DRAFT AGENDA
BOARD OF PSYCHOLOGY
Regulatory Committee Meeting
October 30, 2017 – Board Room 1

1:00 pm. **Call to Order** – James Werth, Jr., Ph.D., ABPP, LCP, Chair

- Welcome and Introduction
- Emergency Evacuation Instructions
- Adoption of Agenda

Public Comment

Approval of Minutes of May 15, 2017

Approval of Minutes of August 14, 2017

Unfinished Business

- Telepsychology Guidance Document

New Business

- Discussion on J. Grogan's letter

3:00 pm **Adjournment**

EVACUATION INSTRUCTIONS BOARD ROOM 1

PLEASE LISTEN TO THE FOLLOWING INSTRUCTIONS ABOUT EXITING THESE PREMISES IN THE EVENT OF AN EMERGENCY.

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound.

When the alarms sound, leave the room immediately. Follow any instructions given by Security staff

Board Room 1

Exit the room using one of the doors at the back of the room. (**Point**) Upon exiting the room, turn **RIGHT.** Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

THE VIRGINIA BOARD OF PSYCHOLOGY
REGULATORY COMMITTEE MINUTES

May 15, 2017

The Virginia Board of Psychology ("Board") Regulatory Committee meeting convened at 1:15 p.m. on May 15, 2017 at the Department of Health Professions, 9960 Mayland Drive, Henrico, Virginia. James Werth, Jr., Ph.D., ABPP, Committee Chair, called the meeting to order.

BOARD MEMBERS PRESENT:

James Werth, Jr., Ph.D., ABPP, Chair
Jennifer Little, Citizen Member
Herbert Stewart, Ph.D.
Susan Wallace, Ph.D.

DHP STAFF PRESENT:

Jaime Hoyle, Executive Director
Jennifer Lang, Deputy Executive Director
Elaine Yeatts, Senior Policy Analyst
Christy Evans, Discipline Specialist
Deborah Harris, Licensing Manager

ESTABLISHMENT OF A QUORUM:

With four members of the Committee present, a quorum was established.

EMERGENCY EGRESS:

Dr. Werth announced the Emergency Egress Procedures.

ADOPTION OF AGENDA:

The agenda was accepted with the change to the placement of the guidance document discussion.

PUBLIC COMMENT:

Larry Sutton from the Virginia Association of School Psychologists (VASP) was present for the meeting and wanted to thank the Board for their part in working on the Guidance Document on Assessment Titles and Signatures, and stated that he believed the document should be clear as possible for the public.

APPROVAL OF MINUTES:

Upon a motion, the meeting minutes from February 13, 2017 were approved and adopted. The motion was seconded and carried.

UNFINISHED BUSINESS:

Psychological Assessments

The Committee worked on the draft Guidance Document for Assessment Titles and Signatures. The Committee discussed whether the word "licensed" should be included before clinical, applied, and school psychologist titles when they sign assessment reports because the word "licensed" is already included in the definitions of clinical, applied, and school psychologists that are in Chapter 36 of Title 54.1 of the Code of Virginia. The Committee decided that they would present that issue at the Quarterly Board meeting on May 16, 2017, and Dr. Werth would edit the document based on the subsequent discussion.

Standards of Practice Review

The Committee continued the previous comparison of the Standards of Practice in the Regulations Governing the Practice of Psychology with the Association of State and Provincial Psychology Boards (ASPPB) Code of Conduct and recommended changes to the Standards. The Committee will continue the review at the next meeting in August, 2017. Once the Committee completes its initial review, members will vote on the identified changes and, once approved, will move the entire set of revisions to the full Board.

DEFINITION OF CE PROVIDER

This item will be tabled to a subsequent Regulatory Committee meeting.

ADJOURNMENT

The Board meeting was adjourned at 4:15 p.m.

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Jaime Hoyle, Executive Director James Werth, Jr., Ph.D., ABPP, Chair

VIRGINIA BOARD OF PSYCHOLOGY
REGULATORY COMMITTEE MEETING
Minutes
August 14, 2017

A meeting of the Virginia Board of Psychology ("Board") Regulatory Committee Meeting convened on Monday, August 14, 2017 1:05 pm at the Department of Health Professions ("DHP"), 9960 Mayland Drive, 2nd Floor, Henrico, Virginia 23233 in Board Room 1.

Committee Members Present:
James Werth, Ph.D., ABPP, Regulatory Committee Chair
JD Ball, Ph.D., ABPP
Herbert Stewart, Ph.D.
Susan Brown Wallace, Ph.D.

Committee Members Absent:
Jen Little, Citizen Member

Staff Present:
Jaime Hoyle, Executive Director
Jennifer Lang, Deputy Executive Director
Elaine Yeatts, DHP Senior Policy Analyst
Deborah Harris, Licensing Manager

Call to Order
James Werth, Chair, called the meeting to order at 10:05 a.m. and read the emergency evacuation instructions. Board members and staff introduced themselves. With four members present, a quorum was established.

Public Comment
No comment was made.

Approval of Minutes
A motion was made by Dr. Ball to approve the minutes from the May 15, 2017 board meeting. However, the approval of the minutes was tabled until the next Regulatory Committee meeting as not all Committee members had reviewed them.

The Regulatory Committee discussed areas of the Regulations Governing the Practice of Psychology as part of the periodic review.

Ms. Yeatts provided an overview of the periodic review process and advised that the next step is for the Committee to recommend the issuance of a Notice of Intended Regulatory Action ("NOIRA"). She reminded board members that the NOIRA must contain the sections of the regulations that the Board anticipates changing but that a full draft and language of the proposed changes is not needed until a later stage.

Ms. Yeatts and Dr. Werth reviewed and discussed with the committee the applicable sections of the Regulations, incorporating suggestions that staff and Committee members had sent to Dr. Werth in preparation for the Committee meeting. Many items were identified as needing amendment, but the exact language will be determined following additional discussion.

Based on the discussion, the Committee will recommend to the Board the items identified and reviewed to be included in a NOIRA.

Adjournment

With all business concluded, the meeting was adjourned at 5:04 p.m.

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James Werth, Ph.D., ABPP, Chair Date

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Jaime Hoyle, J.D., Executive Director Date

Guidance document: 115-1.4

Adopted: August 8, 2008
Revised: November 13, 2015

Virginia Board of Counseling

Guidance on Technology-Assisted Counseling and Technology-Assisted Supervision

The Board's regulations for Standards of Practice (18VAC115-20-130) are prefaced by the following:

The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board. Regardless of the delivery method, whether in person, by phone or electronically, these standards shall apply to the practice of counseling.

Therefore, the standards of practice set forth in section 130 of the regulations and in the Code of Virginia apply regardless of the method of delivery. The Board of Counseling recommends the following when a licensee uses technology-assisted counseling as the delivery method:

1. Counseling is most commonly offered in a *face-to-face relationship. Counseling that from the outset is delivered in a technology-assisted manner may be problematic in that the counseling relationship, client identity and other issues may be compromised.*

2. *The counselor must take steps to protect* client confidentiality and security.

3. The counselor *should seek training or otherwise demonstrate* expertise in the use of technology-assisted devices, especially in the matter of protecting confidentiality and security.

4. *When working with a client who is not in Virginia*, counselors are advised to check the regulations of the state board in which the client is located. It is important to be mindful that certain states prohibit counseling by an individual who is unlicensed by that state.

5. Counselors must follow the same code of ethics for technology-assisted counseling as they do in a traditional counseling setting.

Guidance for Technology-assisted Supervision

The Board of Counseling recommends the following when a licensee uses technology-assisted supervision:

1. Supervision is most commonly offered in a *face-to-face relationship. Supervision that from the outset is delivered in a technology-assisted manner may be problematic in that the supervisory relationship, client identity and other issues may be compromised.*

2. *The counselor must take steps to protect supervisee* confidentiality and security.

3. The counselor *should seek training or otherwise demonstrate* expertise in the use of technology-assisted devices, especially in the matter of protecting supervisee confidentiality and security.

4. Counselors must follow the same code of ethics for technology assisted supervision as they do in a traditional counseling/supervision setting.

5. The Board of Counseling governs the practice of counseling in Virginia. Counselors who are working with a client *who is not in Virginia* are advised to check the regulations of the state board in which a *supervisee is located*. It is important to be mindful that certain states *may regulate or prohibit supervision* by an individual who is unlicensed by that state.

VIRGINIA BOARD OF SOCIAL WORK

Guidance on Technology-Assisted Therapy and the Use of Social Media

BACKGROUND

Social workers are currently engaged in a variety of online contact methods with clients. The use of social media, telecommunication therapy and other electronic communication is increasing exponentially with growing numbers of social media outlets, platforms and applications, including blogs, social networking sites, video sites, and online chat rooms and forums. Some social workers often use electronic media both personally and professionally.

Social media and technology-assisted therapy can benefit health care in a variety of ways, including fostering professional connections, promoting timely communication with clients and family members, and educating and informing consumers and health care professionals.

Social workers are increasingly using blogs, forums and social networking sites to share workplace experiences particularly events that have been challenging or emotionally charged. These outlets provide a venue for the practitioner to express his or her feelings, and reflect or seek support from friends, colleagues, peers or virtually anyone on the Internet. Journaling and reflective practice have been identified as effective tools in health care practice. The Internet provides an alternative media for practitioners to engage in these helpful activities. Without a sense of caution, however, these understandable needs and potential benefits may result in the practitioner disclosing too much information and violating client privacy and confidentiality.

This document is intended to provide guidance to practitioners using electronic therapy or media in a manner that maintains client privacy and confidentiality. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board. ***Therefore, the standards of practice set forth in section 18VAC140-20-150 of the regulations and in the Code of Virginia apply regardless of the method of delivery.***

RECOMMENDATIONS BY THE BOARD

The Board of Social Work recommends the following when a licensee uses technology-assisted services as the delivery method:

- *A Social worker providing services to a client located in Virginia through technology-assisted therapy must be licensed by the Virginia Board of Social Work.*
- *The service is deemed to take place where the client is located.* Therefore, the social worker should make every effort to verify the client's geographic location.
- Social workers shall strive to become and remain knowledgeable about the dynamics of online relationships, the advantages and drawbacks of non-face-to-face interactions, and the ways in which technology-assisted social work practice can be safely and

appropriately conducted. Traditional, face-to-face, in-person contact remains the preferred service delivery modality.

- *The social worker must take steps to ensure* client confidentiality and the security of client information in accordance with state and federal law.
- The social worker *should seek training or otherwise demonstrate* expertise in the use of technology-assisted devices, especially in the matter of protecting confidentiality and the security of client information.
- *When working with a client who is not in Virginia*, social workers are advised to check the regulations of the state board in which the client is located. It is important to be mindful that certain states prohibit social work services to a client in the state by an individual who is unlicensed by that state.
- Social workers must follow the same code of ethics for technology-assisted therapy as they do in a traditional social work setting.

ETHICS AND VALUES

Social workers providing technology-assisted therapy shall act ethically, ensure professional competence, protect client confidentiality, and uphold the values of the profession.

TECHNICAL COMPETENCIES

Social workers shall be responsible for becoming proficient in the technological skills and tools required for competent and ethical practice and for seeking appropriate training and consultation to stay current with emerging technologies.

CONFIDENTIALITY AND PRIVACY

Social workers shall protect client privacy when using technology in their practice and document all services, taking special safeguards to protect client information in the electronic record.

During the initial session, social workers should provide clients with information on the use of technology in service delivery. Social workers should assure that the client has received notice of privacy practices and should obtain any authorization for information disclosure and consent for treatment or services, as documented in the client record. Social workers should be aware of privacy risks involved when using wireless devices and other future technological innovations and take proper steps to protect client privacy.

Social workers should adhere to the privacy and security standards of applicable federal and state laws when performing services with the use of technology.

Social workers should give special attention to documenting services performed via the Internet and other technologies. They should be familiar with applicable laws that may dictate documentation standards in addition to licensure boards, third-party payers, and accreditation bodies. All practice activities should be documented and maintained in a safe, secure file with safeguards for electronic records.

BOARD OF SOCIAL WORK IMPLICATIONS

Instances of inappropriate use of social/electronic media or technology-assisted therapy may be reported to the Board, and it may investigate such reports, including reports of inappropriate disclosures on social media by a social worker, on the grounds of:

- Unprofessional conduct;
- Unethical conduct;
- Moral turpitude;
- Mismanagement of client records;
- Revealing a privileged communication; and
- Breach of confidentiality.

If the allegations are found to be true, the social worker may face disciplinary action by the Board, including a reprimand or sanction, assessment of a monetary fine, or temporary or permanent loss of licensure, certification, or registration.

GUIDING PRINCIPLES

Social networks and the Internet provide unparalleled opportunities for rapid knowledge exchange and dissemination among many people, but this exchange does not come without risk. Social workers and students have an obligation to understand the nature, benefits, and consequences of participating in social networking or providing technology-assisted therapy of all types. Online content and behavior has the potential to enhance or undermine not only the individual practitioner's career, but also the profession.

HOW TO AVOID PROBLEMS USING SOCIAL MEDIA

It is important to recognize that instances of inappropriate use of social media can and do occur, but with awareness and caution, social workers can avoid inadvertently disclosing confidential or private information about clients.

The following guidelines are intended to minimize the risks of using social media:

- Recognize the ethical and legal obligations to maintain client privacy and confidentiality at all times.
- Client-identifying information transmitted electronically should be done in accordance with established policies and state and federal law.
- Do not share, post, or otherwise disseminate any information, including images, about a client or information gained in the practitioner-client relationship with anyone unless permitted or required by applicable law.
- Do not identify clients by name or post or publish information that may lead to the identification of a client. Limiting access to postings through privacy settings is not sufficient to ensure privacy.
- Do not refer to clients in a disparaging manner, or otherwise degrade or embarrass the client, even if the client is not identified.

- Do not take photos or videos of clients on personal devices, including cell phones. Follow employer policies for taking photographs or video of clients for treatment or other legitimate purposes using employer-provided devices.
- Maintain professional boundaries in the use of electronic media. Like in-person relationships, the practitioner has the obligation to establish, communicate and enforce professional boundaries with clients in the online environment. Use caution when having online social contact with clients or former clients. Online contact with clients or former clients blurs the distinction between a professional and personal relationship. The fact that a client may initiate contact with the practitioner does not permit the practitioner to engage in a personal relationship with the client.
- Consult employer policies or an appropriate leader within the organization for guidance regarding work related postings.
- Promptly report any identified breach of confidentiality or privacy in accordance with state and federal laws.

CONCLUSION

Social/ electronic media and technology-assisted therapy possess tremendous potential for strengthening professional relationships and providing valuable information to health care consumers. Social workers need to be aware of the potential ramifications of disclosing client-related information via social media or through technology-assisted therapy. Social workers should be mindful of relevant state and federal laws, professional standards regarding confidentiality, and the application of those standards. Social workers should also ensure the standards of practice set forth in 18 VAC 140-20-150 are met when performing technology-assisted therapy.

State Psychology Board Telepsychology Laws/Regulations/Policies/Opinions

Available online w/links

Kenneth P. Drude, Ph.D.
October 2015

Statute and/or Rules Adopted

California California Telehealth Advancement Act of 2011, http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_0401-0450/ab_415_bill_20111007_chaptered.pdf

Delaware Board of Examiners of Psychologists Regulations in CDR 24-3500, Section 18.0 Telepsychology at http://regulations.delaware.gov/AdminCode/title24/3500.pdf define telepsychology and standards for practicing telepsychology.

Kentucky Statute KRS 319.140 (2000) requires informed consent and maintaining confidentiality when using telehealth http://www.lrc.ky.gov/krs/319-00/140.PDF ; Telehealth and Telepsychology Rule 201 KAR 26: 310 (2010) at http://www.lrc.ky.gov/kar/201/026/310.htm

Georgia Georgia administrative rule 510-5-.07 (2) Practicing via Electronic Transmission rule at http://rules.sos.state.ga.us/docs/510/5/07.pdf

Hawaii Chapter 465, Section 465-3 (8) provides a limited exemption for psychologists employed by the Department of Defense providing telepsychological services http://cca.hawaii.gov/pvl/files/2013/08/hrs_pvl_465.pdf

Idaho Idaho Code § 54-2305-11 (2013) provides for establishing telepsychology rules http://www.scstatehouse.gov/code/t40c055.php The Idaho Board of Psychologists Examiners with the Idaho Psychological Association adopted Guidelines for Electronic Transmission and Telepsychology in the State of Idaho in 2012 that are at http://www.idahoahec.org/app/uploads/sites/2/2015/04/Idaho-Telepsychology-Guidelines.pdf

Kansas KAR 102-1-19 requires license in state to practice psychology regardless of person's location http://www.ksbsrb.org/statutes_regs/regulationslp.html

Mississippi Code Ann. § 73-31-3 (d)(ii)(7) and § 73-31-14(3) practice of psychology includes telecommunications http://www.lexisnexis.com/hottopics/mscode/

Montana Administrative Rule 24.189.301(1) definition of a "professional relationship" includes telecommunications http://www.mtrules.org/gateway/ruleno.asp?RN=24.189.301 Admin Rule **24.189.607 (4)(d)(ii) includes teleconferencing for postdoctoral supervision** http://www.mtrules.org/gateway/ruleno.asp?RN=24.189.607

New Hampshire Chapter 329-B, Section 329-B:16 states that the "electronic practice of psychology" is subject to standards of care adopted by the New Hampshire Board of Mental Health Practice http://www.gencourt.state.nh.us/rsa/html/XXX/329-B/329-B-16.htm

North Dakota Administrative rule 43-51-02 defines services provided to residents of the state, regardless of how they are provided or the physical location of the provider, to be regulated by North Dakota law and rules http://www.legis.nd.gov/cencode/t43c51.pdf . The North Dakota State Board of Psychologist Examiners has a Board Statement on Telepsychology in North Dakota dated October 17, 2014 at http://www.ndsbpe.org/uploads/2/9/2/4/2924803/faq_telepsychology_4-14-15.pdf

Ohio Ohio Administrative Code 4732-17-01 (I) Telepsychology Rules (2011) http://codes.ohio.gov/oac/4732-17

South Carolina Code Section 40-55-50 (C) requires psychology license to provide services in the state including by telecommunications http://www.scstatehouse.gov/code/t40c055.php

Tennessee Code 63-11-203(a)(2)(A)(viii) defines telepsychology http://www.lexisnexis.com/hottopics/tncode/ (telepsychology rules being developed by the Tennessee Board of Examiners of Psychology)

Utah Administrative Rule R156-61-102 (3)(b) allows "direct supervision" of a supervisee in training to receive supervision remotely "...via real time electronic methods that allow for visual and audio interactions..." http://www.dopl.utah.gov/laws/R156-61.pdf

Vermont Statute Title 26, Chapter 055 § 3018 (1999) defines psychological services via telecommunications to be regulated by Vermont law http://legislature.vermont.gov/statutes/section/26/055/03018 Administrative Rule 6.4 Telepractice includes any interjuridictional "telepractice services" https://www.sec.state.vt.us/media/649337/Psych-RulesAdopted-Clean-1229-2014.pdf

