- (i) suffering severe and abnormal mental, emotional, or physical distress;
- (ii) experiencing substantial mental or physical deterioration of his ability to function independently, which is exhibited by the proposed patient's inability, except for reasons of indigence to provide for the proposed patient's basic needs, including food, clothing, health or safety; and
- (iii) not able to make a rational and informed decision as to whether to submit to treatment.

Professor Dix had proposed the wording that made possible a relaxation of legal barriers to involuntary hospital care in spite of his objections to the very idea



Spencer Bayles, MD

of involuntary care of any kind.

It was interesting to me several days ago when I read a letter by Professor Dix to the editor of the Austin American Statesman criticizing the Andrea Yates decision.

A woman with an obvious severe mental illness killed her children. She was following the threats and dictates of the delusions of her mental illness, in spite of her knowledge that her actions were against written law.

Professor Dix argued in the Letter to the Editor that the written law should be some how changed so that such persons should be assigned to a mental hospital rather than to a prison.

Is Professor Dix now arguing for a return to the method of requiring a jury trial for involuntary hospitalization after the fact of harm being done to self or others?

Following the passage of the Third Criterion nothing much changed. Probate Judges mostly continue to use the first two criteria of danger to self or to others. Reports from psychiatrists across the state suggest that judges seemed more comfortable with old precedents than with new law. At the same time continuing improvement in the effectiveness of new medications has reduced the need for hospital treatment of persons with mental illness, whether involuntary or voluntary.

A related problem persists. The unwillingness of persons to continue taking medicines that control the symptoms of their mental illnesses. The sequence has become: "I feel much better;" "I don't have the fears, the moods or the crazy ideas I used to have;" "I am now recovered so there is no need for me to continue taking these medicines." Result = Relapse.

What seems to be needed now is a method, or authorization, or procedure to require continuation of a effective medication, even over the patient's objection. This has been widely done for decades by Public Health Services in cases of tuberculosis.

This might not be necessary if we knew how to cure mental illness, but this time has not yet arrived. Meanwhile the world seems a better place than it was when extended asylum confinement was the only treatment for persons with mental illness. And especially when that need for extended confinement was often determined by a jury trial in a court of law or even by a distressed family member. ■



Foundation Appreciates Your Support

Edward L. Reilly, MD, Chairman, Texas Foundation for Psychiatric Education and Research



Edward L. Reilly, MD

The Texas Foundation for Psychiatric Education and Research concluded its 2005 Annual Campaign on December 31 with excellent results...thanks to the financial support of Texas Psychiatry. Annual Campaign 2005 received \$18,495 in charitable contributions, adding to the Foundation's total charitable giving of \$279,164. Through 2005, the Foundation has awarded 83 grants amounting to \$114,809 supporting the following purposes of the Foundation:

- Public Education/Advocacy - 58%
- Professional Education - 36%
- Research - 6%

TSPP members have accounted for 58.2% of donations since the Foundation began receiving contributions in 1993:

- TSPP Members - 58.2%
- Academy Members - 0.1%
- Individuals - 13.0%
- Business - 9.7%
- Foundations - 14.8%
- Organizations - 4.1%

The geographic distribution of contributions to the Foundation have been diverse:

- Houston - 17.7%
- Southeast Texas - 4.3%
- East Texas - 5.1%
- North Texas - 15.5%
- Heart of Texas - 0.7%
- Austin - 24.5%
- Bexar County - 15.6%
- West Texas 6.4%
- South Texas - 0.1%

- El Paso - 3.1%
- Tarrant - 3.5%
- Brazos Valley - 0.0%
- Corpus Christi - 0.4%
- Red River - 0.0%
- Victoria - 0.2%
- Lone Star - 0.5%
- Galveston-Brazoria - 0.6%
- Panhandle - 0.4%
- Out of State - 1.6%

To help recognize the participation of individuals, corporations, organizations and foundations who support the Foundation,

the Foundation has established Donor Recognition Designations, as follows:

Chairman's Club: Honors and recognizes friend of the Foundation who contribute or pledge a cumulative sum of \$10,000 or more.

