HiLL PUBLISHING

Scientific Access, 2026, 2(1), 14-23
https://www.hillpublisher.com/journals/sa/
ISSN Online: 3068-7500

Confidentiality at the Crossroads: Legal and Psychological Perspectives on Privacy and Ethics

Ogochukwu C. Nweke[1,*], Evelyn Owusu[2]

[1]School of Business, Leadership and Legal Studies (SBLL), Regent University College of Science and Technology, Accra DS 1636, Ghana.
[2]Department of Human Development and Psychology, Regent University College of Science and Technology, Accra DS 1636, Ghana.

How to cite this paper: Ogochukwu C. Nweke, Evelyn Owusu. (2026) Confidentiality at the Crossroads: Legal and Psychological Perspectives on Privacy and Ethics. *Scientific Access*, 2(1), 14-23.
DOI: 10.26855/sa.2026.03.002

Received: December 31, 2025
Accepted: January 30, 2026
Published: March 2, 2026

[*]**Corresponding author:** Ogochukwu C. Nweke, School of Business, Leadership and Legal Studies (SBLL), Regent University College of Science and Technology, Accra DS 1636, Ghana.

© 2026 by the author(s).
This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution-NonCommercial-NoDerivatives (CC BY-NC-ND) license, which permits non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited and is not modified or adapted.
https://creativecommons.org/licenses/by-nc-nd/4.0/

Abstract

This study explores the ethical and legal aspects of maintaining and violating confidentiality and privacy. The study employed the systematic literature review (SLR) approach. The authors searched for articles from relevant databases such as PsycINFO, Scopus, Web of Science, and Google Scholar. Suitable studies were selected through the application of established inclusion and exclusion criteria. In the end, 15 studies published between 2015 and 2025 were included in the final review. The findings of the review show that although confidentiality is regarded as a fundamental rule of professional conduct, it is far from absolute. The research portrays it as a negotiated practice under pressures of conflicting sorts. The emerging themes include legal and ethical dilemmas of law in confidentiality, trust, and professional duty, technological issues and cyber confidentiality, system and institutional defects, and confidentiality within sensory spaces. The study concludes that professionals continue to find it difficult to handle confidentiality and privacy within the dictates of law and ethics. However, researchers have barely explored how professionals conduct themselves or their practices when they find themselves in this conflicting situation. The study concludes that the main task for researchers, practitioners, and policy makers is how to reconcile law, ethics, and professional practice so that confidentiality can be a legal obligation and a moral assurance.

Keywords

Confidentiality; Ethics; Legal frameworks; Privacy; Psychological perspective

1. Introduction

Psychologists find it difficult to decide whether to keep confidentiality in therapeutic relationships [1]. This is owing to the fact that, on the one hand, the revelation of material or information that should remain confidential risks exposing them to possible claims in law for negligence, breach of contract, or breach of confidence, and professional conduct complaints. But in other situations, there is a legal and/or ethical duty on psychologists to reveal. Not disclosing such information under such situations will likely be actionable under the law of non-disclosure, as well as more likely to be perpetrating a serious offense, injuring oneself, or injuring others. The purpose of this study is to analyze the ethical and legal aspects of maintaining and violating confidentiality and privacy.

Privacy and confidentiality of the patient are two of the most important aspects of health care and psychotherapy that assist in maintaining patients' rights and dignity. Confidentiality refers to the protection of personal and sensitive information shared between patients or clients and their healthcare providers, while patient privacy refers to the patient's right to control and safeguard their personal health information [2]. Confidentiality is an age-old professional

ethical precept since time immemorial, founded on principles such as the Hippocratic Oath in which confidentiality was valued as an essential to the formation of confidence in medicine [3]. The professional duty of confidentiality has been formalized and incorporated into professional codes such as the American Medical Association and the American Psychiatric Association over centuries, evidencing its maintenance of patient dignity and the sanction of therapeutic relationships [4]. Privacy refers to 'the right to be left alone', and has been highlighted as a basic human right of individuals [5]. Privacy in healthcare and psychotherapy implies that patients or clients should have control over how their medical and mental records are used through the provision of consent [6]. Patients also have the right to access and correct their personal information as it appears in Electronic Health Records (EHRs). In this context, privacy is patients' personal right to have full control of their data [7].