Wisconsin Administrative Code Psy 2.14 (2) states that "A psychologist provides psychological services in this state whenever the patient or client is located in this state, regardless of whether the psychologist is temporarily located in this state or is providing services by electronic or telephonic means from the state where the psychologist is licensed. https://docs.legis.wisconsin.gov/code/admin_code/psy/2.pdf

Policy, Statements, Opinion or Position Papers

Colorado State Board of Psychology Examiners Administrative Policy 30-1 Teletherapy Policy-Guidance Regarding Psychotherapy through Electronic Means in the State of Colorado http://www.colorado.gov/cs/Satellite/DORA-Reg/CBON/DORA/1251632089838

Florida In January 2012 Board approved Florida licensed psychologist to provide telepsychology from Michigan into Florida; Board opinion June 5, 2006 regarding requirement that an Ohio psychologist must hold the Florida psychologist license in order to practice telepsychology with an Ohio citizen in Ohio

Louisiana Board opinion that psychologist must be licensed in LA to provide telepsychology, that the psychologist is expected to have had a face-to-face relationship established previously (November 2010 Board minutes – not online); Telepsychology Guidelines adopted by board effective January 1, 2015 at http://www.lsbep.org/pdfs/2014/Final-Telepsych-Guidelines-1-15.pdf

Massachusetts Psychology board opinion (2006) Provision of Services Via Electronic Means (same as North Carolina psychology board opinion) http://www.mass.gov/ocabr/licensee/dpl-boards/py/regulations/board-policies/provision-of-services-via-electronic-means.html

New York Guideline: Engaging in Telepractice (same as North Carolina psychology board statement) http://www.op.nysed.gov/prof/psych/psychtelepracticeguide.htm

Nevada June 2013 statement in State of Nevada Board of Psychological Examiners newsletter written by board secretary/treasurer states that a Nevada psychology license is required for anyone out of state providing any psychological services in Nevada. http://psyexam.nv.gov/News-Resources/

North Carolina 2005 psychology board opinion Provision of Services Via Electronic Means, (same as New York psychology board statement) at http://www.ncpsychologyboard.org/office/ElectronicServices.htm

Texas Telepractice Policy Statement, Newsletter of Texas State Board of Examiners of Psychologists, Fall 1999, Vol. 12, No. 2, at http://www.tsbep.texas.gov/files/newsletters/1999Fall.pdf

Virginia Baker (2013) states policy statement issued by Virginia Board of Counseling Guidance on Technology-Assisted Counseling and Technology-Assisted Supervision used by the Virginia Board of Psychology http://www.dhp.virginia.gov/counseling/guidelines/115-1.4%20Technology-Assisted.doc

West Virginia Board of Examiners of Psychology policy statement Tele-Psychology-Skype lists cautions regarding the use of "skype" for providing psychological services http://www.wvpsychbd.org/policy_statements.htm

Reference

Baker, Deborah. (2013) Telehealth 50-State Review, chart American Psychological Association, Practice Directorate, Legal & Regulatory Affairs at http://www.apapracticecentral.org/advocacy/state/telehealth-slides.pdf

(f) Initial Board Consideration of Inquiries. When the licensee, registrant or certificant has responded and the complainant has commented (if the complainant is asked to comment) or at the expiration of the response time (if the licensee, registrant or certificant or complainant submits no response), the Director shall forward the inquiry, any response, and other available information to the Board for its review. The Board shall not delay its initial consideration of an inquiry because the licensee, registrant or certificant or complainant has not responded. The Board shall not delay its initial consideration of an inquiry because the licensee, registrant or certificant has not responded. Failure to respond to a board complaint is a violation of CRS § 12-43-222(1)(x).

Adopted December 2, 2011

LICENSING

No policies at this time.

PRACTICE

30-1 TELETHERAPY POLICY – GUIDANCE REGARDING PSYCHOTHERAPY THROUGH ELECTRONIC MEANS WITHIN THE STATE OF COLORADO

When listed, certified, registered, or licensed and treating clients within the State of Colorado, it is at the discretion of the mental health professional as to the type of modality of treatment format that is appropriate for the client. Regardless of the modality chosen, the mental health professional must comply with all provisions as outlined in the Mental Health Practice Act, Title 12 Article 43.

It is recommended that the initial therapeutic contact be in person and adequate to provide a conclusive diagnosis and therapeutic treatment plan prior to implementing any psychotherapy through electronic means. The mental health professional is expected to establish an ongoing therapeutic relationship including face-to-face visits on a periodic basis thereafter.

Once a mental health professional chooses to provide psychotherapy via electronic means, the mental health professional is expected to carefully identify and address issues that involve:

1) The agreed upon therapeutic means of communication between the client and the mental health professional. (i.e. when will face-to-face contact be appropriate, what method(s) of electronic communication will be utilized, what is the structure of the contractual relationship);

2) Implementing written consent form(s) and proper disclosure(s) including, but not limited to the client's knowledge regarding security issues, confidentiality, structure, etc.;

3) Ensuring that the therapeutic means of communication includes confidentiality and computer/cyber security;

4) Determining the basis and ability for the mental health professional to support the rationale for the decision to choose a particular therapeutic method;

5) Ensuring that the mental health professional is practicing within his/her scope of practice;

6) Ensuring that the therapeutic means of communication that is chosen does not cause any potential harm to the client.

The mental health professional may encounter specific challenges while providing psychotherapy through electronic means. The mental health professional must realize that these challenges may include, but are not limited to:

1) Verifying the identity of the client and determining if they are a minor;

2) Providing the client with procedures for alternative modes of communication when there is possible technology failure;

3) Assessing how to cope with potential misunderstandings when the visual cues that would normally occur during face-to-face visits do not exist;

4) Assessing how to address crisis intervention when necessary;

5) Ensuring that clients are knowledgeable with regard to encryption methods, firewall, and backup systems to help secure communication and educate clients on the risk of unsecured communications;

6) Establishing a means to retain and preserve data;

7) Upon request, have the ability to capture and provide client treatment notes, summaries or other information that is received via the electronic technology;

8) Disclosing that health insurance coverage may not exist for psychotherapy service that is provided through technological means.

Disclaimer

This policy applies only to Mental Health professionals listed, certified, registered, or licensed, and treating clients within the State of Colorado.

17.1.267Violations related to the requirements if licensing or maintenance of vehicle records for automotive recyclers. 21 **Del.C.** §7512.

17.1.268Offenses [involving meat and poultry inspection including bribery or attempted bribery or assaulting or impeding any person in the performance of his duties] (felony) 3 **Del.C.** §8713.

17.1.269Fraud or distribution or attempted distribution of adulterated article. 3 **Del.C.** §8715.

17.1.270Fraudulent Written Statements. 3 **Del.C.** §10049.

17.1.271Fraudulent Certificate of Registration or Eligibility Documents 3 **Del.C.** §10050.

17.1.272Prohibited trade practices against infirm or elderly. 6 **Del.C.** §2581.

17.1.273Prohibition of intimidation [under the Fair Housing Act]; felony. 6 **Del.C.** §4619.

17.1.274Auto Repair Fraud victimizing the infirm or elderly. 6 **Del.C.** §4909A.

17.1.275Violations of the Securities Act. 6 **Del.C.** §7322.

17.1.276Environmental Control Permits; felony. 7 **Del.C.** §6003.

17.1.277Unauthorized Acts against a Service Guide or Seeing Eye Dog. 7 **Del.C.** §1717.

17.1.278Interception of Communications Generally; Divulging Contents of Communications. 11 **Del.C.** §2402

17.1.279Manufacture, Possession or Sale of Intercepting Device. 11 **Del.C.** §2403.

17.1.280Breaking and Entering, Etc. to Place or Remove Equipment 11 **Del.C.** §2410.

17.1.281Obstruction, Impediment or Prevention of Interception. 11 **Del.C.** §2412

17.1.282Obtaining, Altering or Preventing Authorized Access. 11 **Del.C.** §2421

17.1.283Divulging Contents of Communications. 11 **Del.C.** §2422

17.1.284Installation and Use Generally [of pen trace and trap and trace devices]. 11 **Del.C.** §243.

17.1.285Attempt to Intimidate. 11 **Del.C.** §3534

17.1.286Disclosure of Expunged Records. 11 **Del.C.** §4374.

17.1.287Violation of reporting provisions re: SBI.; felony. 11 **Del.C.** §8523.

17.1.288Failure of child-care provider to obtain information required under §8561 or for those providing false information. 11 **Del.C.** §8562

17.1.289Providing false information when seeking employment in a public school. 11 **Del.C.** §8572

17.1.290Filing False Claim [under Victims' Compensation Fund]. 11 **Del.C.** §9016

17.1.291Failure of Physician to file report of abuse of neglect pursuant to 16 **Del.C.** §903.

17.1.292Coercion or intimidation involving health-care decisions and falsification, destruction of a document to create a false impression that measures to prolong life have been authorized; felony. 16 **Del.C.** §2513 (b).

17.1.293Violations related to the sale, purchase, receipt, possession, transportation, use, safety and control of explosive materials other than 16 **Del.C.** §7103. 16 **Del.C.** §7112

17.1.294Operation of a Vessel or Boat while under the Influence of Intoxicating Liquor and/or Drugs. 23 **Del.C.** §2302 (3) and (4)

17.1.295Sale to Persons under 21 or Intoxicated Persons. 24 **Del.C.** §903

17.1.296Abuse, neglect, exploitation or mistreatment of infirm adult. 31 **Del.C.** §3913(a), (b) and (c).

17.2 Crimes substantially related to the practice of psychology shall be deemed to include any crimes under any federal law, state law, or valid town, city or county ordinance, that are substantially similar to the crimes identified in this rule.

18.0 Telepsychology

18.1 "Telepsychology" means the practice of psychology by distance communication technology such as but not necessarily limited to telephone, email, Internet-based communications, and videoconferencing.

18.2 In order to practice telepsychology one must hold a current, valid license issued by the Board.

18.3 Licensees understand that this rule does not provide licensees with authority to practice telepsychology in service to clients domiciled in any jurisdiction other than Delaware, and licensees bear responsibility for complying with laws, rules, and/or policies for the practice of telepsychology set forth by other jurisdictional boards of psychology.

18.4 Licensees practicing telepsychology shall comply with all of these rules of professional conduct and with requirements incurred in state and federal statutes relevant to the practice of psychology.

18.5 Licensees establish and maintain current competence in the professional practice of telepsychology through continuing education, consultation, or other procedures, in conformance with prevailing standards of scientific and professional knowledge. Licensees establish and maintain competence in the appropriate use of the information technologies utilized in the practice of telepsychology.

18.6 Licensees recognize that telepsychology is not appropriate for all psychological problems and clients, and decisions regarding the appropriate use of telepsychology are made on a case-by-case basis. Licensees practicing telepsychology are aware of additional risks incurred when practicing psychology through the use of distance communication technologies and take special care to conduct their professional practice in a manner that protects the welfare of the client and ensures that the client's welfare is paramount. Licensees practicing telepsychology shall:

18.6.1 Conduct a risk-benefit analysis and document findings specific to:

18.6.1.1 Whether the client's presenting problems and apparent condition are consistent with the use of telepsychology to the client's benefit; and

18.6.1.2 Whether the client has sufficient knowledge and skills in the use of the technology involved in rendering the service or can use a personal aid or assistive device to benefit from the service.

18.6.2 Not provide telepsychology services to any person or persons when the outcome of the analysis required in paragraphs 18.6.1.1 and 18.6.1.2 of this rule is inconsistent with the delivery of telepsychology services, whether related to clinical or technological issues.

18.6.3 Upon initial and subsequent contacts with the client, make reasonable efforts to verify the identity of the client;

18.6.4 Obtain alternative means of contacting the client;

18.6.5 Provide to the client alternative means of contacting the licensee;

18.6.6 Establish a written agreement relative to the client's access to face-to-face emergency services in the client's geographical area, in instances such as, but not necessarily limited to, the client experiencing a suicidal or homicidal crisis;

18.6.7 Licensees, whenever feasible, use secure communications with clients, such as encrypted text messages via email or secure websites and obtain and document consent for the use of non-secure communications.

18.6.8 Prior to providing telepsychology services, obtain the written informed consent of the client, in language that is likely to be understood and consistent with accepted professional and legal requirements, relative to:

18.6.8.1 The limitations and innovative nature of using distance technology in the provision of psychological services;

18.6.8.2 Potential risks to confidentiality of information due to the use of distance technology;

18.6.8.3 Potential risks of sudden and unpredictable disruption of telepsychology services and how an alternative means of re-establishing electronic or other connection will be used under such circumstances;

18.6.8.4 When and how the licensee will respond to routine electronic messages;

18.6.8.5 Under what circumstances the licensee and service recipient will use alternative means of communications under emergency circumstances;

18.6.8.6 Who else may have access to communications between the client and the licensee;

18.6.8.7 Specific methods for ensuring that a client's electronic communications are directed only to the licensee or supervisee;

18.6.8.8 How the licensee stores electronic communications exchanged with the client;

18.6.9 Ensure that confidential communications stored electronically cannot be recovered and/or accessed by unauthorized persons when the licensee disposes of electronic equipment and data;

18.6.10 If in the context of a face-to-face professional relationship the following are exempt from this rule:

18.6.10.1 Electronic communication used specific to appointment scheduling, billing, and/or the establishment of benefits and eligibility for services; and,

18.6.10.2 Telephone or other electronic communications made for the purpose of ensuring client welfare in accord with reasonable professional judgment.

9 DE Reg. 452 (09/01/05)

17 DE Reg. 89 (07/01/13)

Guidelines for Electronic Transmission and Telepsychology in the State of Idaho

Prepared by the
Joint Idaho Psychological Association-Idaho Board of Psychologist Examiners Task Force

Task Force Members: Bill Arnold & Kevin Kracke, Idaho Board of Psychologist Examiners
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Reviewed and Approved by the Idaho Board of Psychologist Examiners on July 12, 2012

Telepsychology has become a burgeoning source of both professional assessment and intervention services. Telepsychology services have been implemented in a number of diverse settings to a broad range of patient demographics with ethnic diversity, and may even be a preferred modality in some instances. Unfortunately with the advent of the digital age come risks to privacy and possible disruption to patient care with the reliance upon electronic technology.

The endorsement and publication of these guidelines are intended as aspirational in nature to provide guidance to those psychologists who provide telepsychological services. Additionally, not all domains and issues related to electronic transmission and telepsychology can be anticipated but hopefully the following guidelines will provide guidance to those dedicated to providing telepsychological services to patient in the State of Idaho. Nothing in these guidelines should prevent a psychologist Licensed in the State of Idaho who is competent to serve in such a capacity from providing appropriate telepsychology services.

The task force wishes to acknowledge the enormous work of the Ohio Psychological Association in the development of Idaho's Guidelines for Electronic Transmission and Telepsychology. Their work and generous consultation served as the basis for Idaho's Electronic Transmission and Telepsychology guidelines.

The Ohio Psychological Association's Electronic and Technology Committee and the Idaho Task Force on Telepsychology included information from the following sources in the development of their guidelines: a) literature searches using such terms as ethics, guidelines, standards, telehealth, and technology to review relevant publications, b) reviews of standards and guidelines for use of technology and telehealth developed by other health professions and health care organizations that were published in journals or posted on websites (see Appendix B); c) adoption of the ten interdisciplinary principles described by Reed, McLaughlin, and Millholla (2000) for professional practice in telehealth as guiding principles for providing psychological services using technology (see Appendix A).

Definition of Electronic Transmission and Telepsychology in Idaho
These guidelines pertain to any written, video or audio transmission of patient information for clinical or supervisory purposes using any form or format of electronic technology. Such transmissions include but are not limited to:

- telephone answering machines;
- faxes;
- telephonic generated transmissions either via voice;
- smartphone applications;
- electronic images or text;
- internet generated transmissions via e-mail;
- electronic physiological, behavioral, emotional, or cognitive monitoring where the data is electronically sent to the psychologist;
- web based applications that are not educational in nature where the psychologist receives the content of the patient responses;
- professional web sites;
- video-conferencing; and,
- social networking web sites with blogs of other methods of electronic communications.

Electronic Transmission and Telepsychology Guidelines
All provision of therapeutic, assessment or supervisory services is expected to be non-virtual and in real time, or synchronous.

1. **The Appropriate Use of Telepsychology**

Even though telepsychology has wide applicability, psychologists recognize that telepsychology is not appropriate in all situations. A psychologist should be cognizant that as a patient symptom presentation increases so does the risk of harm to self or others, either during the use of telepsychology or at its conclusion. As risk of violence to self or others increases, either directly or indirectly, patient support services need to have been anticipated, strategically planned and emergently available. In each situation where telepsychology services are contemplated, the psychologist must balance potential benefits with the potential risks to the individual, individuals, or group receiving telepsychology services.

2. **Competency and Training**

Psychologists implementing the use of telepsychology have documented the necessary training, experience, supervision, technical sophistication and skills to provide telepsychology competently. As the psychologist comes to use or rely upon sophisticated electronic technology for providing psychological services, the psychologist has due responsibility for insuring his/her competency in the delivery of these services through continuing education, consultation or supervision.

In addition to insuring their own competency, psychologists obtain training and/or supervision in order to adequately assess whether a patient has the necessary technological knowledge and personal capacity to benefit from services delivered through telepsychology. The psychologist monitors the effectiveness of the telepsychology services and, in an ongoing manner, evaluates the patient need for more direct, in vivo services through the telepsychologist or an appropriate referral.

3. Legal and Ethical Requirements

The guidelines are intended for psychologists licensed in Idaho who are providing telepsychology services to patient in the State of Idaho. For those psychologists choosing to utilize electronic technologies for assessment and treatment of patient or for the supervision of service extenders, the burden of responsibility for insuring and documenting that the quality of these services reaches an acceptable standard of care is the sole responsibility of the psychologist providing these services.

These guidelines do not supercede and are subordinate to the Ethical Standards of the American Psychology Association most recent revision, applicable rules established by the Idaho State Board of Psychological Examiners, or other legally mandated guidelines.

It is incumbent upon psychologists to familiarize themselves and know the laws of the State of Idaho and other governmental bodies that pertain to the practice of telepsychology and electronic transmission of patient information. For example, the psychologist should be in compliance with Section 508 of the Rehabilitation Act in allowing technology accessible to people with disabilities. Psychologist's do not knowingly practice or implement any form or variant of telepsychology that is in violation of the Laws of the State of Idaho or other legal or governmental standards.

If a psychologist provides ongoing telepsychology services across State, Province, jurisdictional or country lines they adhere to the laws and professional standards established by the State, Province or jurisdictional body that regulates the practice of Psychology in the region where the patient is located.

In the State of Idaho, one can obtain a temporary license if s/he holds an Interjurisdictional Practice Certificate (IPC) from the Association of State and Provincial Psychology Boards (ASPPB). The IPC would allow for the provision of short term telepsychology services, such as, video testimony and assessments and interventions across state, province or jurisdictional borders for time periods not exceeding 30 days.

University or Higher Education sanctioned research utilizing telepsychology that provides direct treatment to individuals within Idaho, and is simply not educational in nature, must first obtain approval from the Idaho Board of Psychology Examiners to meet the criteria for exemption from licensure requirements.

