

could reasonably conclude, without speculation, that prompt treatment could have prevented the extent of her deterioration.

The Minnesota Supreme Court reversed the court of appeals' decision and remanded the case to the district court for further proceedings.

#### Discussion

The ruling in *Rygwall* has crucial implications for forensic psychiatrists and psychiatric practice. The Minnesota Supreme Court's decision underscores that the standard of care in group homes and similar facilities may include a prompt response to medical emergencies, especially when caring for patients with complex conditions like nonverbal status or seizure risks. This might extend to psychiatric conditions like catatonia and negative symptoms of schizophrenia. This case serves as a reminder of the legal duty to follow medical protocols and the potential consequences of failing to do so.

A key point from this ruling is the state supreme court's clarification of the essential components to establish causation. In this case, the court affirmed that a well-constructed affidavit, such as Dr. Keeperman's, can be used as evidence of causation in complex medical situations, making it understandable to a jury of laypeople. For forensic psychiatrists, this emphasizes the need for expert testimony to explain the "how" and "why" of causation in an accessible and clear manner. This clarity is vital in cases involving psychiatric patients, where nuances in medical care can be more difficult to interpret.

Furthermore, the court's ruling reinforces the role of the trier of facts in assessing causation in medical negligence cases. By sending the case back to the district court, the state supreme court indicated that the lower court can weigh complex medical facts, provided they are presented in a comprehensible manner. This is especially relevant in psychiatric care, where medical decisions often involve complex risk assessments (e.g., how well a patient with catatonia might demonstrate distress). For forensic psychiatrists serving as experts, it is crucial to bridge the gap between specialized knowledge and lay understanding, ensuring that complex medical-legal concerns are communicated effectively. Interestingly, in this case, Ms. Rygwall's care was delayed because staff accessed the internet to seek out nearby facilities that accept her insurance rather than calling 911. In the future, technology, including artificial intelligence (AI), may further expand access to health care information,

potentially empowering providers to make informed decisions. But this must be weighed against the risk of delaying urgent in-person care, underscoring the importance of striking a balance between information seeking and immediate medical intervention.

Overall, *Rygwall* is a reminder for care facilities to act promptly in emergencies, especially for vulnerable populations. It should also remind forensic psychiatrists of their role in advocating for the importance of clear expert testimony in medical malpractice cases. This ruling may lead to changes in protocol and heightened legal vigilance within psychiatric care settings, whether in state psychiatric hospitals, long-term care facilities, or prisons.

## Definition of Medical Records

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## Video Footage of a Patient Encounter Can be Considered Medical Records Under PAIMI Act

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**Key words:** HIPAA; patient privacy; PAIMI Act; medical records

In *Disability Rights Texas v. Hollis*, 103 F.4th 1058 (5th Cir. 2024), Houston Behavioral Healthcare Hospital refused to produce video records for a protection and advocacy (P&A) organization investigation on the basis that it needed to protect the confidentiality of other patients and the video did not constitute a medical record. The United Protection for Individuals with Mental Illness (PAIMI) Act and disclosure was not in violation of the Health Insurance Portability and Accountability Act (HIPAA) under the "as required by law" exception.

#### Facts of the Case

In August 2021, patient G.S. was involuntarily detained in the Psychiatric Intensive Care Unit at

Houston Behavioral Healthcare Hospital (Houston Behavioral). After his discharge, G.S. submitted a complaint to Disability Rights Texas (DRTx), an advocacy organization designed to protect the rights of people with mental illness pursuant to the PAIMI Act (42 U.S.C. § 10801 (2024)). G.S. alleged he was abused at the hospital. He signed a medical record release waiver, and DRTx requested all records from G.S.'s involuntary hospitalization at Houston Behavioral. Although they were compliant with DRTx's first request, Houston Behavioral refused to provide additional information thereafter, including a request for surveillance video footage of G.S.'s hospitalization. Houston Behavioral claimed that the presence of substance use disorder (SUD) treatment information prohibited them from releasing the video records. In response, DRTx claimed that patient G.S. did not receive SUD treatment during his psychiatric hospitalizations nor was he considered a patient with SUD. DRTx also argued that a patient with SUD would not be identifiable on a video recording. Despite these arguments, Houston Behavioral continued to refuse access to video records, which subsequently led to DRTx's filing a suit against Roy Hollis, the Chief Executive Officer of Houston Behavioral, and seeking declaratory and permanent injunctive relief. Following a motion hearing in February 2023, the District Court of the Southern District of Texas granted summary judgment allowing DRTx access to limited footage related to G.S.'s allegations. The court denied Mr. Hollis' motion, after which he appealed.

#### Ruling and Reasoning

The court of appeals affirmed the district court's ruling that DRTx has the authority to obtain the video records. The decision was rooted in the plain language and purpose of the PAIMI Act, which grants such authority, and is consistent with HIPAA privacy protections (45 C.F.R. § 164.502 (2024)). The court identified DRTx as a P&A organization, which describes state-designated nonprofits created to protect and advocate for the civil rights of people with disabilities.