Privacy and confidentiality may vary, although they are intrinsically and profoundly interconnected. Generally, privacy establishes a boundary on the encroachment of patient confidentiality by other entities. Lamont-Mills et al. assert that it is the responsibility of these psychotherapists and health care professionals to define this boundary [8]. In addition, it is essential to examine the physical environment surrounding the patient and their body, establishing a context in which their secrets or information are adequately safeguarded. According to Salles & Castelo, privacy encompasses an individual's right to intimacy and the restriction of third-party access to their mental or physical self through physical interaction or the revelation of personal thoughts and emotions [9]. Confidentiality and patient privacy constitute two of the primary ethical responsibilities in the psychological profession. They govern the relationship between patients and psychotherapists, which is most important in promoting trust, respect, and professionalism in the clinical setting [10]. The ethical basis of client confidentiality and privacy stems from respect for autonomy, which holds that individuals have a right to autonomous decisions regarding their health care [11]. These two aspects of beneficence and non-maleficence are also the pillars of privacy and confidentiality. These aspects require psychological professionals to act in the best interests of their clients and never cause harm to them.

While confidentiality and privacy of patients are of the highest importance, there are cases where patient data should be disclosed without permission. These include cases involving potential harm to the patient or others, legal demands for disclosure of certain details, or public health issues [12]. Healthcare and psychology practitioners have an ethical obligation to follow set norms and standards in a manner that patient information is communicated accordingly and with respect to the patient's best interests [13]. Ewuoso explained that confidentiality has been grounded in paternalistic models of care, yet cultural development toward autonomy and informed consent transformed expectations and called for a balance between respect for patients' rights and general ethical and legal responsibilities [14]. For example, USA federal laws like the Health Insurance Portability and Accountability Act of 1996 (HIPAA) create federal guidelines safeguarding confidential health information from release without a patient's authorization [15]. In addition, the Family Educational Rights and Privacy Act (FERPA) is legislation that provides parents with the right to inspect and review their children's education records, the right to attempt to have the records changed, and the right to have a degree of control over the release of personally identifiable information from the education records [16]. The Ghanaian government has legislations such as the Public Health Act, 2012 (Acts 846) demand the disclosure of certain information if it could cause harm to the public [17]. The European Union's General Data Protection Regulation (GDPR, 2016/679) also demands strict protection of patients' data but makes room for disclosure without consent under certain conditions [18]. Also, noted that the advent of digital technologies, big data, and artificial intelligence has also made confidentiality more difficult to guarantee in the context of introducing unauthorized access risks, re-identification risks, and algorithmic bias

This development makes services essential to create paradigms to balance legal imperatives with moral and psychological imperatives of privacy and confidentiality. In this regard, exposure across disciplines, policy flexibility, and a more refined ethics education are needed to allow professionals to be capable of managing confidentiality amidst emerging technology and sociocultural change. With this consideration, the present study conducts a systematic review of studies to examine the influence of law and psychology on the management of confidentiality and privacy in its quest to resolve conflict, determine best practice, and make evidence-based policy recommendations for the development of policy, education, and professional practice in ethically difficult situations.

2. Research Methodology

This systematic review examines the legal and ethical implications of both preserving and breaching confidentiality and privacy. The study followed established systematic review procedures, namely the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines [19]. The use of PRISMA was designed to enhance the transparency, methodological quality, and reproducibility of the findings of this review.

2.1 Data Search

The authors searched for relevant studies from several electronic databases, including PsycINFO, Scopus, Web of Science, and Google Scholar. These databases were consulted because they periodically publish updated and high-quality studies on legal and ethical principles in psychology and healthcare. The peer-reviewed articles between 2015 and 2025 were considered in the study, solely to ensure that the findings of this review reflect the current reality. The researchers utilized various combinations of the terms such as "privacy in healthcare", "patients' confidentiality", "ethical dilemmas of confidentiality", "confidentiality in psychotherapy", and confidentiality at the intersection of law and ethics". Further, Boolean operators (AND, OR) and truncation methods were employed to enable a complete and precise search of the available literature.

The researchers established inclusion and exclusion criteria to guide the selection of appropriate studies for the final review. With the inclusion criteria, this review included empirical research and theoretical integration that focused on confidentiality at the intersection of law and ethics. Also, all the studies included in this review were published in English. This is because the researchers could not read or understand other foreign languages; as such, they could not review studies published in other languages aside from the English language. However, the research excluded studies that were specifically addressing confidentiality with no reference to its intersection with law and ethics. Furthermore, studies in grey literature in the form of reports and unpublished materials were excluded from the analysis. Also excluded were non-peer-reviewed research to establish the validity and strength of the review process.