4. Emergent Situations

A strategic, documented plan should be included in the medical or professional record for each telepsychology patient that specifies the operating procedure for dealing with emergencies. This emergency plan should inform the patient of the limits of confidentiality when utilizing telepsychology in emergency situations. An emergency or crisis situation would be defined as a patient who is at risk for harming themselves, others, or property or a significant risk of hospitalization. The psychologist should address emergency situations in a most expedient fashion, in a manner judged as having the best opportunity for assisting the patient and resolving the crisis.

5. Videoconferencing

Psychologists using videoconferencing as means of intervention should be familiar with the Practice Guidelines for Videoconferencing-Based Telemental Health (October, 2009). These Practice Guidelines address most of the possible situations or scenarios that one may encounter with the use of videoconferencing. If videoconferencing were to be used with children the psychologist should be aware of relevant practice parameters established by the American Academy of Child and Adolescent Psychiatry.

6. Informed Consent and Disclosure

Psychologists using telepsychology provide oral, but preferably written or published, information regarding the use of electronic technology and obtain the affirmative informed consent from the patient. Informed consent should be in language that is likely to be understood and consistent with accepted professional and legal requirements. In the event that a psychologist is providing services to someone who is unable to provide consent (including minors), additional measures are taken to ensure that appropriate consent (or assent, where applicable) are obtained. The psychologist's level of competence, experience and training in the practice of telepsychology should be disclosed to the patient. The patient should be given the opportunity to ask questions regarding the use of telepsychology.

As a part of an informed consent process, the patient is provided sufficient information about the limitations of using electronic technology, including potential risks to confidentiality of information, as well as any legally-required reporting, such as reporting a patient who may be suicidal, homicidal, or otherwise display a violence risk toward others. This disclosure includes information that identifies telepsychology as innovative treatment (2002 APA Ethical Principles 10.01b). The patient is expected to provide written acknowledgement of their awareness of these limitations.

Psychologists verify the identity of the telepsychology patient, and assure that the patient is capable of providing informed consent (supplements 2002 APA Ethics Code Sec. 3.10). When providing clinical services, psychologists make reasonable attempts to obtain information about alternative means of contacting a patient and provide their patient with an alternative means of contacting them in emergency situations, or when telepsychology services are not available.

Psychologists inform the patient about potential risks associated with technical disruptions in the availability of telepsychology services. Psychologists clearly state their policies as to when they will respond to routine electronic messages, and in what circumstances they will use alternative communications for emergency situations. Given the continuous availability of the electronic environment, as well as the inclination toward increased disclosure in this type of environment, a patient may be more likely to disclose suicidal intentions and may assume that the psychologist will respond quickly (supplements 2002 APA Ethics Code Sec. 4.05).

7. Secure Electronic/Electronic Transfer of Patient Information

The psychologist should be familiar with how the electronic signal is secured, scrambled, or encrypted, since HIPAA mandates that encryption be addressed for Electronic Protected Health Information. Psychologists should assure that all telepsychology services use secure electronic transmissions with the

patient, or client. Examples of secure transmissions include encrypted text messages, secure e-mail or signal scrabbling for teleconferencing or videoconferencing.

If less secure or non-secure forms of electronic transmission of communication are used, the patient is immediately informed of the limited security. When necessary, non-secure electronic communications avoid using personal identifying information.

Considering the available technology, psychologists make reasonable efforts to ensure the confidentiality of information electronically transmitted to other parties. Breaches as a result of electronic transmission of confidential, privileged information should be noted in the patient file; and the patient should be informed of this breach as soon as reasonably feasible.

8. Telepsychology Office Policies and Documentation
A psychologist who has office staff or other professional clinical staff for whom they are responsible should establish office policies regarding the electronic transmission of patient information and the use of telepsychology services. These policies should specifically outline appropriate and inappropriate use of e-mail, internet messaging, phone texting, and social medium networks, for both the psychologist and their support staff. The psychologist should have office policies that relate to electronic contact with the potential or current patient in that practice. Psychologists who maintain social networking web sites should have established policies regarding patient access to those sites.

If a psychologist provides significant electronic clinical or therapeutic information to a patient it should be noted in the patient file. The notation should include the date and summary of the electronically communicated clinical information. In addition if the patient electronically transmits significant clinical information, this information should also be noted in the patient file, including the date and a summary of the patient electronic transmission or communication.

8. Access to and Storage of Electronic
Psychologists inform the patient:

- about whom, in addition to the psychologist, may have access to their telepsychological communications with the psychologist;
- how electronic communications can be directed to a specific psychologist, and
- If, and how, psychologists store electronic information obtained from the patient or client.

Psychologists take steps to ensure that confidential information obtained and or stored electronically cannot be recovered and accessed by unauthorized persons when they dispose of computers and other information storage devices. Encryption, preventing access to patient information, is required. The patient is informed of the types of information that will be maintained as part of their clinical record. The psychologist should be aware that e-mails and other electronic transmissions from the patient are viewed by some legal entities as part of the clinical record of the patient and thus may be subpoenaed. Therefore, if the psychologist or staff adopts such a means of electronic communication with the patient policies should be adopted to insure that these records are maintained with the utmost confidentiality with the use of encryption software, where ever the records are stored.

9. Fees and Financial Arrangements
As with other professional services, psychologists and the patient reach an agreement specifying compensation, billing, and payment arrangements prior to providing telepsychology services. The psychologist informs the patient of possible additional fees and surcharges that may be incurred in addition to fees charged by the psychologist, such as a "hook up" fee, if either one of the signals originates from a hospital, or agency that charges for the use of this technology at their facility.

10. Supervision
Psychologists who provide supervision are cognizant of the rules relating to supervision of masters level service extenders and psychologists in training. If prior to a change in the Rules governing the practice of Psychology in the State of Idaho to allow video conferencing of supervision, a psychologist desires to

modify the requirements for supervision, which may include teleconferencing supervisees, the psychologist should seek prior approval by the Idaho Board of Psychology Examiners. Distance supervision is usually intended to supplement rather than replace face-to-face supervision. Just as with face to face supervision, the supervising psychologist should be reasonably familiar with the case with the capacity to provide therapeutic coverage if the supervisee is unavailable.

The psychologist insures that the type(s) of electronic technology used for distance supervision is appropriate for the types of services being supervised, the patient, and the supervisee's needs. Distance supervision, if approved by the State Board, is provided in compliance with the supervision requirements of the psychology licensing board. Distance supervision does not abdicate the psychologist's from having actual face to face, i.e. in the same room, contact with the patient of the supervisee-- unless a rule change is implemented by the Idaho State Board of Psychologist Examiners to allow use of telepsychology to meet this contact requirement.

Where a supervisee is providing telepsychology services, the psychologist will assess and document that the risk of telepsychological treatment of the patient is minimal. The psychologist shall develop written policies regarding teleconferencing, or distance, supervision that (1) prepare for possible emergency situations if electronic communications are disrupted with the supervisee; and (2) outline documentation of teleconferencing supervision.

11. Assessment
Concern with online assessments and testing arise related to four basic areas: (a) test psychometric properties, (b) test administration and interpretation, (c) examinee identity and, (d) technical problems/ evaluation environment. When employing psychological assessment procedures via the use of telepsychology, psychologists only use test and assessment procedures that are empirically supported for patient population being evaluated. Psychologist using telepsychological means of assessment assure that the patient identity remains secure, test security is maintained, test taking conditions are conducive of a quiet and private administration, and the parameters of the test are not compromised.

Potential limitations of conclusions and recommendations resulting from online assessment procedures are clarified with the patient prior to administering these assessments; and, such limitations are noted and documented in the findings or report.

12. Guideline Assumptions
The following are basic assumptions pertaining to the use and development of telepsychology guidelines for the state of Idaho. The guidelines are to be:

- Voluntary, recommended practices that can be used to assist psychologists in applying the current APA Code of Ethics when using telepsychology.
- Based upon what are considered best practices and reflect current professional experience and knowledge.
- Evolutionary in nature and may need to be changed over time. It is expected that these guidelines will need to be periodically reviewed and updated to assess their validity, utility, applicability, and relevance.

13. Expiration and Review Date
These guidelines will expire in five years after their formal adoption unless reauthorized or replaced prior to that date.

Expiration Date:
July 13, 2017

Appendix A

Ten Interdisciplinary Principles for Professional Practice in Telehealth

Reed, G., McLaughlin, C., & Milholland, K. (2000)

Principle 1 The basic standards of professional conduct governing each health care profession are not altered by the use of telehealth technologies to deliver health care, conduct research, or provide education. Developed by each profession, these standards focus on the practitioner's responsibility to provide ethical and high-quality care.

Principle 2 Confidentiality of patient visits, patient health records, and the integrity of information in the health care information system is essential.

Principle 3 All patients directly involved in a telehealth encounter must be informed about the process, its attendant risks and benefits, and their own rights and responsibilities, and must provide adequate informed consent.

Principle 4 Services provided via telehealth must adhere to the basic assurance of quality and professional health care in accordance with each health care discipline's clinical standards.

Principle 5 Each health care discipline must examine how its patterns of care delivery are affected by telehealth and is responsible for developing its own processes for assuring competence in the delivery of health care via telehealth technologies.

Principle 6 Documentation requirements for telehealth services must be developed that assure documentation of each patient encounter with recommendations and treatment, electronic with other health care providers as appropriate, and adequate protections for patient confidentiality.

Principle 7 Clinical guidelines in the area of telehealth should be based on empirical evidence, when available, and professional consensus among involved health care disciplines.

Principle 8 The integrity and therapeutic value of the relationship between patient and health care practitioner should be maintained and not diminished by the use of telehealth technology.

Principle 9 Health care professionals do not need additional licensing to provide services via telehealth technologies. At the same time, telehealth technologies cannot be used as a vehicle for providing services that otherwise are not legally or professionally authorized.

Principle 10 The safety of patient and practitioners must be ensured. Safe hardware and software, combined with demonstrated user competence, are essential components of safe telehealth practices

Appendix B

Standards and Guidelines Relevant to Telepsychology

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KY

319.140 Duty of treating psychologist utilizing telehealth to ensure patient's informed consent and maintain confidentiality -- Board to promulgate administrative regulations -- Definition of "telehealth".

(1) A treating psychologist or psychological associate who provides or facilitates the use of telehealth shall ensure:

(a) That the informed consent of the patient, or another appropriate person with authority to make the health care treatment decision for the patient, is obtained before services are provided through telehealth; and

(b) That the confidentiality of the patient's medical information is maintained as required by this chapter and other applicable law. At a minimum, confidentiality shall be maintained through appropriate processes, practices, and technology as designated by the board and that conform to applicable federal law.

(2) The board shall promulgate administrative regulations in accordance with KRS Chapter 13A to implement this section and as necessary to:

(a) Prevent abuse and fraud through the use of telehealth services;

(b) Prevent fee-splitting through the use of telehealth services; and

(c) Utilize telehealth in the provision of psychological services and in the provision of continuing education.

(3) For purposes of this section, "telehealth" means the use of interactive audio, video, or other electronic media to deliver health care. It includes the use of electronic media for diagnosis, consultation, treatment, transfer of health or medical data, and continuing education.

Effective: July 14, 2000

History: Created 2000 Ky. Acts ch. 376, sec. 16, effective July 14, 2000.

201 KAR 26:310. Telehealth and telepsychology.

RELATES TO: KRS 319.140, 29 U.S.C. 794(d)
STATUTORY AUTHORITY: KRS 319.032(2); KRS 319.140(2)
NECESSITY, FUNCTION, AND CONFORMITY: KRS 319.140 requires a treating psychologist utilizing telehealth to ensure a patient's informed consent and to maintain confidentiality. This administrative regulation protects the health and safety of the citizens of Kentucky and establishes procedures for preventing abuse and fraud through the use of telehealth, prevents fee-splitting through the use of telehealth, and utilizes telehealth in the provision of psychological services and in the provision of continuing education.

Section 1. Definitions. (1) "Client" is defined by 201 KAR 26:145, Section 2;
(2) "Telehealth" is defined by KRS 319.140(3);
(3) "Telepsychology" means "practice of psychology" as defined by KRS 319.010(7) between the psychologist and the patient:
(a) Provided using an electronic communication technology; or
(b) Two (2) way, interactive, simultaneous audio and video.

Section 2. Client Requirements. A credential holder using telehealth to deliver psychological services or who practices telepsychology shall, upon initial contact with the client:
(1) Make reasonable attempts to verify the identity of the client;
(2) Obtain alternative means of contacting the client other than electronically;
(3) Provide to the client alternative means of contacting the credential holder other than electronically;
(4) Document if the client has the necessary knowledge and skills to benefit from the type of telepsychology provided by the credential holder;
(5) Use secure communications with clients, including encrypted text messages via e-mail or secure Web sites, and not use personal identifying information in non-secure communications;
(6) Inform the client in writing about:
(a) The limitations of using technology in the provision of telepsychology;
(b) Potential risks to confidentiality of information due to technology in the provision of telepsychology;
(c) Potential risks of disruption in the use of telepsychology;
(d) When and how the credential holder will respond to routine electronic messages;
(e) In what circumstances the credential holder will use alternative communications for emergency purposes;
(f) Who else may have access to client communications with the credential holder;
(g) How communications can be directed to a specific credential holder;
(h) How the credential holder stores electronic communications from the client; and
(i) The reporting of clients required by 201 KAR 26:145, Section 7.

Section 3. Competence, Limits on Practice, Maintenance, and Retention of Records. A credential holder using telehealth to deliver psychological services or who practices telepsychology shall:
(1) Limit the practice of telepsychology to the area of competence in which proficiency has been gained through education, training, and experience;
(2) Maintain current competency in the practice of telepsychology through continuing education, consultation, or other procedures, in conformance with current standards of scientific and professional knowledge;
(3) Document the client's presenting problem, purpose, or diagnosis;
(4) Follow the record-keeping requirements of 201 KAR 26:145, Section 6; and
(5) Ensure that confidential communications obtained and stored electronically cannot be recovered and accessed by unauthorized persons when the credential holder disposes of electronic equipment and data.

Section 4. Compliance with Federal, State, and Local Law. A credential holder using telehealth to deliver psychological services or who practices telepsychology shall comply with:
(1) State law where the credential holder is credentialed and be licensed to practice psychology where the client is domiciled; and
(2) Section 508 of the Rehabilitation Act, 29 U.S.C. 794(d), to make technology accessible to a client with disabilities;

Section 5. Representation of Services and Code of Conduct. A credential holder using telehealth to deliver psychological services or who practices telepsychology:
(1) Shall not by or on behalf of the credential holder engage in false, misleading, or deceptive advertising of telepsychology;
(2) Shall comply with 201 KAR 26:145. (37 Ky.R. 1597; Am. 1987; eff. 3-4-2011.)

Effective: January 1, 2015

Louisiana Telepsychology Guidelines

Purpose of guidelines: To facilitate the process for licensed psychologists to provide telepsychology services to residents of Louisiana.

Telepsychology: The practice of psychology which includes assessment, diagnosis, intervention, consultation or information by psychologist using interactive telecommunication technology that enables a psychologist and a client, at two different locations separated by distance to interact via two-way video and audio transmissions simultaneously. Telepsychology is not a separate specialty. If the use of technology is clearly administrative purposes, it would not constitute telepsychology under these guidelines.

The Appropriate Use of Telepsychology

Psychologists recognize that telepsychology is not appropriate for all problems and that the specific process of providing professional services varies across situation, setting and time, and decisions regarding the appropriate delivery of telepsychology services are made on a case-by-case basis. Psychologists have the necessary professional and technical training, experience, and skills to provide the type of telepsychology that they provide. Psychologists are encouraged to maintain their competence in this area via appropriate continuing education. They also can adequately assess whether involved participants have the necessary knowledge and skills to benefit from those services. If the psychologist determines that telepsychology is not appropriate, they inform those involved of appropriate alternatives

Legal and Ethical Requirements

Psychologists recognize that the provision of Telepsychology is not legally prohibited by local or state laws and regulations (supplements 2002 APA Ethics Code Sec. 1.02). Psychologists are aware of and in compliance with Louisiana psychology licensure laws and rules.

Responsibilities of the Licensed Psychologist:

Professional and Patient Identity and Location: at the beginning of a Telepsychology service with a client, the following essential information shall be verified by the psychologist:

Psychologist and Client Identify Verification: The name and credentials of the professional and the name of the patient shall be verified.

Provider and Patient Location Documentation: The location where the patient will be receiving services shall be confirmed and documented by the psychologist. Documentation should at least include the date, location, duration and type of service.

Secure Communications/Electronic Transfer of Client: Psychologists, use secure *HIPAA/HITECH* compliant communications.

Non-secured communications: Obtain consent for use of non-secured communications. In cases of emergency, non-secured communications may be used with the consent of the patient and/or at the discretion of the psychologist based on clinical judgment

Informed Consent: A thorough informed consent at the start of all services shall be performed. The consent should be conducted in real-time. Local, regional and national laws regarding verbal or written consent shall be followed. The consent should include all information contained in the consent process for in-person care including confidentiality and the limits to confidentiality in electronic communication; an agreed upon emergency plan, particularly in settings without clinical staff immediately available; the potential for technical failure, process by which patient information will be documented and stored; a protocol for contact between sessions; and conditions under which telepsychology services may be terminated and a referral made to in-person care.

Privacy: Efforts shall be made to ensure privacy so clinical discussion cannot be overheard by others either inside or outside of the room where the service is provided. Further, psychologists review with clients their policy and procedure to insure privacy of communications via physical, technical, and administrative safeguards.

Emergency Management:
Psychologists shall have an Emergency Management plan in case of emergency in a telepsychology session. The psychologist's plan should include such things as: patient safety, information for patient support person, uncooperative patients and identifying local emergency personnel.
In an emergency situation with a patient, psychologists will follow the normal clinical emergency protocols. In the event of an emergency, a patient has to consent to a voluntary support system. In cases where a patient refuses to consent, emergency procedures will be followed using the pre-identified resources available at the remote site and permitted by prior consent / agreement of the client.

Recordkeeping
Psychologists insure that documentation of service delivery via telepsychology is appropriately included in the clinical record (paper or electronic). Further, psychologists insure the secure destruction of any documents maintained in any media of telepsychology sessions and in accordance with APA guidelines, and all federal, state, and local laws and regulations.

Service Delivery

Psychologists are responsible for insuring that any services provided via electronic media are appropriate to be delivered through such media without affecting the relevant professional standards under which those services would be provided if delivered in person. It is recommended that the initial interview/assessment occur in-person. However if conducted via telepsychology then the psychologist is responsible for meeting the same standard of care.

This also includes but is not limited to reliability and validity of psychometric tests and other assessment methods; and consideration of normative data for such psychometric / assessment tools; maintaining conditions of administration. When providing therapeutic interventions, psychologists insure that the modality being used is appropriate for delivery through electronic media and is appropriate for delivery to individuals, groups, and/or families/couples as indicated.

Psychologists reassess appropriateness of the use of telepsychology throughout the course of contact with the patient.

