



## BRIEF GUIDE TO TELETHERAPY

Adapted from ATA Guidelines

DISCLAIMER: Guidelines: suggest or recommend specific activities, behaviors, or conduct. They are intended to educate, inform, and facilitate the continued systematic development of the profession, and to ensure a high level of professional practice. These guidelines are not intended to be mandatory or exhaustive; and may not be applicable to every clinical situation.

### A. Education and Training.

1. Clinicians shall be knowledgeable of and abide by Federal Laws (e. g., HIPAA, HiTech, etc.), as well as State and Local Regulations applicable to teletherapy in both the location where the clinician and the client is during the delivery of services
2. Clinicians shall review their discipline's regulations and/or professional standards for practice of Teletherapy, prior to initiating services to assure that they maintain both administrative, clinical, and technical competences for the delivery of care.

### B. Professional and Patient Identity and Location - prior to each session

1. Verify Therapist and Client Identity.
2. Document Therapist and Client Location; and applicable State Licensing Board regulation where the therapist and client are located,
3. Verify Therapist and Client Contact Information,
4. Verify protocol contact Between Sessions, and
5. Document any changes to the client's emergency contact or the emergency management protocol.

### C. Client Appropriateness for Teletherapy

Consider the client's:

1. expectations and level of comfort with homebased care,
2. cognitive capacity, level of competence with technical (software/equipment),
3. ability to arrange an appropriate setting for teletherapy,
4. current medical/mental status, and history of substance abuse, violence, self-injurious behaviors,
5. history of cooperativeness with treatment, and capacity to assume the responsibilities inherent in remote care,
6. geographic distance to the nearest emergency medical facility, and
7. support system efficacy.

### D. Informed Consent

1. Document the provision of informed consent in accordance with jurisdictional laws and ethical standards regarding verbal or written consent.
2. If written consent is required, consider electronic signatures.
3. The provider shall document the provision of consent in the medical record; and should include the same information required for in-person care. Additionally, information specific to the nature of teletherapy should be documented, such as:
  - a. Technical issues relative to encryption,
  - b. Protocol for technical failure,
  - c. Limits to confidentiality in electronic communication,
  - d. Emergency Plan for clients in settings with/without available clinical staff,
  - e. Protocol for documentation and storage of client information,
  - f. Conditions for which teletherapy may be terminated, and
  - g. Protocol for referral or coordination of care with other health care providers.



## **E. Physical Environment**

1. Both the therapist and the client's room/environment should exemplify professional etiquette.
2. Both the therapist and the client shall ensure privacy, so communication cannot be overheard by others.
3. Both the therapist and the client shall be made aware of the presence of another person, and mutually agree to their presence.
4. Both therapist and client should maximize clarity of audibility and visibility.

## **F. Communication and Collaboration with the Client's Treatment Team**

Documents and respected client's specific privacy concerns about the release of specific information to other health professionals.

## **G. Emergency Management**

Client's safety must be considered in both supervised and unsupervised settings. Clinicians shall be mindful of following issues.

1. **Jurisdictional Mental Health Involuntary Hospitalization Laws.** Clinicians shall be knowledgeable and abide by the involuntary hospitalization and duty-to-notify laws in the jurisdiction where the client is receiving services.
2. **Emergency Procedures.** Clinicians shall establish emergency procedures that include:
  - a. identifying local emergency resources and phone numbers, and average response time,
  - b. location of nearest hospital emergency room capable of managing psychiatric emergencies,
  - c. securing client's emergency contact/support person information who will assistance in a crisis and/or initiate 9-1-1 from the client's location, and
  - d. contact information for local health care providers/professional associations in case a referral is needed

## **H. Medical Issues**

In case of medication side effects, elevation of symptoms, and/or issues related to medication noncompliance, the Clinicians should be familiar with the client's:

1. current and past medical and mental health,
2. current prescription and medication dispensation options, and
3. whom the client is receiving other medical services from.

## **I. Referral Resources**

Clinicians shall be familiar with local health resources should a referral for additional mental health or other appropriate services be needed.

## **J. Community and Cultural Competency**

Clinicians shall be culturally competent to deliver services to the populations they serve to include:

1. Awareness of the client's language, ethnicity, race, age, gender, sexual orientation, geographical location, and socioeconomic and cultural backgrounds
2. Knowledge of the community where the client resides, recent events and cultural traditions

## **K. Technical Issues.**

Efforts shall be taken to ensure that Teletherapy equipment and software have the appropriate verification, confidentiality, and security parameters set forth by HIPAA and HiTech.

**GOOGLE HANGOUTS, MEETINGTOGO, FREE VERSION OF ZOOM ARE NOT HIPAA SECURE.**