Employment of inclusion and exclusion criteria was useful in efficient screening and selecting studies of interest. The screening process began with reading through the titles and abstracts to assess the relevance of the studies based on pre-defined inclusion and exclusion criteria. The studies that passed the titles and abstract were further subjected to full screening based on the established inclusion and exclusion criteria. Screening and selection were done by two separate, independent assessors, and any disagreement was resolved by discussion or adjudication by a third assessor, thus reducing the risk of selection bias. Finally, fifteen studies were eligible to be included in the final review. Figure 1 provides a summary of the screening and selection process.

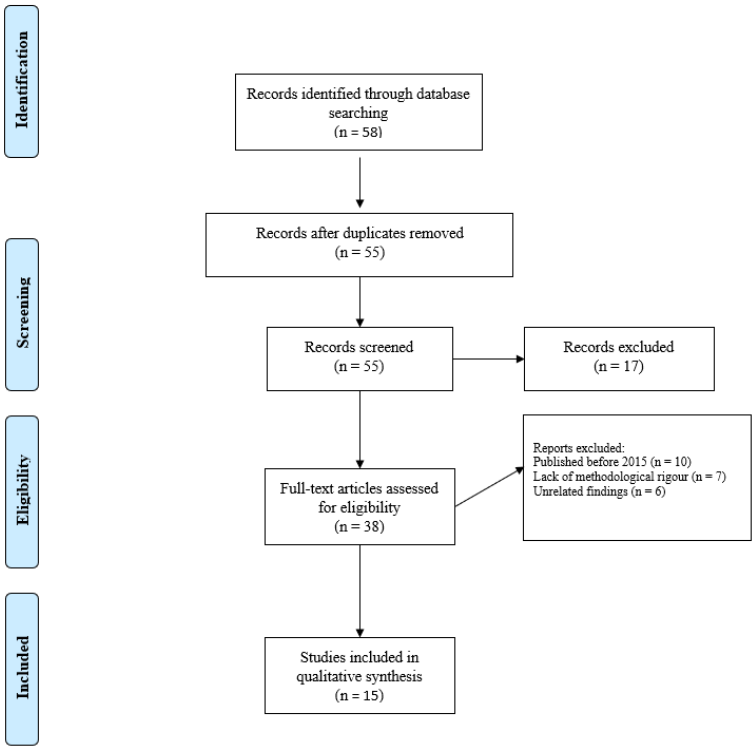

Figure 1. Flowchart of Identification, Screening, Eligibility, and Inclusion of Studies in the Systematic Review Following PRISMA Guidelines. (Source: Moher et al. [19])

A data extraction tool was designed in a standardized way to extract pertinent data from each of the eligible studies. The data extraction focused on components such as the author(s) and year of publication, purpose of the study, and methods applied (qualitative, quantitative, or mixed-methods), sample size and description, and primary findings of relevance. The data extraction table is shown in Table 1.

Methodological quality appraisal was performed with the use of design appropriate tools. Empirical qualitative studies were evaluated using the Critical Appraisal Skills Programme (CASP) checklist and quantitative and mixed-methods studies were evaluated using relevant Joanna Briggs Institute (JBI) critical appraisal tools. Conceptual, doctrinal and narrative reviews were appraised on the basis of clarity of objectives, coherence of argumentation, transparency of sources and relevance to the review question. Studies were categorised as High quality where methodological procedures were clearly described and limitations acknowledged; Moderate quality where analytical rigor was evident but methodological transparency was limited; and Low quality where substantial reporting deficiencies were observed. No study categorised as Low quality was included in the final synthesis.

Table 1. Data extraction

	Author (Year)	Country	Study Type	Sample/Population	Design/Method	Analysis	Quality*	Key Findings Relevant to Review
1.	Olorunfemi et al. [13]	Nigeria	Narrative Review	–	Literature review	Content analysis	Moderate	Breaches of confidentiality undermine trust and expose practitioners to legal consequences; emphasises balancing ethical and legal obligations.
2.	Afanasieva & Pimonov [20]	Russia	Doctrinal/Legal Analysis	–	Legal regulatory review	Thematic legal analysis	Moderate	Legislative frameworks insufficiently clarify confidentiality limits for psychologists; need statutory boundary definition.
3.	Esmaeilzadeh [2]	USA	Quantitative empirical	493 individuals aware of HIE	Cross-sectional survey	Structural Equation Modelling	High	Transparency of privacy policies predicts cognitive and emotional trust; trust increases willingness to share health data.
4.	Hattingh et al. [23]	Australia	Mixed-method	98 stakeholders (consumers, carers, professionals)	Survey + focus groups	Thematic + descriptive statistics	High	Pharmacy layout, workflow, and staff practices affect perceived confidentiality; structural design impacts trust.
5.	Keshta & Odeh [25]	Egypt	Narrative Review	–	Literature review	Thematic synthesis	Moderate	EHR systems face security and regulatory inconsistencies; harmonisation of standards needed.
6.	Aboujaoude [24]	USA	Conceptual/Ethical Review	–	Review of empirical + ethical literature	Narrative synthesis	Moderate	Privacy is foundational to psychological health; big data challenges traditional confidentiality protections.