Limitations

Any service that would require the psychologist to personally interact with, touch, and/or examine the client may not be suitable for telepsychology. Examples may include but not be limited to the sensory-perceptual examinations of some neuropsychological assessments; and examination of the client for signs of movement disorders like the AIMS and Simpson-Angus exams. Psychologists must insure that the integrity of the examination procedure is not compromised through the use of telepsychology.

Cultural Competence

Psychologists are encouraged to reflect on multicultural issues when delivering telespscyhology services to diverse clients.

Complaints

If any complaint arises and the psychologist was using telepsychology, then whether they used it properly would be part of the investigation of the overall complaint.

References:

APA Ethical Principles and Code of Conduct (2010).

APA (2013). Guidelines for the practice of telepsychology, *American Psychologist*, 68, 791–800. doi: 10.1037/a0035001.

American Telemedicine Association (2013). Practice guidelines for video-based online mental health services. (Available at www.americantelemed.org).

Provision of Services Via Electronic Means

Originally adopted in March 2005
Updated October 2015

In response to inquiries from licensees and other interested parties, the Board would like to share its current thinking with regard to provision of services via electronic means. The Board recognizes that this is an evolving practice issue, and its policy may be updated from time to time. However, there are some issues and policies that the Board believes are important to share, even as this area evolves. The Board believes that psychologists should recognize that as he or she loses the kind of direct contact with a patient/client that occurs in an in-person, face-to-face office, the psychologist incrementally loses much of the richness of interaction which, as any psychologist knows, comes with traditional face-to-face contact. For this reason, a psychologist should seriously consider conducting the initial evaluation of a client in-person before beginning electronic provision of services, and holding sessions in-person periodically thereafter. A psychologist should also recognize that without such in-person, face-to-face interaction, patients/clients may misinterpret or feel injured by a psychologist's statements, tone of voice, or other perceived empathic failures, and the psychologist may fail to observe the signs of this in a timely way. This may lead to the patient filing a complaint, prematurely terminating the therapy, or both.

In addition, delivery of clinical services by technology-assisted media such as telephone, use of video, and the internet obligate the psychologist to carefully consider and address a myriad of issues in the areas of structuring the relationship, informed consent, confidentiality, determining the basis for professional judgments, boundaries of competence, computer security, avoiding harm, dealing with fees and financial arrangements, and advertising. Specific challenges include, but are not limited to, verifying the identity of the client, determining if a client is a minor, explaining to clients the procedure for contacting the psychologist when he or she is off-line, discussing the possibility of technology failure and alternative modes of communication if that failure occurs, exploring how to cope with potential misunderstandings when visual cues do not exist or are insufficient, identifying appropriately trained professionals who can provide local assistance (including crisis intervention) if needed, informing internet clients of encryption methods used to help ensure the security of communications, informing clients of the potential hazards of unsecured communication on the internet, telling internet clients whether session data are being preserved (and if so, in what manner and for how long), and determining and communicating procedures regarding the release of client information received through the internet with other electronic sources.

The Board's current position is that the practice of psychology occurs where the patient/client who is receiving the services is physically located at the time of service. In order for a psychologist to provide psychological services to a patient in Massachusetts, that individual must be licensed by the Massachusetts Board of Registration of Psychologists or be exempt under the provisions of M.G.L. c. 112 §.123. If the patient/client is in Massachusetts at the time of service, and files a complaint against the treating psychologist, that complaint will be heard in Massachusetts.

A Massachusetts psychologist who renders psychological services electronically to a client who is not in Massachusetts is advised to contact the psychology licensing board in the state in which the patient is at time of service, to determine whether or not such practice is permitted in that jurisdiction.

Licensees are advised to review the following:

- M.G.L. ch. 112, s. 118-129b
  https://malegislature.gov/Laws/GeneralLaws/Search
- APA *Ethical Principles of Psychologists and Code of Conduct* (Standards 3.10(a), 4.02(c), 5.01(a), and 5.04 specifically address electronic transmissions).
  http://www.apa.org/ethics/code/index.aspx
- APA/ASPPB/APAIT Joint Task Force Telepsychology Guidelines
  (http://www.apa.org/practice/guidelines/telepsychology.aspx)

Guideline: Engaging in Telepractice

"Telepractice" is providing service that is not "in person" and is facilitated through the use of technology. Such technology may include, but is not limited to, telephone, telefax, e-mail, internet, or videoconference. It is considered a mode of practice and the same standards that apply to all forms of practice in psychology would apply to telepractice.

Practice as a licensed professional in New York State, even through telepractice, requires the practitioner to be licensed or otherwise authorized to practice in New York. Telepractice, when used as a form of mental health practice, is subject to all practice and ethical considerations discussed in this document and in the law, rules and regulations governing licensed practice in New York State. If you are licensed in New York State and wish to provide services in another jurisdiction, you should determine the qualifications for practice and any requirements for licensure imposed by that jurisdiction.

You should consider the particular impact of telepractice on dimensions of mental health practice, including, but not limited to:

- awareness and assessment of non-verbal behavior by the patient;
- ensuring the privacy of patients and protection of confidential information through the transmission of information;
- relational and transferential issues;
- access issues such as distribution of computers and familiarity with technology;
- temporal factors such as simultaneous communication, time between responses, and formalized "sessions";
- provisions for emergencies; and
- development of technological proficiencies and on-line culture/language.

North Carolina Psychology Board
March, 2005

Provision of Services Via Electronic Means

In response to inquiries from licensees and other interested parties, the Board has confirmed that it has no separate view *per se* with regard to provision of services via electronic means. As long as a licensee is practicing in a manner consistent with his/her training and experience, and is receiving supervision as is appropriate, the medium for doing so is not at issue. However, it is incumbent upon any psychologist to recognize that as he or she moves away from direct contact with clientele, the psychologist incrementally loses much of the richness of interaction which, as any psychologist knows, comes with traditional face-to-face contact in an individual session with a client.

Delivery of clinical services by technology-assisted media such as telephone, use of video, and the internet obligate the psychologist to carefully consider and address a myriad of issues in the areas of structuring the relationship, informed consent, confidentiality, determining the basis for professional judgments, boundaries of competence, computer security, avoiding harm, dealing with fees and financial arrangements, and advertising. Specific challenges include, but are not limited to, verifying the identity of the client, determining if a client is a minor, explaining to clients the procedure for contacting the psychologist when he or she is off-line, discussing the possibility of technology failure and alternative modes of communication if that failure occurs, exploring how to cope with potential misunderstandings when visual cues do not exist, identifying an appropriately trained professional who can provide local assistance (including crisis intervention) if needed, informing internet clients of encryption methods used to help ensure the security of communications, informing clients of the potential hazards of unsecured communication on the internet, telling internet clients whether session data are being preserved (and if so, in what manner and for how long), and determining and communicating procedures regarding the release of client information received through the internet with other electronic sources.

The Board considers that the practice of psychology occurs both where the psychologist who is providing therapeutic services is located and where the individual (patient/client) who is receiving the service is located. In order for an individual to provide psychological services in North Carolina, that individual must be licensed by the Psychology Board or be exempt under the Psychology Practice Act. On this basis, if a North Carolina licensee renders psychological services electronically to an out-of-state client, it is recommended that the licensee contact the psychology licensing board in the state in which the patient/client resides to determine whether or not such practice is permitted in that jurisdiction. Licensees are advised to review the North Carolina Psychology Practice Act, specifically the Code of Conduct, and the APA *Ethical Principles of Psychologists and Code of Conduct* (Standards 3.10(a), 4.02(c), 5.01(a), and 5.04 specifically address electronic transmissions).

Similar to mA

BOARD STATEMENT ON TELEPSYCHOLOGY IN NORTH DAKOTA

The use of technology to provide psychological services via remote means, sometimes known as telepsychology, is a bourgeoning part of our profession. While telepsychology can increase efficiencies and make mental health services more accessible, it is not without its own complexities. For example, psychologists practicing telepsychology must adhere not only to guidelines related to the utilization of new methods in the delivery of services (APA/ASPPB/APAIT Joint Telepsychology Guidelines), but must also follow the laws of multiple jurisdictions as those laws apply to their practice of telepsychology. This statement is meant to briefly orient psychologists to some of the issues they may encounter related to telepsychological practice.

First, there is no special licensure status or credential within North Dakota for the practice of telepsychology. As a result, a psychologist licensed in North Dakota may be permitted to provide telepsychology services to recipients located either inside or outside North Dakota. When doing so, the psychologist must comply with the laws and regulations of a) North Dakota, including NDCC 43-32 and 43-51, b) the jurisdiction in which the psychologist is located, and c) the jurisdiction in which the recipient is located. The psychologist should specifically be aware of whether each jurisdiction permits telepsychology and how they regulate it.

A psychologist licensed in another jurisdiction, but who is not licensed in North Dakota may also be permitted to provide telepsychology services in North Dakota. If the psychologist or the recipient is located in North Dakota, the psychologist must comply with North Dakota laws, including NDCC 43-32 and 43-51. These laws require, in part, that the services of the psychologist be within the scope of practice and title of the license of psychologist. In situations where the recipient is located in North Dakota, the law also requires that the services be **a continuation of a professional relationship with the recipient that was formed first in the jurisdiction which the provider is licensed, as long as the foreign jurisdiction permits remote practice**. This psychologist must also comply with the laws of the jurisdictions where a) the psychologist is licensed, b) the psychologist is located, and c) the recipient is located. This psychologist should specifically be aware of whether each jurisdiction permits telepsychology and how they regulate it.

A psychologist's failure to follow the laws of any of the jurisdictions in which they are licensed or located, or where the recipient of their services is located, may result in discipline of the psychologist by all of the relevant jurisdictions. Psychologists are strongly encouraged to regularly review the applicable laws to ensure their practices, including their provision of telepsychology, are compliant.

Permutations:

ND Licensed Psychologist/Applied Behavior Analyst providing telepsychology services:

1. Psychologist/BA in ND; Recipient in ND
    a. A licensee located in ND may provide remote services to individuals in ND within their competence of the scope of practice and title of the license. Licensees doing so should be aware of regulations related to this practice, including (but not limited to): NDCC 43-32 and 43-51. There is no special licensure status or credential within ND for telepractice.
2. Psychologist/BA in ND; Recipient out of ND
    a. A licensee located in ND may provide remote services to individuals in another jurisdiction if such a practice is authorized in that jurisdiction. However, if such practice would be illegal, or the licensee violates a law of that other jurisdiction, or of ND, they would be subject to disciplinary action in ND (and likely the other jurisdiction). Licensees doing so should be aware of regulations related to this practice, including (but not limited to): NDCC 43-32 and 43-51.There is no special licensure status or credential within ND for telepractice.
3. Psychologist/BA out of ND; Recipient in ND
    a. A ND licensee traveling in another state at the time of providing remote services to individuals located in ND, must additionally ensure compliance with the laws of the jurisdiction in which they are located at the time of practice (see number 2).
4. Psychologist/BA out of ND; Recipient out of ND
    a. A ND licensee traveling in another state at the time of providing remote services to individuals located outside ND, the licensee must additionally ensure compliance with

the laws of the jurisdiction in which they are located at the time of service as well as the jurisdiction that the recipient is located at the time of services.

Non-ND Psychologist/BA providing telepsychology services INTO ND:

1. Non-ND Psychologist/BA in licensed state; recipient in ND
    a. A non-ND licensed provider may provide remote services to individuals within ND within their competence and scope of practice and title of the license of psychologist, **as long as this is a continuation of a professional relationship with the recipient that was formed first in the jurisdiction which the provider is licensed and as long as the foreign jurisdiction permits remote practice.** Foreign licensees doing so should be aware of regulations related to this practice, including (but not limited to): NDCC 43-32 and 43-51.
2. Non-ND Psychologist/BA in ND; recipient in ND
    a. A non-ND licensed provider may NOT provide remote services to individuals in ND if they are located in ND at the time of services, as they would not be licensed to practice within this jurisdiction. Foreign licensees doing so should be aware that any person who violates any of the provision of NDCC 43-32 is guilty of a class B misdemeanor, and civil remedies may also apply.
3. Non-ND Psychologist/BA in state not licensed in; recipient in ND
    a. A non-ND licensed provider may not initiate services from a jurisdiction in which they are not licensed and provide these services to a recipient in ND. Foreign licensees doing so should be aware that any person who violates any of the provision of NDCC 43-32 is guilty of a class B misdemeanor, and civil remedies may also apply.

Final draft edits by MAL 10/17/2014

(h) A license holder shall be familiar with any relevant law concerning the reporting of abuse of children or vulnerable adults.

(H) Competence:

(1) Limits on practice. A license holder shall limit his/her professional practice to those specialty areas in which competence has been gained through education, training, and experience. If important aspects of the client's problem fall outside the boundaries of competence, then the license holder assists his/her client in obtaining additional professional help.

(2) Specialty standard of care. A license holder shall exercise sound judgment and care in determining what constitutes his/her area(s) of competence. A guiding principle is that one who undertakes practice in a given specialty area will be held to the standard of care within that specialty while he/she is practicing in that area.

(3) Maintaining competency. A license holder shall maintain current competency in the areas in which he/she practices, through continuing education, consultation, and/or other training, in conformance with current standards of scientific and professional knowledge.

(4) Adding new services and techniques. A license holder, when developing competency in a new area or in a new service or technique, shall engage in ongoing consultation with other psychologists, school psychologists, or appropriate professionals and shall seek continuing education in the new area, service or technique. A license holder shall inform any client whose treatment will involve a newly developing service or technique of its innovative nature and the known risks concerning those services and shall document informed consent provided by the client or legal guardian.

(5) Limits on practice under school psychologist license. A school psychologist who does not hold a psychologist license shall not practice beyond the scope of the school psychologist license, as defined in division (E) of section 4732.01 of the Revised Code.

(6) Referrals. A license holder shall make or recommend referral to other professional, technical, or administrative resources when such referral is in the best interests of the client.

(7). Interprofessional relations. A license holder shall neither establish nor offer to establish a continuing treatment relationship with a person receiving mental health services from another professional, except with the knowledge of the other professional or after the termination of the client's relationship with the other professional.

(I) Telepsychology.

(1) "Telepsychology" means the practice of psychology or school psychology as those terms are defined in divisions (B) and (E) of section 4732.01 of the Revised Code, including psychological and school psychological supervision, by distance communication technology such as but not necessarily limited to telephone, email, Internet-based communications, and videoconferencing.

(2) In order to practice telepsychology in the state of Ohio one must hold a current, valid license issued by the Ohio board of psychology or shall be a registered supervisee of a licensee being delegated telepsychology practices in compliance with paragraphs (B) and (C) of rule 4732-13-04 of the Administrative Code.

(3) License holders understand that this rule does not provide licensees with authority to practice telepsychology in service to clients domiciled in any jurisdiction other than Ohio, and licensees bear responsibility for complying with laws, rules, and/or policies for the practice of telepsychology set forth by other jurisdictional boards of psychology.

(4) License holders practicing telepsychology shall comply with all of these rules of professional conduct and with requirements incurred in state and federal statutes relevant to the practice of psychology and school psychology.

(5) License holders shall establish and maintain current competence in the professional practice of telepsychology through continuing education, consultation, or other procedures, in conformance with prevailing standards of

scientific and professional knowledge. License holders shall establish and maintain competence in the appropriate use of the information technologies utilized in the practice of telepsychology.

(6) License holders recognize that telepsychology is not appropriate for all psychological problems and clients, and decisions regarding the appropriate use of telepsychology are made on a case-by-case basis. License holders practicing telepsychology are aware of additional risks incurred when practicing psychology or school psychology through the use of distance communication technologies and take special care to conduct their professional practice in a manner that protects the welfare of the client and ensures that the client's welfare is paramount. License holders practicing telepsychology shall:

(a) Conduct a risk-benefit analysis and document findings specific to:

(i) Whether the client's presenting problems and apparent condition are consistent with the use of telepsychology to the client's benefit; and

(ii) Whether the client has sufficient knowledge and skills in the use of the technology involved in rendering the service or can use a personal aid or assistive device to benefit from the service.

(b) Not provide telepsychology services to any person or persons when the outcome of the analysis required in paragraphs (I)(6)(a)(i) and (I)(a)(ii) of this rule is inconsistent with the delivery of telepsychology services, whether related to clinical or technological issues.

(c) Upon initial and subsequent contacts with the client, make reasonable efforts to verify the identity of the client;

(d) Obtain alternative means of contacting the client;

(e) Provide to the client alternative means of contacting the licensee;

(f) Establish a written agreement relative to the client's access to face-to-face emergency services in the client's geographical area, in instances such as, but not necessarily limited to, the client experiencing a suicidal or homicidal crisis;

(g) Licensees, whenever feasible, use secure communications with clients, such as encrypted text messages via email or secure websites and obtain and document consent for the use of non-secure communications.

(h) Prior to providing telepsychology services, obtain the written informed consent of the client, in language that is likely to be understood and consistent with accepted professional and legal requirements, relative to:

(i) The limitations and innovative nature of using distance technology in the provision of psychological or school psychological services;

(ii) Potential risks to confidentiality of information due to the use of distance technology;

(iii) Potential risks of sudden and unpredictable disruption of telepsychology services and how an alternative means of re-establishing electronic or other connection will be used under such circumstances;

(iv) When and how the licensee will respond to routine electronic messages;

(v) Under what circumstances the licensee and service recipient will use alternative means of communications under emergency circumstances;

(vi) Who else may have access to communications between the client and the licensee;

(vii) Specific methods for ensuring that a client's electronic communications are directed only to the licensee or supervisee;

(viii) How the licensee stores electronic communications exchanged with the client;

(7) Ensure that confidential communications stored electronically cannot be recovered and/or accessed by unauthorized persons when the licensee disposes of electronic equipment and data;

(8) If in the context of a face-to-face professional relationship the following are exempt from this rule:

(a) Electronic communication used specific to appointment scheduling, billing, and/or the establishment of benefits and eligibility for services; and,

(b) Telephone or other electronic communications made for the purpose of ensuring client welfare in accord with reasonable professional judgment.

(J) Violations of law:

(1) Violation of applicable statutes. A license holder shall not violate any applicable statute or administrative rule regulating the practice of psychology or school psychology.

(2) Use of fraud, misrepresentation, or deception. A license holder shall not use fraud, misrepresentation, or deception in obtaining a psychology or school psychology license, in taking a psychology or school psychology licensing examination, in assisting another to obtain a psychology or school psychology license or to take a psychology or school psychology licensing examination, in billing clients or third-party payers, in providing psychological or school psychological services, in reporting the results of those services, or in conducting any other activity related to the practice of psychology or school psychology.

(K) Aiding illegal practice:

(1) Aiding unauthorized practice. A license holder shall not aid or abet another person in misrepresenting his/her professional credentials or in illegally engaging in the practice of psychology or school psychology.

(2) Delegating professional responsibility. A license holder shall not delegate professional responsibilities to a person not qualified and/or not appropriately credentialed to provide such services.

(3) Providing supervision. A license holder shall exercise appropriate supervision over supervisees, as set forth in the rules of the board.