The court disagreed with Houston Behavioral's argument that the video cannot be disclosed because the video is not part of a medical record and other patients may unknowingly be visible, in violation of HIPAA. The court found the language of the PAIMI Act has been consistently read to provide

P&A organizations with broad access to records. Therefore, blocking DRTx from the video would hinder the organization's broad investigative powers, and the court found the plain reading of medical record to include the requested video records.

Houston Behavioral described the consequences of disclosing the video as a violation of HIPAA, which would subject it to penalties. The privacy of an individual's health records is governed by HIPAA and the Privacy Rule, forbidding disclosure of protected health information (PHI) unless such disclosure is required or authorized by law. The court found that HIPAA is not violated when video records containing third-party patients are released to P&A organizations. The Privacy Rule also permits a covered entity to disclose PHI without the authorization of the individual, to the extent it is required by law and complies with 45 C.F.R. § 164.512(a) (2024).

The court also enforced that Health and Human Services' longstanding interpretation of the required by law exception reinforces the conclusion that health care providers face no liability under HIPAA when they comply with a P&A organization's request for access under the P&A acts. In further analyzing the HHS Privacy Rule, the court explained where the release of records is specifically allowed under the PAIMI Act. HIPAA does not bar disclosure based on the "as required by law" exception. Despite the video footage classification of PHI, which HIPAA generally restricts, the required by law exception permits its disclosure. The court found that health care providers may disclose an individual's PHI without consent, to the extent some disclosure is required by law.

#### Discussion

*Disability Rights Texas v. Hollis* has significant implications for forensic psychiatrists, particularly in the realm of access to medical records. Forensic psychiatrists often assess the quality of care provided in institutional settings and rely on comprehensive records to form opinions. The case affirms an expanded understanding of what may be deemed as a medical record. That is, a patient's medical record is not solely what is entered into the patient's chart. Although the video was not explicitly considered by health care providers to be part of any individual's medical record, the recordings did include documentation of a patient in a health care facility and thus are necessary for a P&A group to complete

an investigation. Forensic psychiatrists must be aware of what constitutes relevant documentation for forensic evaluations, as the court emphasized that not only traditional medical notes but also video evidence can play a role in determining the facts surrounding a patient's care and treatment. Although traditional notes record clinician patient encounters, video footage may provide critical information that either corroborates or contradicts other forms of documentation, enhancing the validity of an opinion. This case highlights the role that video records may play in psychiatric evaluations, especially in cases involving allegations of abuse, neglect, or substandard care.

This case also addresses the scope of the required by law HIPAA exception, finding that health information may be disclosed in an instance where other statutory authority requires it, even if that health information involves video of patients who did not consent to its release. This provides clarity for psychiatrists striving to balance protecting third-party patient privacy while fulfilling legal obligations.

## Limitations on Competency Evaluation Requests

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### Courts May Order More Than One Competency Evaluation; Involuntary Hospitalization Length Must Remain Limited

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**Key words:** competency; involuntary commitment; hospitalization limits

In *United States v. Alhindi*, 97 F.4th 814 (11th Cir. 2024), the U.S. Court of Appeals for the Eleventh Circuit ruled that the statute governing mental competency to stand trial does not limit the timing

or frequency of competency proceedings. The district court was within its authority to order more than one competency examination. Additionally, the government's request for an additional examination did not violate the statutory four-month limit on involuntary hospitalizations.

#### Facts of the Case

In May 2022, Haitham Yousef Alhindi was arrested on charges of cyberstalking. Mr. Alhindi was detained pretrial because of the perceived danger he posed to the community. On July 14, 2022, the court approved defense counsel's request for a competency evaluation. But initial evaluation efforts were delayed because of COVID-19 quarantine protocols at the Bureau of Prisons facility, missing the court's deadline. After undergoing an expedited evaluation, Mr. Alhindi had a competency hearing on November 28, 2022, where he was found incompetent to proceed. The court issued a commitment order to treat Mr. Alhindi to restore his competency. On or around February 28, 2023, the Bureau informed the court that they had not been able to hospitalize Mr. Alhindi. The court again ordered the Bureau to hospitalize Mr. Alhindi in compliance with the first commitment order. On March 2, 2023, the chief of the Bureau's Psychological Evaluations Section filed a letter with the court stating that Mr. Alhindi was not exhibiting any signs of mental illness and recommended another competency evaluation. Overruling defense counsel's objection, the court ordered a second competency evaluation. During the second competency hearing on April 10, 2023, Mr. Alhindi was again found incompetent. The court issued a second commitment order. Mr. Alhindi was hospitalized on June 21, 2023, under the second commitment order. Three and a half months later, the Bureau issued a report concluding that Mr. Alhindi remained incompetent but that he could attain competency through further treatment.

Mr. Alhindi appealed the denial of his motion to dismiss the second commitment order, arguing that his time spent in prehospitalization detention violated due process rights, as commitment is statutorily limited to four months unless the court finds there is substantial probability that further hospitalization will allow the defendant to attain capacity to proceed.

#### Ruling and Reasoning

The Eleventh Circuit Court ruled that the statute governing the determination of mental competency,