Table 1 Continued

Author (Year)	Country	Study Type	Sample/Population	Design/Method	Analysis	Quality*	Key Findings Relevant to Review
7. Demers & Sullivan [30]	USA	Conceptual/Policy Review	–	Legal and ethical guideline review	Content analysis	Moderate	Electronic communication and social media create new confidentiality and boundary dilemmas in educational psychology.
8. Issa et al. [26]	UAE	Mixed-method empirical	562 nurses	Survey + focus groups	Descriptive + thematic	High	Major concerns: unauthorised access, weak training, administrative vulnerabilities in EHR systems.
9. Sabin & Harland [27]	USA	Conceptual/Ethical Analysis	–	Documentary review	Content analysis	Moderate	Digital psychiatry raises four ethical challenges including privacy, boundaries, and communication expectations.
10. Salles & Castelo [9]	Brazil	Bioethical Analysis	–	Documentary review	Normative analysis	Moderate	Confidentiality is rooted in trust but requires contextual judgment in sensitive mental health cases.
11. Fyanka & Ekpendu [31]	Nigeria	Doctrinal Legal Study	–	Legal analysis	Doctrinal method	Moderate	Weak enforcement and socio-economic barriers undermine patient confidentiality rights.
12. Oppong et al. [22]	Ghana	Qualitative empirical	20 clinical psychologists	Semi-structured interviews	Thematic analysis	High	Ethical dilemmas in minors, HIV disclosure, and marital counselling highlight tension between trust and legal duty.
13. Joseph et al. [21]	USA	Textbook Chapter/Legal Overview	–	Documentary review	Legal exposition	Moderate	HIPAA and Tarasoff redefine limits of confidentiality in psychiatric practice.
14. Barnett & Kolmes [28]	USA	Conceptual/Clinical Review	–	Case-based ethical analysis	Thematic legal-ethical review	Moderate	Tele-mental health requires revised confidentiality safeguards and cross-jurisdictional clarity.
15. Newaz et al. [29]	Global	Systematic Technical Review	–	Survey of security threats	Technical synthesis	High	Increasing digital complexity in healthcare devices heightens vulnerability to privacy breaches.

A narrative synthesis strategy was employed, given the expected heterogeneity in study designs and measurement methodologies. Synthesis of the findings was conducted thematically, with attention to individual-level psychological factors (including personality and motivational factors), team-level psychological processes (such as group cohesion and leadership factors), and the general organizational psychological environment (with innovation culture and support mechanisms).

3. Findings

The findings of the review have been categorized into six themes. These include legal and ethical dilemmas of law in confidentiality, trust, and professional duty, technological issues and cyber confidentiality, system and institutional defects, and confidentiality within sensory spaces. The number of studies reflecting these themes has been presented in Figure 2.

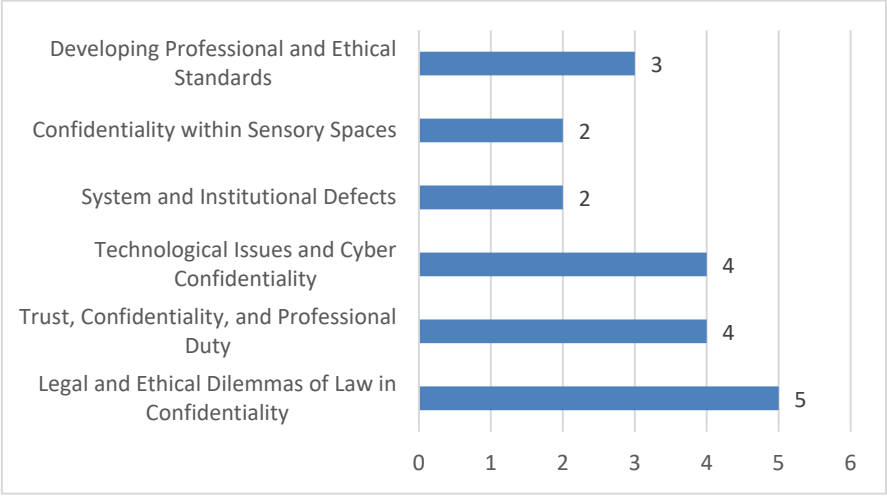

Figure 2. Number of studies reflecting each theme. (Source: Systematic Literature Review Table)