(4) Reporting of violations to board. A license holder who has substantial reason to believe that another license holder or psychological or school psychological supervisee has committed an apparent violation of the statutes or rules of the board that has substantially harmed or is likely to substantially harm a person or organization shall so inform the board in writing; however, when the information regarding such violation is obtained in a professional relationship with a client, the license holder shall report it only with the written permission of the client. Under such circumstances the license holder shall advise the client of the name, address, and telephone number of the state board of psychology and of the client's right to file a complaint. The license holder shall make reasonable efforts to guide and/or facilitate the client in the complaint process as needed or requested by the client. Nothing in this rule shall relieve a license holder from the duty to file any report required by applicable statutes.

(L) Supervision. Rules 4732-13-01, 4732-13-02, 4732-13-03, and 4732-13-04 of the Administrative Code, pertaining to supervision of persons performing psychological or school psychological work, shall be considered as a part of these rules of professional conduct.

Cite as Ohio Admin. Code 4732-17-01

Effective: 6/8/2015
Five Year Review (FYR) Dates: 03/16/2015 and 09/18/2019
Promulgated Under: 119.03
Statutory Authority: 4732.06
Rule Amplifies: 4732.17
Prior Effective Dates: 12/30/77, 9/1/81, 10/1/90, 9/30/96, 7/15/00, 11/29/04, 11/1/07

4732-17-01.1 Youth sports concussion assessment and clearance.

OPA COMMUNICATIONS AND TECHNOLOGY COMMITTEE

The Communication and Technology Committee (CTC)'s primary priority is to promote the use of technology in the practice of psychology by providing information and guidance to psychologists in Ohio about telepsychology.

COMMITTEE MISSION

- Monitor advances in technology and inform the OPA Board and membership about ways technology may be used in the practice of psychology
- Advise the planning of OPA's public relations and marketing efforts
- Guide the planning for OPA publications, including the website and listserv, relative to topics, content and guest editors

GOALS

- Actively educate about and promote the use of telepsychology with OPA members
- Provide editorial resources to OPA publications
- Keep informed about telepsychology laws, regulations, and guidelines
- With OPA Central Office staff manage, the OPA listservs for compliance with rules and guidelines
- Provide information about telepsychology on the OPA listserv and OPA publications
- Advocate for the provision of telepsychology education and training opportunities for Ohio psychologists

RESOURCES

- Telepsychology Informed Consent Form (http://c.ymcdn.com/sites/ohpsych.site-ym.com/resource/collection/AC67E033-F301-4661-8A8E-ECE4AFF1F040/Telepsychology%20Informed%20Consent%20Form.pdf)
- Areas of Competence for Psychologists in Telepsychology (http://c.ymcdn.com/sites/ohpsych.site-ym.com/resource/collection/AC67E033-F301-4661-8A8E-ECE4AFF1F040/Areas-of-Competence-for-Psychologists-in-Telepsychology.pdf)
- Ohio Board of Psychology Telepsychology Rules (http://c.ymcdn.com/sites/ohpsych.site-ym.com/resource/collection/AC67E033-F301-4661-8A8E-ECE4AFF1F040/OBPTelepsychologyRules.pdf)
- OPA Telepsychology Guidelines (2010) (http://c.ymcdn.com/sites/ohpsych.site-ym.com/resource/collection/AC67E033-F301-4661-8A8E-ECE4AFF1F040/OPA_Telepsychology_Guidelines_41710.pdf)
- OPA Listserv Rules and Guidelines (https://c.ymcdn.com/sites/ohpsych.site-ym.com/resource/resmgr/files/member_benefits/OPAListservGuidelinesApprove.pdf)
- Telepsychology Practices: Ohio Guidelines (http://c.ymcdn.com/sites/ohpsych.site-ym.com/resource/collection/AC67E033-F301-4661-8A8E-ECE4AFF1F040/2011opCTC.pdf)
- Psychologists Use of E-mail with Clients: Some Ethical Considerations 2005 (http://c.ymcdn.com/sites/ohpsych.site-ym.com/resource/collection/AC67E033-F301-4661-8A8E-ECE4AFF1F040/2005op6.pdf)
- Telemental Health Bibliography (http://telehealth.org/bibliography/) – Telemental Health Institute
- Telehealth Online Resources – Zur Institute (http://www.zurinstitute.com/hipaa-digitalethics-telementalhealth-resources.html)

OPA PUBLICATIONS

The Ohio Psychologist is a peer-reviewed publication with primarily practice-orientated articles. The Editor of *The Ohio Psychologist* is a co-chair of the CTC. The *OPA Review* is published two times annually and is designed to bring members up-to-date information about statewide and national issues that affect psychologists and consumers. OPA Members may view past issues of all publications in the News (http://ohpsych.site-ym.com/page/newsandpub) section of this website. Non-members may purchase an annual subscription to the print publication at a rate of $50 per year – contact the Director of Finance and Operations (mailto:postmaster@ohpsych.org?subject=OPA Publication Subscription) for more information or to purchase a subscription.

Articles submitted for publication in *The Ohio Psychologist* are carefully reviewed by three peer reviewers, and reviewer feedback is provided to each author and changes are made by the author(s) to manuscripts before they are officially accepted for publication.

Areas of Competence for Psychologists in Telepsychology

Introduction

The American Psychological Association (APA) has espoused that the expanding use of telecommunication technology in psychology practice supports the need for the development of guidelines for telepsychology. Over the last decade psychologists have been introduced to rapidly evolving technological media. As a result, psychologists are becoming more dependent on the use of technology in their practices. As the state of Ohio has rules pertinent to telepsychology and the Ohio Psychological Association (OPA) has developed telepsychology guidelines, this document is designed to set forth a fundamental level of core competencies related to telepsychology that all psychologists in the State of Ohio should adhere to in order to demonstrate best practices and assure client welfare. This document is designed to identify basic telepsychology competencies pertinent to the (a) Ohio Board of Psychology Telepsychology Rules (2011); the Ohio Psychological Association Telepsychology Guidelines (2010); The APA Guidelines for Telepsychology (2013); and the Health Insurance Portability and Accountability Act.

I.	**Psychologist Technical Skills: Foundational technological skills that are needed to establish a therapeutic relationship via technological means for the psychologist and the client.**

Knowledge and Skills of Technology Approaches	
Knowledge	**Skill**
I.a. Knowledge of limits of practice in relation to telepsychology rules and guidelines	Psychologists need to be aware of 2012 State of Ohio Telepsychology Guidelines2011 Ohio Bd. Of Psychology Telepsychology Rule 4732-17-01(1) and 2013 American Psychological Association Telepsychology Guidelines
I.b. Knowledge of telemental health best practice standards and guidelines	Knowledgeable about current telemental health standards and guidelines relevant to telepsychology such as 2013 Practice Guidelines for Video-Based Online Mental Health Services
I.c. Knowledge of evolving technology	Remain abreast of evolving uses of technology in providing psychological services.
I.d. Knowledge of existing technology	Use of current forms of telecommunications such as video teleconferencing, telephone, texting, email, etc.
I.e. Knowledge of how to assess the client's knowledge and skills for receiving services via telecommunications	Evaluating the client's abilities to receive services via telecommuniations based upon their knowledge and skills in using the telecommunications that would be used to receive telepsychology services
I.f.. Knowledge of how to assess client's needs to determine the most	Establishing contact with client to conduct an initial assessment to determine their physical capabilities,

appropriate technological approach for therapeutic services.	language requirements, cultural mores, clinical needs and access to devices and services permitting synchronous and/or asynchronous communications.
I.g. Knowledge of current and evolving online assessment tools.	• Conducting a diagnostic interview in order to assess client's psychological needs and issues to align with appropriate online assessments. • Adhere to standardized procedures for conducting online assessments to ensure the integrity of the data. • Awareness of limitations relating to online assessment and interpretation.
I.h. Knowledge of security issues related to telepsychology therapeutic approaches	• Use of encryption • Storage of electronic communications (e.g., time period, location) • Disposal of electronic records of client data
II. Psychologist's Clinical Telepsychology Skills: Set of foundational skills used in the application of telepsychology.	

Knowledge and Skills of Clinical Telepsychology	
Knowledge	**Skill**
II.a. Knowledge of how to conduct therapeutic and/or assessment services online.	Maintain periodic consultation with professional colleagues, attend trainings and professional conferences keep abreast of professional literature as well as meet any future biannual telepsychology requirements of the Ohio State Board of Psychology.
II.b. Knowledge of evolving specialized clinical skills required for online therapeutic services.	Maintain periodic consultation with professional colleagues, attend trainings and professional conferences.
II.c. Knowledge, respect, and awareness of factors pertaining to age, race, ethnicity, language, gende orientation, disability, and culture.	Identify needs and appropriate modifications related to client diversity in regards to therapeutic services and/or online assessments.

III. Psychologist and Client Relationship: Set of foundational skills used in the application of telepsychology to establish a therapeutic online relationship.

Knowledge and Skills for Establishing, Maintaining, and Terminating the Psychologist and Client Relationship	
Knowledge	**Skill**
III.a. Knowledge pertaining to decision-making regarding client welfare.	Conduct a risk vs. benefit analysis during the three stages (i.e., initial, ongoing, final) of the online therapeutic relationship.
III.b. Knowledge of legal	Comply with best practice approaches for the delivery of online

and ethical requirements related to state and federal laws and regulations.	therapeutic services via periodic consultation with professional colleagues, attending online trainings and professional conferences.
Initial Stage of Online Therapeutic Relationship	
Knowledge	**Skill**
III.c. Knowledge of the most appropriate therapeutic approach based on client needs.	Establishing contact with client to conduct an initial assessment to determine their physical capabilities, language requirements, cultural mores, and access to devices and services permitting face-to-face and remote (synchronous and/or asynchronous) communications.
III.d. Knowledge of how to develop and communicate the service or treatment plan and process.	Review the service or treatment plan including therapeutic goals and description of the process and development of therapeutic goals
III.e. Knowledge of HIPAA policies	Review the following with client: • written agreements and informed consent • clarification of fees • financial arrangements • storage of electronic communications (e.g., online session transcripts) • release of information • provisions of disclosures to other professionals
III.f. Knowledge of how to establish an emergency plan	Communicate with client: • 24 hour emergency coverage (i.e., after hour coverage) • Plans for the absence/unavailability of treating psychologist to include a psychologist with telepsychology expertise Securing Client Information • Client's emergency contact information (e.g., alternate emergency contact) Knowledge of Community Resources in Client's Geographic Area • List of emergency contact numbers (e.g., police, crisis agencies, hospital, rescue)
III.g. Knowledge of Limitations of Distance Technology	Awareness of: • Compatibility of electronic equipment and services • Contingency plans for disruption of service • Security risks • Impact of various electronic communication formats on the client-therapist response time
Maintenance Stage of Online Therapeutic Relationship	
Knowledge	Skill
III.h. Knowledge of on-going risk vs. benefit analysis	• Continual assessment of the therapeutic relationship , progress toward client goals, and approach being used online

	○ Progress monitoring (e.g., monitoring client's perceptions of satisfaction with telepsychology services) • Modification of treatment plans and/or appropriateness of telepsychology services based on progress monitoring data • Determining whether to continue using telepsychology services versus in-person services, a combination of both, make a referral or discontinue telepsychology services
Termination Stage of Online Therapeutic Relationship	
Knowledge	**Skill**
III.i. Knowledge of When to Terminate Relationship	• Analyze progress monitoring data in relation to the attainment of treatment goals and client benefits and risks.
III.j. Knowledge of How to Terminate Relationship	• Develop follow-up contingency plan • Analyze client's perceptions of satisfaction with telepsychology services

IV.	**Psychologist's Clinical Supervision Skills Using Telepsychology: Set of foundational skills used in the application of telepsychology to guide a supervisory online relationship.**

Supervisor and Supervisee Knowledge and Skills of Technology Approaches	
Knowledge	**Skill**
IV.a. Knowledge of technology approaches and competency guidelines for client welfare.	• See above I.a – III.j • Establishing compatible telepsychology communications
Knowledge and Skills for Establishing, Maintaining, and Terminating Supervisor and Supervisee Relationship	
Knowledge	**Skill**
IV.b. Knowledge of the most appropriate supervision models based	• Choose a compatible supervisory model based on an analysis of the supervisee's clinical strengths and weaknesses • Determine the appropriateness of the supervisory model for

on supervisee's needs.	telepsychology supervision.
IV.c. Knowledge of supervisory plan development	• Create a written professional developmental plan of competency attainment for the supervisee that can be implemented via telepsychology and/or face-to-face supervision. • Arrange a systematic schedule for weekly supervision via telepsychology and/or face-to-face meetings. • Clarify supervisor's responsibilities and supervisee's expectations.
IV.d. Knowledge of evaluation and feedback	• Establish a best practices evaluation and feedback approach that encompasses multi-method supervisory techniques (e.g., written, interviews with other professionals working with supervisee, client feedback evaluation on services) • Development of a contingency plan for supervision if telepsychology approaches are not sufficient for adequate developmental professional growth of the supervisee (e.g., requires more intense face-to-face supervision with or without telepsychology supervision).
IV.e. Knowledge of How to Terminate a Supervisory Relationship	• Review written developmental plan of competency attainment identifying areas of growth and areas for continued professional development. • Secure supervisee's feedback and perceptions regarding the use of telepsychology supervisory methods.

V. Ongoing Professional Development Requirements: Continuing education to maintain current knowledge and skill competencies in telepsychology.	
Knowledge	**Skill**
V.a. Knowledge of current telepsychology practices.	Psychologists practicing telepsychology will regularly obtain needed continuing education and training to maintain competence in the area of telepsychology.

OHIO PSYCHOLOGICAL ASSOCIATION

TELEPSYCHOLOGY INFORMED CONSENT

As a client receiving psychological services through telepsychology methods, I understand:

1. This service is provided by technology (including but not limited to video, phone, text, and email) and may not involve direct, face to face, communication. There are benefits and limitations to this service. I will need access to, and familiarity with, the appropriate technology to participate in the service provided. Exchange of information will not be direct and any paperwork exchanged will likely be exchanged through electronic means or through postal delivery.
2. If a need for direct, face to face services arises, it is my responsibility to contact providers in my area such as _____, _____, or _____ or to contact this office for a face to face appointment. I understand that an opening may not be immediately available.
3. I may decline any telepsychology services at any time without jeopardizing my access to future care, services, and benefits.
4. These services rely on technology, which allows for greater convenience in service delivery. There are risks in transmitting information over the internet that include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties. My psychologist and I will regularly reassess the appropriateness of continuing to deliver services to me through the use of technology.
5. In emergencies, in the event of disruption of service, or for routine or administrative reasons, it may be necessary to communicate by other means:
    a. In emergency situations
    b. Should service be disrupted
    c. For other communication
6. My psychologist may utilize alternative means of communication in the following circumstances:
7. My psychologist will respond to communications and routine messages within _____

8. It is my responsibility to maintain privacy on the client end of communication. Insurance companies, those authorized by the client, and those permitted by law may also have access to records or communications.

9. I will take the following precautions to ensure that my communications are directed only to my psychologist or other individuals:

10. My communications exchanged with my psychologist will be stored in the following manner:

11. The laws and professional standards that apply to in-person psychological services also apply to telepsychology services. This document does not replace other agreements, contracts, or documentation of informed consent.

_____
Client Printed Name

_____ _____
Signature of Client or Legal Guardian Date

_____
Printed Name of Psychologist

_____ _____
Signature of Psychologist Date

Liability Disclaimer: *The Ohio Psychological Association (OPA) have attempted to provide guidance with this form in line with current laws and guidelines, but the form may need to be tailored to each situation and individual, laws change, and we cannot guarantee freedom from legal liability. It is up to each psychologist to confirm that they are following legal requirements.*

Questions? Contact the Ohio Psychological Association at 614.224.0034.

TELEPSYCHOLOGY GUIDELINES

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These guidelines are available online at:
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Mission Statement

The Ohio Psychological Association (OPA) Communications & Technology Committee's (CTC) goal is to propose a set of flexible and workable guidelines that can be applied by psychologists when providing telepsychology services (See Appendix C for a definition of *telepsychology)*. These guidelines are based upon, and developed to be, extensions of the American Psychological Association (APA) 2002 Code of Ethics and the 1997 APA Ethics Committee statement on electronic services. Although focused primarily upon clinical services, they are intended to be applicable to any psychological services provided using communication technology.

Why Telepsychology Guidelines?

Telepsychology is currently practiced by many psychologists around the world, in the United States and in Ohio. As a result, psychologists and their clients are at a substantial risk for potential harm due to the lack of clear and defined guidance. Telepsychology guidelines provide a framework for the type of recommended conduct or practices psychologists need to be aware of when providing services using telepsychology. There are at least three areas or categories that justify the development and adoption of telepsychology guidelines: legal and regulatory issues, public benefit, and professional guidance.[1]

Legal and Regulatory

Currently, Ohio psychology law and regulations are not clear about how psychologists are expected to use telepsychology when delivering psychological services. Guidelines adopted by the state psychological association would represent a proactive effort to establish what psychologists recognize as recommended practices. When laws and regulations governing practices are silent or unclear, psychologists may partake in practices that could be harmful for their clients and/or put their licenses to practice at risk.

If a psychologist were reported to the Ohio State Board of Psychology (OSBP) for misconduct related to telepsychology, the Board would pursue an investigation, according to Ronald Ross, Ph.D., State Board Executive Director. Dr. Ross indicated during informal communication in 2005 that in such a situation the State Board would seek whatever guidelines existed for telepsychology in the United States or another country because none existed at the state level. Therefore, in the interest of its members, OPA needs to take a leadership role in providing such guidance to its members and to the Ohio State Board of Psychology.

These guidelines do not carry the force of law and are merely intended as suggestions for best practices in the field of telepsychology. Further, these guidelines are intended for use only by psychologists practicing in Ohio, though they may be useful as a point of reference for psychologists practicing in other states.

Public Benefit

Guidelines can help improve the service delivery in practice areas in which there is no recognized consensus about expectations. Guidelines clearly define what psychologists consider recommended practices for themselves and their clients. To not have clearer guidance in a rapidly developing area of practice puts psychologists and their clients at greater risk for substandard practices and treatment.

Professional Guidance

The increased use of telepsychology necessitates an examination of how these types of communications may require changes in how psychologists meet professional standards of practice such as confidentiality and informed consent. The 2002 APA Ethics Code does not provide sufficient guidance in the use of telepsychology when providing psychological services. There is no current effort by the APA to develop telepsychology guidelines.

Introduction

Technology of all types, particularly communication technology, is rapidly becoming more prevalent in the practice of psychology. As this trend continues, a gap widens between the tools that psychologists use and professionally agreed-upon expectations.[2] The Ohio Psychological Association (OPA) Communications and Technology Committee (CTC), in recognition of what has repeatedly been identified as an important need, proposes a set of general guidelines for using communication technology (rather than technology specific guidelines) in delivering psychological services.