Founder's Circle: Honors and recognizes donors who contribute a cumulative sum of \$2,500 or more during the first five Annual Campaigns.

Club 2000: To help launch the Foundation into the 21st Century, the Foundation will recognize donors who contribute at least \$2,000 from 1999 through 2003.

Foundation Associates: Recognizes

friends who donate \$500 or more during an Annual Campaign.

Foundation Advocates: Recognizes contributors who donate \$100 or more during an Annual Campaign. ■

The Foundation proudly acknowledges the following donors for their support of the Foundation's Annual Campaign 2005:

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CALENDAR OF MEETINGS

MARCH

25 TSCAP "Delivering Quality Health Care to Texas Foster Children: The New Roles of Physicians and the State after Legislative Reform"
6 Hours Category 1 Credit
Radisson Hotel and Suites, Austin, TX
For more information, contact Debbie Sundberg 512/478-0605

APRIL

22-23 TSPP Committee & Executive Council Meetings CME Program: "Mood Disorders - Update 2006"
2 Hours Category 1 Credit
Omni Austin Hotel, Downtown, Austin, TX
\$139 Room Rate Prior to March 31 / 1/800/843-6664 -
Refer to the group and meeting name
(Texas Society of Psychiatric Physicians) for discounted rate
For more information, contact Debbie Sundberg 512/478-0605

MAY

5 TMA Section on Psychiatry Program "Women and Mental Health Over the Life Cycle"
George R. Brown Convention Center, Houston, TX
\$152 Room Rate Prior to April 7 / Hilton Americas-Houston 1/800/HILTONS
For more information, contact TMA or visit www.texmed.org

JULY

28-30 TSCAP "Treating the Consequences of Trauma and Other Disorders"
8 Hours Category 1 Credit
Omni Corpus Christi Hotel, Corpus Christi, TX
\$125 Single/Double; \$135 Triple/Quad Rate Prior to July 14 1/800/843-6664
Refer to the group and meeting name
(Texas Society of Child and Adolescent Psychiatry) for discounted rate
For more information, contact Debbie Sundberg 512/478-0605

AUGUST

12-13 Federation Mental Health Advocacy Conference
Westin La Cantera Resort, San Antonio, TX
\$179 Room Rate Prior to July 12 / 210/558-6500 or 800/228-3000
Refer to the group and meeting name
(Texas Society of Psychiatric Physicians) for discounted rate

NOVEMBER

3-5 TSPP's 50TH ANNIVERSARY GALA
Annual Convention & CME Scientific Program
Westin Galleria Hotel, Dallas, TX
\$139 Room Rate Prior to October 12 / 972/450-2954 or
1/888/627-8536 Refer to the group and meeting name
(Texas Society of Psychiatric Physicians 2006 Annual Convention)
For more information, contact: Debbie Sundberg 512/478-0605



FEDERATION OF TEXAS PSYCHIATRY

The Federation was established on July 1, 2004 with the following purposes:

- to promote the common professional interests of psychiatrists;
- to facilitate the coordination of and work in concert with state professional psychiatric associations and state professional subspecialty psychiatric associations, to unify programs that advance public and professional education and advocacy for psychiatry and persons with psychiatric illnesses;
- to provide centralized services to state professional psychiatric associations and state professional subspecialty psychiatric associations;
- to make psychiatric knowledge available to other practitioners of medicine, to scientists, and to the public; and,
- to promote the best interests of patients and those actually or potentially making use of mental health services.

The TEXAS PSYCHIATRIST is published 5 times a year in February, April, June, August, and October. Members of Federation member organizations are encouraged to submit articles for possible publication. Deadline for submitting copy to the Federation Executive Office is the first day of the publication month. Copy must be edited, acceptable for publication.

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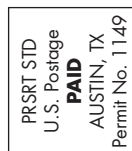
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