3.1 Legal and Ethical Dilemmas of Law in Confidentiality

Some studies in this review, including Olorunfemi et al. [13], Afanasieva and Pimonov [20], Joseph et al. [21], Salle and Castello [9], and Oppong et al. [22], all find dilemmas between formal legal requirements and ethical requirements when professionals deal with confidential data. Some examples are disclosure of HIV status, dealing with children's confessions, or violation of confidentiality in psychiatric therapy due to legal coercion such as HIPAA or Tarasoff orders.

3.2 Trust, Confidentiality, and Professional Duty

Authors, including Esmaeilzadeh [2], Hattingh et al. [23], Aboujaoude [24], and Salle and Castello [9] guarantee confidentiality as the cornerstone of trust in mental health care and health care systems. Violations of privacy caused by confidentiality or transparency lead to a decline in patient confidence, while compliance fosters the treatment process and cooperation to exchange sensitive information.

3.3 Technological Issues and Cyber Confidentiality

There exists irrefutable evidence [25-30], of issues caused by electronic health records, tele-mental health, communications, and medical devices. They include vulnerability to breaches, incoherence of standards, cyber-attacks, and crossed professional boundaries on the web.

3.4 System and Institutional Defects

Authors like Afanasieva and Pimonov [20], Fyanka and Ekpendu [31] blame shortcomings in or on absence of legislative bases, inadequately trained staff, and socio-economic status for being responsible for poor confidentiality.

Structural threats also arise as a side effect of organizational settings, such as hospitals or pharmacies, with laxity of organizational, process, or implementation of privacy protocols.

3.5 Confidentiality within Sensitive cases

Oppong et al. [22], Salle and Castello [9] explore how far confidentiality issues actually do arise, most importantly in terms of sensitive cases of marriage counseling, HIV notification, or psychiatric hospital practice. They are standard illustrations that the ethical rule of confidentiality depends on, wherein practitioners must balance client trust against damaging others or statutory mandates by law.

3.6 Developing Professional and Ethical Standards

Barnett and Kolmes [28], Demers and Sullivan [30], and Joseph et al. [21] disclose that emerging telehealth, education, and psychiatry spaces are prompting the re-engineering of confidentiality norms. Professional norms are being called upon to transition to cross-jurisdictional practice, cyber vulnerability, and professional boundary ambiguity while remaining loyal to essential privacy and trust tenets.

4. Discussion

The evidence indicates that practitioners have attempted to negotiate the dilemma between obligations of ethics and mandates of law. For example, Joseph et al. [21] reference how HIPAA and the Tarasoff ruling established the model for the violation of confidentiality in psychiatry when there exists a threat to safety. Likewise, Oppong et al. describe such conflict between HIV disclosure and marital counseling, where silence maintains client trust but revelation may save others from being harmed [22]. These are the scenarios that demonstrate the vulnerability of confidentiality as a finality and the fact that it is dependent on deeper societal responsibilities. The unresolved tension leads us back to asking: Does law regulate ethical practice, or does ethics dictate the application of law? The outcomes demonstrate that the professionals get caught up between the protection of the individual and serving collective security with indefinite mandates.

The conflicts that are faced in marriage counseling, child therapy, or HIV disclosure situations [9, 22] reflect the ethical continuum of confidentiality. These are not transgressions in a technical sense but agonizingly human conflicts where holding one's secret would ruin the other harmfully. These findings point towards the shades of gray in ethics, where absolute silence or disclosure does not give an entirely just remedy. This, therefore, means that confidentiality cannot be handled like a rule book that can be applied automatically; it takes contextual judgment and audacity. But professional practitioners are not given open channels where law is ambiguous or open to interpretation. Such subtle contexts therefore bear the edges of law and ethics, necessitating processes that offer finely nuanced case-by-case judgment without subjecting professionals to the mercy of their own views.