Psychologists have been using technological tools to communicate for many years; however, as new technologies emerge, it is critical that psychologists develop a consensus regarding how those technologies can best be applied.[3] For some psychologists, technology is seen as a great benefit, while for others, it may be seen as a threat to their traditional practices. Nonetheless, the increased availability and use of technology will undoubtedly significantly impact the practice of, and training and scientific endeavors in, psychology.[4]

In reviewing these complex issues, the CTC conducted literature searches using such terms as *ethics*, *guidelines*, *standards*, *telehealth*, and *technology* to review relevant publications.[5] Standards and guidelines developed by other health professions and health care organizations for providing services using communication technology that were published in journals or posted on websites also were reviewed (see Appendix D). The ten interdisciplinary principles described by Reed, McLaughlin, and Millholland (2000) for professional practice in telehealth were reviewed and adopted as guiding principles in the committee's work to develop guidelines for providing psychological services using technology (see Appendix B).

For all, cautions exist that need to be considered, since there are both obvious and subtle differences in providing psychological services in non-face-to-face situations.[6] For example, in the absence of face-to-face communication, there may be a tendency to "assume" clients are culturally similar to psychologists. Given the recent body of research indicating the importance of socio-cultural context, professionals need to attend to issues of diversity in the online environment.

Psychologists engaged in the delivery of psychological services involving non-face-to-face communication (e.g., landline telephones, cell phones, video teleconferencing, instant messaging, use of internet services via e-mail, facsimile, chat, blogging, video blogging, webinars, blackboards, social or professional networking or web pages) must take responsible steps to ensure compliance with the APA Code of Ethics. As Jerome et al. (2000) stated in their article about increasing uses of telecommunications in psychological practice and research, "the development of clinical and technological standards is becoming increasingly important." Psychologists need to be aware that clients may initiate contact through electronic means and need to establish a protocol for such contact. However, telepsychology practice standards or guidelines do not exist. Nor are there recognized standards or guidelines for preparatory training for psychologists who provide services via electronic communication.[7] The APA Ethics Committee (1997) developed a statement regarding the use of electronic services based on the APA standards (see Appendix A), but no guidelines were developed. The APA Ethical Standards, revised

in 2002, added the phrase "electronic transmission," but no specific guidelines have since been developed related to the application of the Code of Ethics when using "electronic transmission."

Another major issue identified repeatedly in discussions about providing health services, including psychological services, via telepsychology, has been about the legality (and ethics) of providing services across legal jurisdictions. The majority of those who have looked at the issues of telepsychology across state lines have cautioned psychologists to practice in the states for which they have a license (Alexander, 1999; Barnett, 2005: Heinlen, Welfel, Richmond & O'Donnell, 2003; Koocher & Morray, 2000; Kraus, 2004; Maheu & Gordon, 2000; Mallen, Vogel & Rochlen, 2004).

There continues to be little state regulation of telepsychology practices in general and interstate practices in particular (Alexander, 1999). Since psychologists are licensed separately by each state, providing services to someone in a state where the psychologist is not licensed may put them at both an ethical and legal risk. Frueh et al. (2000) identify that "issues related to licensure, malpractice insurance coverage, and billing may generate confusion if the clinician-provider's practice and the patient's domicile are not in the same state."

One specific area of practice in which psychologists may utilize technology is in the provision of supervision. Based on a recent survey (OPA: CTC, 2008) the most common use of technology is via phone or E-mail. Currently there is little or no state regulation governing the provision of supervision using technology by psychologists in the United States. It should be noted that supervision is distinct from consultation (see definitions in Appendix C).

Psychologists have been administering psychological assessments and tests in their practices for many years; however, as new technologies emerge, it is imperative that psychologists develop a consensus regarding how assessments or testing through electronic means can best be applied. Currently, assessments and testing of clients via telepsychology methods is being practiced by some psychologists around the world, in the United States, and in Ohio. As a result, psychologists and their clients are at a substantial risk for potential harm due to lack of clear and defined guidance in this area. Concern with online assessments and testing arise related to four basic areas: (a) test psychometric properties, (b) test administration and interpretation, (c) examinee identity and (d) technical problems and evaluation environment (Barak, 2003; Buchanan & Smith, 1999; Epstein, J. & Klinkenberg, W., 2001; Fischer & Freid, 2001; Naus, Phillip, & Samsi, 2009).

In order to address these concerns, the CTC proposes a set of guidelines for using telepsychology assessment and testing procedures in delivering psychological services. These telepsychology assessment guidelines have been written in order to provide a framework for the type of recommended conduct or practices psychologists need to be aware of when administering and interpreting assessments or tests when using electronic communications.

A number of benefits have been identified through employing telepsychology assessment practices. These include: rapid ease of administration, collection of data, communication of findings to clients, more cost efficient process, more disclosure than in a face-to-face exchanges, reaching disabled persons and those that live in the rural areas (Buchanan, 2002; Buchanan & Smith, 1999; EmmelKamp, 2005; Epstein, J. & Klinkenberg, W. 2001, Fischer & Freid, 2001; Naus, Phillip, & Samsi 2009; Naglieri, Drasgow, Schmitt, Handler, Prifitera, Mrgolis, & Velasquez, 2004).

In spite of recognized benefits, a number of cautions exist that need to be considered, when providing psychological assessment or testing in non-face-to-face situations. Four identified areas mentioned above will be reviewed:

(a) **Test Psychometric Properties** - Psychometric properties related to validity and reliability has not been readily established for the administration of tests or assessments online. A few studies have compared paper-pencil assessments to computer-based administration. Although results are somewhat comparable, more research is needed. In addition, norms for online computer populations need to be created. As these properties have not been established, there may be a lack of generalization between paper/pencil evaluation and computer-based assessments (Butcher, Perry & Dean, 2006; Emmelkamp, 2001; Herrero & Menses, 2006).

(b) **Test Administration and Interpretation** - In the absence of face-to-face communication, concerns arise if psychologists "assume" clients are culturally, physically, and competently able to understand the requirements and directions for various psychological assessments. Furthermore, issues around standardization practices may be in jeopardy. (Barak, 1999; Buchanan, 2002). Specific questions which need further research are; (1) How can psychologists adequately address the level of competence of clients so the best test assessments can be utilized? and, (2) How will psychologists interpret results in a language that clients understand?

(c) **Examinee Identity** - When administering psychological assessments via the internet, the examinee's identity remains an unknown. Questions arise as to how psychologists can know who exactly is taking the assessment, the client or someone else and can psychologists be sure that someone else is not assisting the examinee with the answers.

(d) **Technical Problems and Environment** - Often technical problems arise when computers are being utilized that can disrupt the assessment and testing process resulting in error of completion time. Storage of data, confidentiality of test protocols and interpretation need to be considered when using online assessment and testing. Specific questions that require more research are: (1) How can test protocols be kept secure if posted on the internet? (2) Will psychologists using test protocols need to obtain test developer permission prior to posting a test protocol on the internet in order to protect copyrights? (3) How will test security and storage of data be maintained? (4) Will psychologists be able to assume with a reasonable degree of comfort that a client is receptively processing test content? and (5) How will the results be transmitted to ensure confidentiality?

Psychologists engaged in the delivery of psychological services involving non-face-to-face communication (e.g., landline telephones, cell phones, video teleconferencing, instant messaging, use of Internet services via e-mail, facsimile, chat or web pages) must take responsible steps to ensure compliance with the American Psychological Association (APA) Code of Ethics. Currently, telepsychology assessment practice standards or guidelines do not exist. Nor are there recognized standards or guidelines for preparatory training for psychologists who provide psychological assessment and procedures via electronic communication. State Boards and publishers will need to work together in order to develop guidelines for online assessment and testing.

Terminology and Nomenclature

Numerous terms to describe the provision of health care services using technology have been used, with no universally agreed-upon nomenclature (see list and definitions in Appendix C). These telepsychology guidelines are intended to be consistent with the APA criteria for developing and evaluating guidelines, maintaining distinctions between recommended guidelines, and mandatory standards of conduct (APA, 2002, 2005).

In order to use a common nomenclature for developing guidelines, the Committee adopted the term *telepsychology* (or telepsychology services, with these used interchangeably) to describe the provision of psychological services using telepsychology. The conceptual relationships among telepsychology, behavioral telehealth and telehealth are graphically shown in Figure 1.

Guidelines versus Standards

"The term *guidelines* refer to statements that suggest or recommend specific professional behavior, endeavors, or conduct for psychologists. Guidelines differ from standards in that standards are mandatory and may be accompanied by an enforcement mechanism. Thus, guidelines are aspirational in intent. They are intended to facilitate the continued systematic development of the profession and to help assure a high level of professional practice by psychologists. Guidelines are not intended to be mandatory or exhaustive and may not be applicable to every professional and clinical situation. They are not definitive and they are not intended to take precedence over the judgment of psychologists" (APA, 2002b, p. 1050)

The Committee clarified the following terminology in relation to guideline usage[8]

- **Codes of ethics** are required standards adopted by a profession.
- **Standards** are mandatory expectations and must be closely adhered to in order to comply with professional practice expectations.
- **Best practices** are a subset of the guidelines that address behavior and treatment to be applied in the best interest of a client.

Based upon these assumptions, the telepsychology guidelines are to be voluntary, evolutionary, and based on best practices. The Committee acknowledges that state and national laws and regulations preempt other requirements or any voluntary guidelines. The CTC believes that telepsychology guidelines are needed to establish practice guidelines for psychologists using technological tools to better assure the quality of services and to define best practices. It is recognized that these general practice guidelines do not address many practice questions and issues in using specific types of technology (e.g. e-mail, websites, etc.), and it is recommended that such guidelines be developed over time through a similar process.

Guideline Development Assumptions

The CTC adopted a set of basic assumptions pertaining to the use and development of telepsychology guidelines.[9] Guidelines are to be:

- Voluntary, recommended practices that can be used to assist psychologists in applying the 2002 APA Code of Ethics when using telepsychology.
- Based upon what are considered best practices and reflect current professional experience and knowledge.
- Evolutionary in nature and may need to be changed over time. It is expected that these guidelines will need to be periodically reviewed and updated to assess their validity, utility, applicability, and relevance.

Guideline Development Process

The CTC adopted the following "Guideline Development Process" for eventual submission to the OPA Board of Directors for final approval and adoption of the telepsychology guidelines:

1. The CTC will review previously developed relevant guidelines and standards created by other health care professions and organizations.
2. The CTC will review the 2002 APA Ethical Standards and identify areas where guidelines are needed and which areas the Committee will address. Areas needing further work or consultation with others will be identified.
3. The CTC will develop an initial set of draft guidelines that will be disseminated to members of the OPA Board and committees for review and comment.
4. After incorporating suggested revisions, a revised draft will be circulated to OPA members for comment via OPA publications and the OPALINK listserv. Input will be solicited from other interested parties and organizations (e.g., other state and regional psychological associations, American Psychological Association).
5. The CTC will review comments and suggestions received from Step 3 and 4 and incorporate any changes into another draft that will be redistributed to the same constituents in Step 3 and 4 for further input. If needed this step may be repeated.
6. A final version will be submitted to the OPA Board for its review and approval.
7. After OPA Board approval, the final guidelines will be distributed to OPA members, other psychological associations in Ohio and other states, the APA, and the Ohio Board of Psychology.

The APA and other professional organizations have previously identified many of the issues addressed in these guidelines. These issues are identified in endnotes and documents listed in the References section. It is suggested that these telepsychology guidelines be read in conjunction with the APA Code of Ethics. There is some intentional redundancy between the guidelines and the APA Code of Ethics standards to emphasize the application of those standards when practicing telepsychology.

1. The Appropriate Use of Telepsychology

Psychologists recognize that telepsychology is not appropriate for all problems and that the specific process of providing professional services varies across situation, setting, and time, and decisions regarding the appropriate delivery of telepsychology services are made on a case-by-case basis. Psychologists have the necessary training, experience, and skills to provide the type of telepsychology that they provide.[10] They also can adequately assess whether involved participants have the necessary knowledge and skills to benefit from those services. If the psychologist determines that telepsychology is not appropriate, they inform those involved of appropriate alternatives.[11]

2. Legal and Ethical Requirements

Psychologists assure that the provision of telepsychology is not legally prohibited by local or state laws and regulations (supplements 2002 APA Ethics Code Sec. 1.02). Psychologists are aware of and in compliance with the Ohio psychology licensure law (Ohio Revised Code Chapter 4732) and the Ohio State Board of Psychology "Rules Governing Psychologists and School Psychologists" promulgated in the Ohio Administrative Code.

Psychologists are aware of and in compliance with the laws and standards of the particular state or country in which the client resides, including requirements for reporting individuals at risk to themselves or others (supplements 2002 APA Ethics Code Sec. 2.01). This step includes compliance with Section 508 of the Rehabilitation Act to make technology accessible to people with disabilities,[12] as well as assuring that any advertising related to telepsychology services is non-deceptive (supplements 2002 APA Ethics Code Sec. 5.01).

When providing telepsychology procedures psychologists employ reasonable efforts to assess a client's level of functioning in order to select appropriate online assessment measures. (supplements 2002 APA Ethics Code Sec. 9.02)

3. Informed Consent and Disclosure

Psychologists using telepsychology provide information about their use of electronic communication technology and obtain the informed consent of the involved individual using language that is likely to be understood and consistent with accepted professional and legal requirements. In the event that a psychologist is providing services for someone who is unable to provide consent for him or herself (including minors), additional measures are taken to ensure that appropriate consent (and assent where applicable) are obtained as needed. Levels of experience and training in telepsychology, if any, are explained (though few opportunities for such training exist at this time) and the client's informed consent is secured (supplements 2002 APA Ethics Code Sec.3.10). [13]

As part of an informed consent process, clients are provided sufficient information about the limitations of using technology, including potential risks to confidentiality of information due to technology, as well as any legally-required reporting, such as reporting clinical clients who may be suicidal or homicidal.[14] This disclosure includes information identifying telepsychology as innovative treatment (supplements 2002 APA Ethical Principles 10.01b). Clients are expected to provide written acknowledgement of their awareness of these limitations. Psychologists do not provide telepsychology services without written client consent. Psychologists make reasonable attempts to verify the identity of clients[15] and to help assure that the clients are capable of providing informed consent (supplements 2002 APA Ethics Code Sec. 3.10). [16]

When providing clinical services, psychologists make reasonable attempts to obtain information about alternative means of contacting clients and provide clients with an alternative means of contacting them in emergency situations or when telepsychology is not available.[17]

Psychologists inform clients about potential risks of disruption in the use telepsychology, clearly state their policies as to when they will respond to routine electronic messages, and in what circumstances they will use alternative communications for emergency situations.[18] Given the twenty-four-hour, seven-day-a-week availability of an online environment, as well as the inclination of increased disclosure online, clinical clients may be more likely to disclose suicidal intentions and assume that the psychologist will respond quickly (supplements 2002 APA Ethics Code Sec. 4.05).

4. Secure Communications/Electronic Transfer of Client Information

Psychologists, whenever feasible, use secure communications with clinical clients, such as encrypted text messages via e-mail or secure websites and obtain consent for use of non-secured communications.[19] Non-secure communications avoid using personal identifying information.[20] Considering the available technology, psychologists make reasonable efforts to ensure the confidentiality of information electronically transmitted to other parties.

5. Access to and Storage of Communications

Psychologists inform clients about who else may have access to communications with the psychologist, how communications can be directed to a specific psychologist, and if and how psychologists store information.[21] Psychologists take steps to ensure that confidential information obtained and or stored electronically cannot be recovered and accessed by unauthorized persons when they dispose of computers and other information storage devices.[22] Clinical clients are informed of the types of information that will be maintained as part of the client's record.[23]

6. Fees and Financial Arrangements

As with other professional services, psychologists and clients reach an agreement specifying compensation, billing, and payment arrangements prior to providing telepsychology services (supplments 2002 APA Ethics Code Sec. 6.04).

7. Supervision

The type(s) of communications used for distance supervision is appropriate for the types of services being supervised, clients and supervisee needs. Distance supervision is provided in compliance with the supervision requirements of the psychology licensing board. Psychologists should review state board requirements specifically regarding face-to-face contact with supervisee as well as the need for having

direct knowledge of all clients served by his or her supervisee. Distance supervision is usually intended to supplement rather than replace face-to-face supervision.

8. Assessment

When employing psychological assessment procedures on the internet, psychologists familiarize themselves with the tests' psychometric properties, construction, and norms in accordance with current research. Potential limitations of conclusions and recommendations that can be made from online assessment procedures are clarified with the client prior to administering online assessments (Supplements 2002 APA Ethics Code 9.06).

9. Expiration and Review Date

These guidelines will expire in five years after their formal adoption unless reauthorized or replaced prior to that date.

Expiration Date:

April 16, 2015

Appendix A

APA Ethics Committee 1997 Statement on Services by Telephone, Teleconferencing, and Internet

The American Psychological Association's Ethics Committee issued the following statement on November 5, 1997, based on its 1995 statement on the same topic.

The Ethics Committee can only address the relevance of and enforce the Ethical Principles of Psychologists and Code of Conduct and cannot say whether there may be other APA Guidelines that might provide guidance. The Ethics Code is not specific with regard to telephone therapy or teleconferencing or any electronically provided services as such and has no rules prohibiting such services. Complaints regarding such matters would be addressed on a case-by-case basis.

Delivery of services by such media as telephone, teleconferencing and internet is a rapidly evolving area. This will be the subject of APA task forces and will be considered in future revision of the Ethics Code. Until such time as a more definitive judgment is available, the Ethics Committee recommends that psychologists follow Standard 1.04c, Boundaries of Competence, which indicates that "In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect patients, clients, students, research participants, and others from harm." Other relevant standards include Assessment (Standards 2.01 -2.10), Therapy (4.01 - 4.09, especially 4.01 Structuring the Relationship and 4.02 Informed Consent to Therapy), and Confidentiality (5.01 - 5.11). Within the General Standards section, standards with particular relevance are 1.03, Professional and Scientific Relationship; 1.04 (a, b, and c), Boundaries of Competence; 1.06, Basis for Scientific and Professional Judgments; 1.07a, Describing the Nature and Results of Psychological Services; 1.14, Avoiding Harm; and 1.25, Fees and Financial Arrangements. Standards under Advertising, particularly 3.01 - 3.03 are also relevant.

Psychologists considering such services must review the characteristics of the services, the service delivery method, and the provisions for confidentiality. Psychologists must then consider the relevant ethical standards and other requirements, such as licensure board rules.

Appendix B

Ten Interdisciplinary Principles for Professional Practice in Telehealth

Reed, G., McLaughlin, C., & Milholland, K. (2000)

Principle 1 The basic standards of professional conduct governing each health care profession are not altered by the use of telehealth technologies to deliver health care, conduct research, or provide education. Developed by each profession, these standards focus in part on the practitioner's responsibility to provide ethical and high-quality care.

Principle 2 Confidentiality of client visits, client health records, and the integrity of information in the health care information system is essential.

Principle 3 All clients directly involved in a telehealth encounter must be informed about the process, its attendant risks and benefits, and their own rights and responsibilities, and must provide adequate informed consent.

Principle 4 Services provided via telehealth must adhere to the basic assurance of quality and professional health care in accordance with each health care discipline's clinical standards.

Principle 5 Each health care discipline must examine how its patterns of care delivery are affected by telehealth and is responsible for developing its own processes for assuring competence in the delivery of health care via telehealth technologies.

Principle 6 Documentation requirements for telehealth services must be developed that assure documentation of each client encounter with recommendations and treatment, communication with other health care providers as appropriate, and adequate protections for client confidentiality.

Principle 7 Clinical guidelines in the area of telehealth should be based on empirical evidence, when available, and professional consensus among involved health care disciplines.

Principle 8 The integrity and therapeutic value of the relationship between client and health care practitioner should be maintained and not diminished by the use of telehealth technology.

Principle 9 Health care professionals do not need additional licensing to provide services via telehealth technologies. At the same time, telehealth technologies cannot be used as a vehicle for providing services that otherwise are not legally or professionally authorized.

Principle 10 The safety of clients and practitioners must be ensured. Safe hardware and software, combined with demonstrated user competence, are essential components of safe telehealth practice.

Appendix C

Examples of Relevant Terminology

Behavioral telehealth "refers to the use of psychotechnologies to provide behavioral health care services" (Maheu et al. 2005, p. 7).

Consultation: A collegial relationship between two individuals for the purpose of reviewing clinical cases in which the consultee is responsible for the treatment of the client and the consultant may have limited information. The consultant has no legal or ethical responsibility to the consultee or his or her clients. (CTC definition)

E-therapy is a professional counselor or psychotherapist communicating with a client over the internet for the purpose of mental health assistance or emotional help (Pomerantz, 2002 as cited by Mallen & Vogel, 2005, p. 764) and is

e-therapy is 'the process of interacting with a therapist online in ongoing conversations over time when the client and counselor are in separate or remote locations and utilize electronic means to communicate with each other' (Manhal-Baugus, 2001, p. 551 as cited by Mallen & Vogel, 2005, p. 764).

Online clinical practice refers to the "...use of psychotechnologies to deliver therapeutic dialogue at a distance" (Maheu et al. 2005, p. 8).

Online counseling is "...any delivery of mental and behavioral health services, including but not limited to therapy, consultation and psychoeducation, by a licensed practitioner to a client in a non-FtF [face to face] setting through distance communication technology such as the telephone, asynchronous e-mail, synchronous chat and videoconferencing" (Mallen & Vogel, 2005, p. 764).

Online therapy is "...any type of professional therapeutic interaction that makes use of the internet to connect qualified mental health professionals and their clients" (Rochlen, Zack & Speyer, 2004, p. 270).

Supervision: The relationship between a supervisee and supervisor for the purpose of evaluating work or training performance in which the clinical cases or work of the supervisee are discussed in-depth with the supervisor: becomes knowledgeable of critical information about a client, instructs or models how to deal with issues, assists in developing interventions and monitors the progress of both the supervisee as well as his or her clients. (CTC definition)

Telehealth is "...the transmission of images, voice and data between two or more health units via telecommunication channels, to provide clinical advice, consultation, education and training services" (Maheu et al, 2005, p. 7).

Telehealth is "...the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision, education, and information across distance" (Nickelson, 1998, p. 527).

Telemedicine is "…the use of electronic signals to transfer medical data from one location to another" (Maheu et al. 2005 p.6).

Telepsychology is the provision of non-face-to-face psychological services by distance communication technology such as telephone, e-mail, chat and videoconferencing. (CTC definition)

Other terms used to describe similar services include: ***telepsychiatry, behavioral e-care, behavioral e-health, cybertherapy, e-mail counseling, cyber-psychology, web counseling, e-health and, internet psychotherapy.***

Appendix D

Standards and Guidelines Relevant to Telepsychology

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Figure 1

Telehealth and Telepsychology

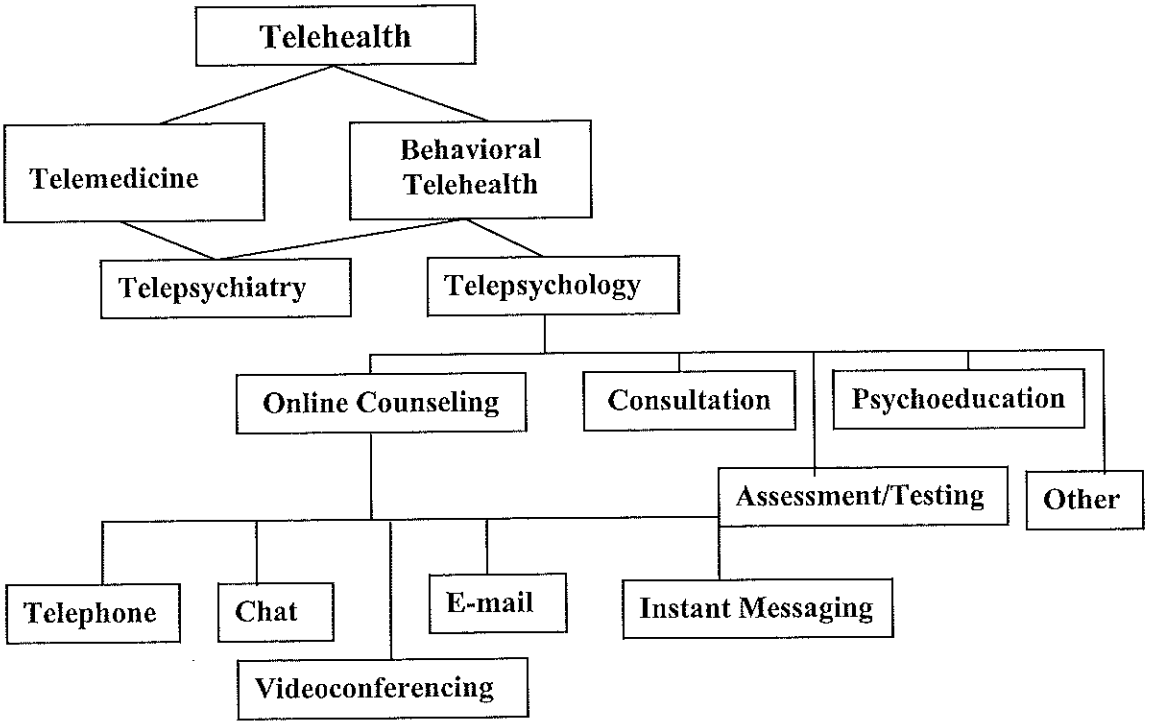

Table 1 - Telehealth Guideline Comparison

	ACA	NBCC	ISMHO	AMHCA	e-Risk	OPA
1. Clients are informed about technology limitations and implications for confidentiality	x			x		x
2. Services are provided on a secure web site or using encrypted e-mail	x				x	x
3. Encrypted communications are used whenever possible & client informed of hazards of unsecured communications		x				x
4. Authentication of communications are from identified client such as using code words or numbers		x			x	
5. Only "general" information is transmitted in non-secure communications	x					x
6. Web sites should include links to licensing or certifying boards	x	x				
7. Web site links should be continually updated in content, accuracy and appropriateness	x					
8. Web site is barrier free to clients with disabilities		x				x
9. Information about the potential benefits of the services are identified			x	x		
10. Information about the potential risks of the services are identified			x	x		
11. Professionals are aware of client differences in culture, language, and time		x				
12. Notice given that information transmitted via the internet may not be secure	x					x
13. Web site identifies whether the website is secure	x					
14. Web site identifies if communications during counseling will be encrypted	x					
15. Web site identifies if client will need encryption software and if it will be provided	x					
16. Identification of what other professionals and their credentials will have access to client communications	x			x		x
17. Notice given if counselor is supervised and if and how supervisor preserves session transcripts	x					
18. The identity of the client is obtained and verified	x			x		x
19. The professional verifies the age of the client and is able to give consent for treatment	x					x
20. If a client is unable to give consent, consent is obtained from a legal consenting party	x	x	x			x
21. A determination of the appropriateness of telehealth services is made	x		x	x	x	x
22. Alternative methods of contacting the client in emergency situations are identified	x					x
23. Clients are provided alternative ways to contact the professional at other times, including emergencies	x	x	x	x	x	
24. The professional is aware of what local resources exist for the client in emergencies (e.g. suicidal, homicidal)		x	x	x		
25. The professional is aware of how to report suicidal or homicidal clients where the client is located				x		
26. Client is made aware of confidentiality limitations of Internet communications	x			x		x

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Table 1 - Telehealth Guideline Comparison – continued

	ACA	NBCC	ISMHO	AMHCA	e-Risk	OPA
27. Client is made aware of confidentiality limitations of internet communications	x			x		x
28. Client is informed about the possible misunderstandings when visual cues are absent in communications		x	x	x		
29. Clients are made aware of free internet access when available		x				
30. Clients referred to other services if clients do not agree to client wavier about internet confidentiality limitations	x					
31. Clients are informed about possible technological problems and communication delays	x					x
32. The confidentiality of electronic communications and client information are maintained	x	x	x		x	x
33. Clients are informed about the way communications are recorded and for how long they are kept	x		x			x
34. Whenever possible records of electronic communications are kept and integrated into the client's chart					x	x
35. Information transmitted to third parties is done securely	x			x		x
36. If telehealth services are not appropriate the client is informed of alternative services	x			x		x
37. Service plans are consistent with client circumstances and limitations of electronic communications	x			x		
38. The professional and client agree on frequency, mode of communication, fee, and methods of payment			x			
39. Professional informs client of times available for service and anticipated response times to communications	x	x	x			x
40. There is a back-up professional for clients if the professional will be unavailable for an extended period of time	x					
41. The professional practices only in areas he or she is competent	x		x	x		x
42. The professional should follow the laws and other established guidelines that apply to him or her			x			x
43. Services are not provided to clients located in states in which the professional is not licensed.	x					x
44. Professional may need to meet legal requirements to practice in the state where the client is located			x			x
45. The professional confirms that his or her liability insurance covers their telehealth services	x					
46. Legal jurisdiction - state(s) where the professional and client is located licensing, regulations are reviewed and complied with	x	x	x	x	x	x
47. Professional obtains legal and ethical assistance in developing and implementing telehealth services	x					
48. The name and qualifications (and how to verify them) of the professional are available to the client			x	x		
49. If the client is receiving mental health services from multiple providers the potential effects of this are considered			x			

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Endnotes

[1] These reasons for practice guidelines are adapted from American Psychological Association (2005), Determination and Documentation of the Need for Practice Guidelines, *American Psychologist*, 60, 976-978.

[2] Koocher & Morray. (2000) Nickelson (1998) warns psychology that if it does not develop standards for telehealth, "...it risks having the government or even another provider group intervene."

[3] Vandebos & Williams (2000), Maheu et. al. (2005), Barnett (2005), Barak (1999). Additional information can be found at the website: http://construct.haifa.ac.il/~azy/refindx.htm

[4] DeLeon, Crimmins, & Wolf (2003), Nickelson (1998), Heinlen, Welfel, Richmond & O'Donnell (2003).

[5] See Mallen et al. (2005) p. 811 regarding the importance of psychologists becoming "involved in shaping and developing guidelines for the training, supervision and practice of on line counseling."

[6] Maheu & Gordon (2001) in regards to using e-mail with clients point out that practitioners may overlook "nuances" of electronic communications that are different from face-to-face services. Finichel et al. (2002) discuss some of these differences in their article on "myths and realities" of online clinical work. Competency for telepsychology requires mastering new skills and understandings, need for consultation and or supervision prior to providing those services (Kraus et al. 2004).

[7] A comprehensive review of past efforts to develop relevant online standards or guidelines and subsequent recommendations for future efforts are described by Ragusea & VandeCreek (2003) and Raguesa (2005).

[8] See APA (2002b, 2005).

[9] The APA documents about developing practice guidelines (APA, 2002b, 2005) are helpful in explaining these issues and concepts.

[10] For discussions of computer-mediated competency see Mallen, Vogel, & Rochlen (2005) issue of cultural competency in Mallen et al, (2005) p. 792

[11] References for assessing when telepsychology is not appropriate. Kraus et al. (2004); Maheu et al. (2005).

[12] See Section 508 law at http://www.section508.gov/index.cfm?FuseAction=Content&ID=3

[13] See Maheu et al. (2005) and Kraus et al. (2004). Few formal training opportunities or supervised experiences for using technology in telepsychology are currently available. The following are examples of training opportunities provided: http://www.onlinecounsellors.co.uk/ ; The American Counseling Association also offers an online course on the topic of cybercounseling.

[14] Maheu et al. (2005); Koocher & Morray (2000); Mallen, Vogel & Rochlen (2005).

[15] For discussions about identification of clients, see Kraus et al. (2004) and Maheu et al. (2005).

[16] Guidelines for assessing the appropriateness of clients for online therapy are posted on the website for the International Society for Mental Health Online at http://www.ismho.org/casestudy/ccsgas.htm. Fenichel et al. (2002) describe ways to verify client identification. Kraus et al. (2004) identify reasons that this is so important.

[17] Koocher & Morray (2000); Kraus et al. (2004); Maheu et.al (2005)

[18] This expectation is a common component of telehealth guidelines and standards listed in Appendix D. Koocher, G. & E. Morray (2000) identify it as being important.

[19] Psychologists providing services regulated by the Health Insurance Portability and Accountability Act (HIPAA) of 1996 are expected to be in compliance with that law and its regulations. Maheu & Gordon (2000) advise psychologists using e-mail with clients to "ensure patients' confidentiality by maintaining high levels of security," including encryption. The American Counseling Association (1999) standards explicitly require online counseling or e-mail communications to be encrypted and to limit non-secure communications to "only general information" or non-client-specific information.

[20] Types of information considered non-client-specific might include information about office hours, directions to office locations, address and telephone numbers, referral sources, community resources, etc.

[21] An example of this is included in AMA (2002) standards.

[22] Because electronic information stored on storage media (e.g. hard drives, flash drives, etc.) is not permanently erased when files are deleted using ordinary methods, it is highly important that steps are taken to assure the destruction of confidential and identifying information when electronic hardware is discarded or disposed. This might include the physical destruction of storage media or using special software to delete files so that they cannot be recovered.

[23] For examples of this, see ISMHO (2000) principles regarding records under "standard operating procedure" and ACA (1999) standards regarding "records of electronic communications."

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- **Telepractice Policy Statement**
- **Policy on Licensees Working in Exempt Facilities**
- **No Duty to Warn: Says Texas Supreme Court**

Telepractice Policy Statement

The delivery of psychological services by telephone, teleconferencing, and the Internet is a rapidly evolving area. Board rules do not specifically address telepractice, teletherapy, teleconferencing, or electronically providing services. No rules currently prohibit such services. However, it is important for psychologists to be aware of a number of concerns about telecommunication-based service delivery including the following:

1. The increased potential that a therapist will have limited knowledge of a distant community's resources in times of crisis.

2. Problems associated with obtaining informed consent.

3. The lack of standards for training providers in the use of technology as well as the special therapeutic considerations in the use of the medium.

4. The lack of vocal, visual, and other sensory cues.

5. The potential that equipment failures may lead to undue patient anxiety particularly in crisis situations.

6. The potential inability of patients in crisis or those unfamiliar with technology to adequately access and use the technology.

7. The lack of full disclosure of provider credentials.

8. The lack of definition of professional relationships.

9. The lack of confidentiality and privacy.

All of these issues are actively being explored, discussed, and debated at both state and national levels. It is important to remember that the

Psychologists' Licensing Act and all other laws affecting the delivery of psychological services apply to all psychological services delivered anywhere within the state of Texas, regardless of whether or not they are provided via electronic media.

Complaints received by the Board regarding psychological services delivered through electronic media, including telephone, teleconferencing, electronic mail and Internet, will be evaluated by the Board on a case-by-case basis. However, the following general principles apply.

An individual who is physically located in another state shall be considered to be practicing psychology in Texas and, therefore, subject to the Act, if a recipient of psychological services provided by the individual is physically located in the state of Texas. Licensees should also be aware that services they offer to consumers in other states may similarly be regulated by the laws of the state in which the consumers are located.

The Board currently considers the use of non-traditional media to deliver psychological services, including telephone, teleconferencing, e-mail, and the Internet, as "emerging areas" as set forth in Board rule 465.9(e), Competency. That rule

states: "in those emerging areas in which generally recognized standards for preparatory training do not exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect patients, clients, students, research participants, and other affected individuals from the potential for harm." Board rule 465.9(d) requires that licensees who provide services in new areas or involving new techniques do so only after undertaking appropriate study, training, supervision, and/or consultation from persons who are competent in those areas or techniques.

Other Board rules that licensees should also consider include:

465.1. Definitions

465.6. Listings and Advertisements

465.8. Psychological Services Are Provided within a Defined Relationship

465.10. Basis for Scientific and Professional Judgments

465.11. Informed Consent/Describing

Psychological Services

465.12. Privacy and Confidentiality

465.15. Fees and Financial Arrangements

465.16. Evaluation, Assessment, Testing, and Reports

465.17. Therapy and Counseling

465.36. Code of Ethics.

Other rules may also apply depending on the type of services involved.

It is important for licensees considering such services to review the characteristics of the services, the service delivery method, and the provisions for confidentiality to ensure compliance with the rules of the Board and the acceptable standards of practice

Policy on Licensees Working in Exempt Facilities

In compliance with Section 501.004 of the Act, persons who are licensed with this Board and who work in exempt settings are exempt from the Act if their "activities and services" are a part of the duties of their positions with the exempt agencies.

Section 501.004 states that persons who are employed in exempt facilities as psychologists or psychological associates are not required to be licensed with this Board. However, this section does require that persons who are employed by an exempt agency and who provide services to the public for added compensation above their salary from the exempt agency have to be licensed with the Board.

Therefore, any "activities and services" regarding the practice of psychology and licensure with this Board outside the context of the exempt setting are subject to the requirements of the Act and the rules and to the discipline of the Board. For example, a licensee may work part-time in an exempt facility and part-time in private practice. The private practice would be subject to all the rules regarding supervision, record keeping, confidentiality, etc. However, the work in the exempt facility would be exempt from such rules of the Board.

Since activities such as renewal, payment of fees, submission of mandatory continuing education, etc. are not considered "activities and services" performed in the context of an exempt setting, the licensee would have to adhere to these provisions of the Act and rules to keep the license in good standing.

Complaints received by the Board concerning the "activities and services" of a licensee in an exempt setting are referred to the appropriate exempt agency so that the matter can be resolved in the most expedient and proper manner. Complaints pertaining to the "activities and services" occurring outside of the exempt setting by a licensee who is employed by an exempt agency will be investigated and resolved by the Board.

No Duty to Warn: Says Texas Supreme Court

On June 24, 1999, the Supreme Court of Texas delivered its opinion concerning mental health professionals' duty to warn third parties as to specific threats of harm made by a patient of the professional. In *Thapar v. Zezulka*, a psychiatrist had been treating a patient for approximately three years for post-traumatic stress disorder, alcohol abuse, and various delusional beliefs about his stepfather. After being admitted to the hospital, the patient stated to his psychiatrist that he

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(http://www.wv.gov)

Policy Statements

The following policy statements are based on the Board's interpretation of the psychology licensure law, state rules and regulations, and the Ethics Code. These policies reflect the opinion of the Board and may not reflect on the psychologist's relationship with their third party payers.