Using the data set, professional-patient trust is fostered through confidentiality. Esmaeilzadeh demonstrates how openness to privacy policy generates patients who are more cooperative with their secrets, demonstrating how perceived justice in privacy practice builds cooperation [2]. Hattingh et al. follow this by showing how intrusiveness in everyday life such as how pharmacy store layouts make conversations open, is eroding that trust [23]. Such research suggests that confidentiality is not just conformity to law but expression of ethical obligation in ways patients perceive as respectful. That is, confidentiality's symbolic function, a promise of safety and respect, may be as effective a safeguard as its statutory enforcement. Yet when it is violated, patients will completely abandon health or psychological care, illustrating the long-term public health costs of ethical violation [13]. Furthermore, literature evidence testifies to the way digitalization coumpunds the issues of confidentiality by increasing risks to confidentiality. Keshta and Odeh [25] and Issa et al. [26] refer to gaps in electronic health record systems where vulnerabilities and disparate policies offer loopholes. Sabin and Harland [27], Barnett and Kolmes [28] report the way electronic communication obscures professional boundaries, creating new ethical challenges in therapist-client relationships online. Newaz et al. [29] go a step further to illustrate how even medical equipment in hospitals can be susceptible to privacy breaches with the addition of software. These reports collectively add up to the reality that technology gets in the way of old-fashioned models of confidentiality: what used to be locked away in file cabinets now relies on encryption, algorithms, and control systems. This change demonstrates a lag in that ethical principles evolve more slowly than technological dangers. This leaves professionals in the precarious position of where legal protection and ethical principles are being unable to match the speed of innovation. Authors such as Barnett and Kolmes [28], Demers and Sullivan [30], and

Joseph et al. [21] discusses the evolutionary nature of confidentiality. Telehealth, cross-border practice, educational technologies, and e-psychiatry introduce totally new circumstances under which old rules do not apply. Professionals must reinterpret their responsibilities in the moment, negotiating boundaries in uncharted territory. This development makes two observations: first, that confidentiality is dynamic and needs constantly to adjust to emerging social and technological facts; second, that the ethical heart of confidentiality (trust, respect, and protection) should remain constant even when its applications evolve. In the absence of revised ethical and legal guidelines, professionals are in danger of overprotecting (and rationing care) or under protecting (and jeopardizing patients). The findings therefore suggest the future of confidentiality to hinge on the formulation of adaptable, forward-thinking standards brokering tradition and innovation.

Further, studies point out that threats to confidentiality are not a personal failure but an institutional and systemic one [20, 23, 30]. The weak legislation of Russian society [20] and the weak enforcement in Nigeria [30] put professionals at risk and patients at danger. Hattingh et al. illustrate how even the physical layout of pharmacies can threaten confidentiality, and that confidentiality is not merely located in codes of conduct, but also in organizational cultures and infrastructures [23]. What these findings imply is that confidentiality is an activity that is carried out collectively by everyone. It depends on systems, training, design, and policy consistency. Where these are not present, professionals have to improvise, and patients' rights may be undermined. The data indicate an alarming contradiction: confidentiality is offered as a professional duty, but institutions themselves do not create the conditions that render it possible to protect.

The conclusions show that confidentiality stands on the precarious crossroads of legal requirement, ethical obligation, contextual structure, and technological potential. Less an absolute standard than a negotiated one, one is constantly renegotiated to balance individual rights, collective preservation, and professional reputation.

5. Contribution to Literature

This review makes contributions to the interdisciplinary literature concerning confidentiality in three important ways. First, it brings together legal, psychological, technological and institutional perspectives in a single analytical framework, thus overcoming discipline-specific treatments of confidentiality. While previous research has focused on confidentiality as either a legal doctrine, a bioethical principle or as a technological vulnerability, this review shows that confidentiality functions as a negotiated obligation influenced on one hand by statutory mandates, and on the other hand, by professional ethics, institutional design and digital infrastructures.

Second, the findings clarify that contemporary threats to confidentiality are increasingly structural rather than merely individual. The evidence suggests that confidentiality breaches frequently arise from systemic regulatory gaps, inadequate training, technological fragmentation, and infrastructural weaknesses rather than solely from professional misconduct. This reframing shifts the scholarly emphasis from individual ethical failure to organisational and policy-level responsibility.

Third, this review underscores the dynamic change of the norms of confidentiality to respond to digital transformation. As telehealth, electronic health records and cross-jurisdictional practice gain traction, the traditional models of confidentiality based on static professional codes do not seem adequate. The synthesis therefore demonstrates the need for adaptive and forward looking regulatory and ethical frameworks that have the potential to reconcile technological innovation with lasting principles of trust and autonomy.

By describing confidentiality as a multi-level, context-sensitive, multi-dimensional concept located at the intersection of the legal, ethical, and technological changes, this review develops a more integrated understanding of the function of confidentiality in professional practice today.

6. Conclusion

This research explains how confidentiality, whilst everywhere seen as a fundamental rule of professional conduct, is far from absolute. The research portrays it as a negotiated practice under pressures of conflicting sorts. For instance, legal pressures sometimes compel revelation, ethical pressures impose trust and secrecy, technological advances that destabilize old protection, and structural loopholes that undermine enforcement. Transcending disciplines from medicine and psychiatry to schools and cyber communication workers routinely face situations in which confidentiality for one person puts another's safety at risk and in which flawed infrastructures of institutions expose practitioners to ambiguity. The findings indicate that confidentiality is not a monolithic command but a construable obligation subject

to situational judgment, facilitated by lucid guidance, education, and institutional change. In conclusion, the findings demonstrate that the true test is how to reconcile law, ethics, and professional practice so that confidentiality can be a legal obligation and a moral assurance.

To better safeguard confidentiality where law and ethics meet, governments need to simplify and harmonize legal frameworks, especially in such fields as mental health, telemedicine, and electronic health records, to cut down uncertainty and give clear direction to practitioners. Professional organizations need to revise codes of ethics to respond to arising challenges, such as divulging HIV status, confidentiality for children and adolescents, and web-based communication. Further, health centers and counseling units need to make commitments towards ongoing training that makes professionals competent and sensitive to deal with intricate confidentiality issues. At the institutional level, health and education departments need to develop infrastructure, implement privacy drills consistently, and establish supportive settings allowing confidentiality in practice. Additionally, policymakers and technology developers must make safety in electronic health systems, telemedicine portals, and medical devices their priority at least by implementing strong controls such as encryption, access controls, and audits. Finally, education in the public sphere is crucial so that patients and communities are informed of their right to confidentiality and enabled to make demands for accountability and actively engage to safeguard their own information.

References

[1] Kämpf A, McSherry B, Thomas S, Abrahams H. Psychologists' perceptions of legal and ethical requirements for breaching confidentiality. Aust Psychol. 2008;43(3):194-204. https://doi.org/10.1080/00050060802284268

[2] Esmaeilzadeh P. The impacts of the perceived transparency of privacy policies and trust in providers for building trust in health information exchange: an empirical study. JMIR Med Inform. 2019;7(4):e14050. https://doi.org/10.2196/14050

[3] Sidhu N, Srinivasraghavan J. Ethics and medical practice: Why psychiatry is unique. Indian J Psychiatry. 2016;58(Suppl 2):S199-202. https://doi.org/10.4103/0019-5545.196838

[4] Schatzberg AF, Nemeroff CB, editors. The American Psychiatric Association textbook of psychopharmacology. 5th ed. Washington, DC: American Psychiatric Publishing; 2017.

[5] Kayaalp M. Patient privacy in the era of big data. Balkan Med J. 2018;35(1):8–17. https://doi.org/10.4274/balkanmedj.2017.0966

[6] Kruse CS, Smith B, Vanderlinden H, Nealand A. Security techniques for the electronic health records. J Med Syst. 2017;41(8):127. https://doi.org/10.1007/s10916-017-0778-4

[7] Neves AL, Carter AW, Freise L, Laranjo L, Darzi A, Mayer EK. Impact of sharing electronic health records with patients on the quality and safety of care: a systematic review and narrative synthesis protocol. BMJ Open. 2018;8(8): e020387. doi:10.1136/bmjopen-2017-020387.

[8] Lamont-Mills A, Christensen S, Moses L. Confidentiality and informed consent in counselling and psychotherapy: A systematic review. Melbourne: Psychotherapy and Counselling Federation of Australia; 2018. p. 1-16.

[9] Salles AA, Castelo L. Privacy and confidentiality in the therapeutic process: Contributions from bioethics. Rev Bioética. 2023;31:e3340. https://doi.org/10.1590/1983-803420233340EN

[10] Roy S. Privacy prevention of health care data using AI. J Data Acquis Process. 2022;37:769-75.

[11] Jokinen A, Stolt M, Suhonen R. Ethical issues related to eHealth: An integrative review. Nurs Ethics. 2021;28(2):253-71. https://doi.org/10.1177/0969733020945765

[12] Rafique RM, Siddique MB, Owais F. A study on the perception and implementation of ethics in clinical practice. Pak J Ethics. 2022;2:48-53.

[13] Olorunfemi O, Oyegoke EO, Abiodun OO, Kunle-Abioye FB, Ayeni BA. Achieving a balance between ethical and legal obligations regarding confidentiality and patient privacy. Amrita J Med. 2024;20(3):90-3. https://doi.org/10.4103/amjm.amjm_7_24

[14] Ewuoso C. Patient confidentiality, the duty to protect, and psychotherapeutic care: Perspectives from the philosophy of ubuntu. Theor Med Bioeth. 2021;42(1):41-59. https://doi.org/10.1007/s11017-021-09545-0

[15] English A, Ford CA. The HIPAA privacy rule and adolescents: Legal questions and clinical challenges. Perspect Sex Reprod Health. 2004;36(2):80-6. https://doi.org/10.1363/psrh.36.80.04

[16] Bolshem Y, Manchester J. FERPA: Upholding nursing student privacy in clinical settings. Nurse Educ. 2025;50(3):171-2. https://doi.org/10.1097/NNE.0000000000001814

[17] Kpobi L, Kwakye-Nuako C, Gyimah L. Mental health law and practice in Ghana: An examination of the implementation of Act 846. In: McSherry B, Weller P, editors. Routledge Handbook of Mental Health Law. London: Routledge, 2023. p. 477-92.

[18] Timmers M, Van Veen EB, Maas AI, Kompanje EJ. Will the EU Data Protection Regulation 2016/679 inhibit critical care research? Med Law Rev. 2019;27(1):59-78. https://doi.org/10.1093/medlaw/fwy023

[19] Moher D, Liberati A, Tetzlaff J, Altman DG; PRISMA Group. Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. PLoS Med. 2009;6(7):e1000097. https://doi.org/10.1371/journal.pmed.1000097

[20] Afanasieva IV, Pimonov VA. Confidentiality as a principle of the activity of a practising psychologist: The current state of regulatory regulation and prospects. Psychol Law. 2023;13(2):143-52. https://doi.org/10.17759/psylaw.2023130211

[21] Joseph DI, Goldstein MM, Onek J. Confidentiality. In: Bloch S, Green SA, editors. Psychiatric ethics. 5th ed. Oxford: Oxford University Press; 2021. p. 237-277.

[22] Oppong VB, Osafo J, Ofori-Atta A. Ethical dilemmas in psychological services in Ghana: The views of clinical psychologists. Ethics Behav. 2022;32(3):273-84. https://doi.org/10.1080/10508422.2021.1895795

[23] Hattingh HL, Knox K, Fejzic J, McConnell D, Fowler JL, Mey A, et al. Privacy and confidentiality: Perspectives of mental health consumers and carers in pharmacy settings. Int J Pharm Pract. 2015;23(1):52-60. https://doi.org/10.1111/ijpp.12114

[24] Aboujaoude E. Protecting privacy to protect mental health: the new ethical imperative. J Med Ethics. 2019;45(9):604-7. https://doi.org/10.1136/medethics-2018-105313

[25] Keshta I, Odeh A. Security and privacy of electronic health records: Concerns and challenges. Egypt Inform J. 2021;22(2):177-83. https://doi.org/10.1016/j.eij.2020.07.003

[26] Issa WB, Akour IA, Ibrahim A, Almarzouqi A, Abbas S, Hisham F, et al. Privacy, confidentiality, security and patient safety concerns about electronic health records. Int Nurs Rev. 2020;67(2):218-30. https://doi.org/10.1111/inr.12585

[27] Sabin JE, Harland JC. Professional ethics for digital age psychiatry: Boundaries, privacy, and communication. Curr Psychiatry Rep. 2017;19(9):1-7. https://doi.org/10.1007/s11920-017-0815-5

[28] Barnett JE, Kolmes K. The practice of tele-mental health: Ethical, legal, and clinical issues for practitioners. Pract Innov. 2016;1(1):53-66. https://doi.org/10.1037/pri0000014

[29] Newaz AI, Sikder AK, Rahman MA, Uluagac AS. A survey on security and privacy issues in modern healthcare systems: Attacks and defences. ACM Trans Comput Healthc. 2021;2(3):1-44. https://doi.org/10.48550/arXiv.2005.07359

[30] Demers JA, Sullivan AL. Confronting the ubiquity of electronic communication and social media: Ethical and legal considerations for psychoeducational practice. Psychol Sch. 2016;53(5):517-32.

[31] Fyanka K, Ekpendu CM. An assessment of the right to privacy and confidentiality of patients in the context of medical negligence, error and malpractice in Nigeria. Afr J Law Hum Rights. 2023;7(1). Available from: https://journals.ezenwaohaetorc.org/index.php/AJLHR/article/view/2512