Treatment Record Retention

Treatment Records are defined as intake evaluation forms or reports, treatment or progress notes, and treatment summary reports. Adult Psychotherapeutic Treatment Records shall be retained for at least five years after the date that psychotherapy was terminated, but the clinician should be aware of State law and/or contractual obligations Child Treatment Records shall be retained at least until the child reaches the age of 22.

Assessment Record Retention

Adult Evaluation Reports must be retained for five years after the date of completion of the report. Child Evaluation Reports are kept until the child reaches the age of 22. Test Materials Other than raw scores and scaled scores, it is not necessary to retain test data and test materials (protocols, etc.).

Adding A Scope of Practice Domain

When licensed psychologists want to add a domain of expertise they must submit a letter of request and documentation that they attained additional training and/or supervision sufficient to prepare them to practice in the new domain. They may also submit three pertinent work samples. After review of this documentation and materials the Board may approve the new domain or require that additional tasks be completed.

Tele-Psychology – Skype

In July 2011, the APA Division 29 task force on tele-psychology observed that internet and cell phone communication do not have the same security as a land line phone. The task force accurately comments that "The Internet is not regulated and not currently protected by privacy laws. Skype, for example, is not an encrypted site and is, therefore, not a confidential means of communication. "The task force further comments that providing psychotherapy on unencrypted sites is 'ill advised'". The WV Board of Examiners agrees.

Because this does not completely preclude providing such services, extreme caution is advised. For those holding a license to practice in a given jurisdiction, clinical judgment and common sense must be vigorously employed in the choice to use such venue. In such a case, based on the APA's conclusions and recommendations, the WV Board of Examiners believes the psychologist would need to:

1. Contact their malpractice insurance carrier to determine if skype work is covered.
2. Contact the patient's insurance to determine coverage.
3. Use skype with an established patient determined not to be a high risk patient.
4. Make certain the patient fully understands that skype is NOT the same as a phone conversation and is not protected by federal privacy law. It is an open/public forum and anything on skype can be published/used/broadcast/etc. Signed consent would be needed "before using skype".

It is somewhat doubtful that all of the above would be approved once the full nature of skype is known, but even then skype should be used on a limited basis, not as a complete substitute for in person treatment.

Records Processing Guidelines When a Psychologist Retires of Otherwise Terminates Practice

- **DEFINITIONS**
- **Patient Records:** Intake evaluations, treatment progress notes, discharge summaries/reports, psychological evaluation reports [Not test data]. Note: Patient records are not owned by third parties, i.e. Social Security.
- **Active Patients:** Are individuals with open cases/charts.
- **Inactive Patients:** For the purpose of this policy, are individuals with cases/charts closed within the past 7 years.

Initial Notifications: Notify Inactive Patients via local newspaper for 10 days that, with proper identification, they can retrieve their records and have 30 days to do so. Notification may also include other forms of media. Communicate this message to Active Patients during treatment and evaluation sessions. Place signs in the office containing the same message. In the event that an Active Patient chooses referral to another mental health practitioner, with a signed release records may be forwarded to the designated professional.
Remaining Active or Inactive Patient Records may be stored after the 30-day retrieval period. In such cases the psychologist should consider a variety of factors, including, as cautioned by the APA in their Record Keeping Guidelines, "The risks associated with obsolete or outdated information, or privacy loss, versus the potential benefits associated with preserving the records" We further underscore the APA's caution that the psychologist should carefully weigh the decision whether to retain or dispose of records upon termination of practice.

DSM-5 Implementation

Until further notice, licensees and supervisees may use either the ICD or the DSM-5.

Titles and License Numbers

Licensees shall use the title "Licensed Psychologist" or "Licensed School Psychologist" and their license number on all reports, letters and other similar documents.
Example:
B. F. Skinner, MA
Licensed Psychologist, WV #000

Guidelines for the Practice of Telepsychology

Joint Task Force for the Development of Telepsychology Guidelines for Psychologists

These guidelines are designed to address the developing area of psychological service provision commonly known as telepsychology. *Telepsychology* is defined, for the purpose of these guidelines, as the provision of psychological services using telecommunication technologies, as expounded in the Definition of Telepsychology section of these guidelines. The expanding role of technology in the provision of psychological services and the continuous development of new technologies that may be useful in the practice of psychology present unique opportunities, considerations, and challenges to practice. With the advancement of technology and the increased number of psychologists using technology in their practices, these guidelines have been prepared to educate and guide them.

These guidelines are informed by relevant American Psychological Association (APA) standards and guidelines, including the "Ethical Principles of Psychologists and Code of Conduct" ("APA Ethics Code"; APA, 2002a, 2010) and the "Record Keeping Guidelines" (APA, 2007). In addition, the assumptions and principles that guide APA's "Guidelines on Multicultural Training, Research, Practice, and Organizational Change for Psychologists" (APA, 2003) are infused throughout the *Rationale* and *Application* subsections describing each of the guidelines. Therefore, these guidelines are informed by professional theories, evidence-based practices, and definitions in an effort to offer the best guidance in the practice of telepsychology.

The use of the term *guidelines* within this document refers to statements that suggest or recommend specific professional behaviors, endeavors, or conduct for psychologists. Guidelines differ from standards in that standards are mandatory and may be accompanied by an enforcement mechanism. Thus, guidelines are aspirational in intent. They are intended to facilitate the continued systematic development of the profession and to help ensure a high level of professional practice by psychologists. "Guidelines are created to educate and to inform the practice of psychologists. They are also intended to stimulate debate and research. Guidelines are not to be promulgated as a means of establishing the identity of a particular group or specialty area of psychology; likewise, they are not to be created with the purpose of excluding any psychologist from practicing in a particular area" (APA, 2002b, p. 1048). "Guidelines are not intended to be mandatory or exhaustive and may not be applicable to every professional or clinical situation. They are not definitive and they are not intended to take precedence over the judgment of psychologists" (APA, 2002b, p. 1050). These guidelines are meant to assist psychologists as they apply current standards of professional practice when utilizing telecommunication technologies as a means of delivering their professional services. They are not intended to change any scope of practice or define the practice of any group of psychologists.

The practice of telepsychology involves consideration of legal requirements, ethical standards, telecommunication technologies, intra- and interagency policies, and other external constraints, as well as the demands of the particular professional context. In some situations, one set of considerations may suggest a different course of action than another, and it is the responsibility of the psychologist to balance them appropriately. These guidelines aim to assist psychologists in making such decisions. In addition, it will be important for psychologists to be cognizant of and compliant with laws and regulations that govern independent practice within jurisdictions and across jurisdictional and international borders. This is particularly true when providing telepsychology services. Where a psychologist is providing services from one jurisdiction to a client/patient located in another jurisdiction, the law and regulations may differ between the two jurisdictions. Also, it is the responsibility of the psychologists who practice telepsychology to maintain and enhance their level of understanding of the concepts related to the delivery of services via telecommunication technologies. Nothing in these guidelines is intended to contravene any limitations set on psychologists' activities based on ethical standards, federal or jurisdictional statutes or regulations, or for those psychologists who work in agencies and public settings. As in all other circumstances, psychologists must be aware of the stan-

The "Guidelines for the Practice of Telepsychology" were developed by the Joint Task Force for the Development of Telepsychology Guidelines for Psychologists established by the following three entities: the American Psychological Association (APA), the Association of State and Provincial Psychology Boards (ASPPB), and the APA Insurance Trust (APAIT). The "Guidelines for the Practice of Telepsychology" were approved as APA policy by the APA Council of Representatives on July 31, 2013. The co-chairs of the joint task force were Linda Campbell and Fred Millán. Additional members of the task force included the following psychologists: Margo Adams Larsen, Sara Smucker Barnwell, Bruce E. Crow, Terry S. Gock, Eric A. Harris, Jana N. Martin, Thomas W. Miller, and Joseph S. Rallo. APA staff (Ronald S. Palomares, Deborah Baker, Joan Freund, and Jessica Davis) and ASPPB staff (Stephen DeMers, Alex M. Siegel, and Janet Pippin Orwig) provided direct support to the joint task force.

These guidelines are scheduled to expire as APA policy 10 years from July 31, 2013 (the date of their adoption by the APA Council of Representatives). After this date, users are encouraged to contact the APA Practice Directorate to determine whether this document remains in effect.

Correspondence concerning these guidelines should be addressed to the Practice Directorate, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242.

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dards of practice for the jurisdiction or setting in which they function and are expected to comply with those standards. Recommendations related to the guidelines are consistent with broad ethical principles (APA Ethics Code, APA, 2002a, 2010), and it continues to be the responsibility of the psychologist to apply all current legal and ethical standards of practice when providing telepsychology services.

It should be noted that APA policy generally requires substantial review of the relevant empirical literature as a basis for establishing the need for guidelines and for providing justification for the guidelines' statements themselves (APA, 2002b, p. 1050). The literature supporting the work of the Joint Task Force on the Development of Telepsychology Guidelines for Psychologists (i.e., the Telepsychology Task Force) and the guidelines statements themselves reflect seminal, relevant, and recent publications. The supporting references in the literature review emphasize studies from approximately the past 15 years plus classic studies that provide empirical support and relevant examples for the guidelines. The literature review, however, is not intended to be exhaustive or to serve as a comprehensive systematic review of the literature that is customary when developing professional practice guidelines for psychologists.

Definition of Telepsychology

Telepsychology is defined, for the purpose of these guidelines, as the provision of psychological services using telecommunication technologies. Telecommunications is the preparation, transmission, communication, or related processing of information by electrical, electromagnetic, electromechanical, electro-optical, or electronic means (Committee on National Security Systems, 2010). Telecommunication technologies include but are not limited to telephone, mobile devices, interactive videoconferencing, e-mail, chat, text, and Internet (e.g., self-help websites, blogs, and social media). The information that is transmitted may be in writing or include images, sounds, or other data. These communications may be synchronous, with multiple parties communicating in real time (e.g., interactive videoconferencing, telephone), or asynchronous (e.g., e-mail, online bulletin boards, storing and forwarding of information). Technologies may augment traditional in-person services (e.g., psychoeducational materials posted online after an in-person therapy session) or be used as stand-alone services (e.g., therapy or leadership development provided over videoconferencing). Different technologies may be used in various combinations and for different purposes during the provision of telepsychology services. For example, videoconferencing and telephone may also be utilized for direct service, while e-mail and text are used for nondirect services (e.g., scheduling). Regardless of the purpose, psychologists strive to be aware of the potential benefits and limitations in their choices of technologies for particular clients in particular situations.

Operational Definitions

The Telepsychology Task Force has agreed upon the following operational definitions for terms used in this document. In addition, these and other terms used throughout the document have a basis in definitions developed by the following U.S. agencies: the Committee on National Security Systems (2010), the U.S. Department of Health and Human Services, Health Resources and Services Administration (2010), and the U. S. Department of Commerce, National Institute of Standards and Technology (2008, 2011). Last, the terminology and definitions that describe technologies and their uses are constantly evolving, and therefore psychologists are encouraged to consult glossaries and publications prepared by agencies such as the Committee on National Security Systems and the National Institute of Standards and Technology, which represent definitive sources responsible for developing terminology and definitions related to technology and its uses.

The term *client/patient* refers to the recipient of psychological services, whether psychological services are delivered in the context of health care, corporate, supervision, and/or consulting services. The term *in-person,* which is used in combination with the provision of services, refers to interactions in which the psychologist and the client/patient are in the same physical space and does not include interactions that may occur through the use of technologies. The term *remote,* which is also used in combination with the provision of services utilizing telecommunication technologies, refers to the provision of a service that is received at a different site from where the psychologist is physically located. The term *remote* includes no consideration related to distance and may refer to a site in a location that is in the office next door to the psychologist or thousands of miles from the psychologist. The terms *jurisdictions* and *jurisdictional* are used when referring to the governing bodies at states, territories, and provincial governments.

Finally, there are terms within these guidelines related to confidentiality and security. *Confidentiality* means the principle that data or information is not made available or disclosed to unauthorized persons or processes. The terms *security* and *security measures* are terms that encompass all of the administrative, physical, and technical safeguards in an information system. The term *information system* is an interconnected set of information resources within a system and includes hardware, software, information, data, applications, communications, and people.

Need for the Guidelines

The expanding role of telecommunication technologies in the provision of services and the continuous development of new technologies that may be useful in the practice of psychology support the need for the development of guidelines for practice in this area. Technology offers the opportunity to increase client/patient access to psychological services. Service recipients limited by geographic location, medical condition, psychiatric diagnosis, financial constraint, or other barriers may gain access to high-quality psychological services through the use of technology.

Technology also facilitates the delivery of psychological services by new methods (e.g., online psychoeducation, therapy delivered over interactive videoconferencing) and augments traditional in-person psychological services. The increased use of technology for the delivery of some types of services by psychologists who are health service providers is suggested by recent survey data collected by the APA Center for Workforce Studies (2008) and by the increasing discussion of telepsychology in the professional literature (Baker & Bufka, 2011). Together with the increasing use and payment for the provision of telehealth services by Medicare and private industry, the development of national guidelines for the practice of telepsychology is timely and needed. Furthermore, state and international psychological associations have developed or are beginning to develop guidelines for the provision of psychological services (Canadian Psychological Association, 2006; New Zealand Psychologists Board, 2011; Ohio Psychological Association, 2010).

Development of the Guidelines

These guidelines were developed by the Joint Task Force for the Development of Telepsychology Guidelines for Psychologists (Telepsychology Task Force) established by the following three entities: the American Psychological Association (APA), the Association of State and Provincial Psychology Boards (ASPPB), and the APA Insurance Trust (APAIT). These entities provided input, expertise, and guidance to the Telepsychology Task Force on many aspects of the profession, including those related to its ethical, regulatory, and legal principles and practices. The Telepsychology Task Force members represented a diverse range of interests and expertise that are characteristic of the profession of psychology, including knowledge of the issues relevant to the use of technology, ethical considerations, licensure and mobility, and scope of practice, to name only a few.

The Telepsychology Task Force recognized that telecommunications technologies provide both opportunities and challenges for psychologists. Telepsychology not only enhances a psychologist's ability to provide services to clients/patients but also greatly expands access to psychological services that, without telecommunication technologies, would not be available. Throughout the development of these guidelines, the Telepsychology Task Force devoted numerous hours to reflecting on and discussing the need for guidance for psychologists in this area of practice; the myriad, complex issues related to the practice of telepsychology; and the experiences that they and other practitioners address each day in the use of technology. There was a concerted focus on identifying the unique aspects that telecommunication technologies bring to the provision of psychological services, as distinct from those present during in-person provision of services. Two important components were identified:

(1) the psychologist's knowledge of and competence in the use of the telecommunication technologies being utilized; and

(2) the need to ensure that the client/patient has a full understanding of the increased risks for loss of security and confidentiality when using telecommunication technologies.

Therefore, two of the most salient issues that the Telepsychology Task Force members focused on when creating this document were the psychologist's own knowledge of and competence in the provision of telepsychology and the need to ensure that the client/patient has a full understanding of the potentially increased risks for loss of security and confidentiality when using technologies.

An additional key issue discussed by the task force members was interjurisdictional practice. The guidelines encourage psychologists to be familiar with and comply with all relevant laws and regulations when providing psychological services across jurisdictional and international borders. The guidelines do not promote a specific mechanism to guide the development and regulation of interjurisdictional practice. However, the Telepsychology Task Force noted that while the profession of psychology does not currently have a mechanism to regulate the delivery of psychological services across jurisdictional and international borders, it is anticipated that the profession will develop a mechanism to allow interjurisdictional practice given the rapidity with which technology is evolving and the increasing use of telepsychology by psychologists working in U.S. federal environments such as the U.S. Department of Defense and the Department of Veterans Affairs.

Competence of the Psychologist

Guideline 1. Psychologists who provide telepsychology services strive to take reasonable steps to ensure their competence with both the technologies used and the potential impact of the technologies on clients/patients, supervisees, or other professionals.

Rationale. Psychologists have a primary ethical obligation to provide professional services only within the boundaries of their competence based on their education, training, supervised experience, consultation, study, or professional experience. As with all new and emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists utilizing telepsychology aspire to apply the same standards in developing their competence in this area. Psychologists who use telepsychology in their practices assume the responsibility for assessing and continuously evaluating their competencies, training, consultation, experience, and risk management practices required for competent practice.

Application. Psychologists assume responsibility to continually assess both their professional and technical competence when providing telepsychology services. Psychologists who utilize or intend to utilize telecommunication technologies when delivering services to clients/patients strive to obtain relevant professional training to develop their requisite knowledge and skills. Acquiring

competence may require pursuing additional educational experiences and training, including but not limited to a review of the relevant literature, attendance at existing training programs (e.g., professional and technical), and continuing education specific to the delivery of services utilizing telecommunication technologies. Psychologists are encouraged to seek appropriate skilled consultation from colleagues and other resources.

Psychologists are encouraged to examine the available evidence to determine whether specific telecommunication technologies are suitable for a client/patient, based on the current literature available, current outcomes research, best practice guidance, and client/patient preference. Research may not be available in the use of some specific technologies, and clients/patients should be made aware of those telecommunication technologies that have no evidence of effectiveness. However, this, in and of itself, may not be grounds to deny providing the service to the client/patient. Lack of current available evidence in a new area of practice does not necessarily indicate that a service is ineffective. Additionally, psychologists are encouraged to document their consideration and choices regarding the use of telecommunication technologies used in service delivery.

Psychologists understand the need to consider their competence in utilizing telepsychology as well as their client's/patient's ability to engage in and fully understand the risks and benefits of the proposed intervention utilizing specific technologies. Psychologists make reasonable efforts to understand the manner in which cultural, linguistic, socioeconomic, and other individual characteristics (e.g., medical status, psychiatric stability, physical/cognitive disability, personal preferences), in addition to organizational cultures, may impact effective use of telecommunication technologies in service delivery.

Psychologists who are trained to handle emergency situations in providing traditional in-person clinical services are generally familiar with the resources available in their local community to assist clients/patients with crisis intervention. At the onset of the delivery of telepsychology services, psychologists make reasonable efforts to identify and learn how to access relevant and appropriate emergency resources in the client's/patient's local area, such as emergency response contacts (e.g., emergency telephone numbers, hospital admissions, local referral resources, clinical champion at a partner clinic where services are delivered, a support person in the client's/patient's life when available). Psychologists prepare a plan to address any lack of appropriate resources, particularly those necessary in an emergency, and other relevant factors that may impact the efficacy and safety of said service. Psychologists make reasonable efforts to discuss with and provide all clients/patients with clear written instructions as to what to do in an emergency (e.g., where there is a suicide risk). As part of emergency planning, psychologists are encouraged to acquire knowledge of the laws and rules of the jurisdiction in which the client/patient resides and of the differences of those laws from those in the psychologist's jurisdiction, as well as to document all their emergency planning efforts.

In addition, as applicable, psychologists are mindful of the array of potential discharge plans for clients/patients for whom telepsychology services are no longer necessary and/or desirable. If a client/patient recurrently experiences crises/emergencies, which suggests that in-person services may be appropriate, psychologists take reasonable steps to refer a client/patient to a local mental health resource or begin providing in-person services.

Psychologists using telepsychology to provide supervision or consultation remotely to individuals or organizations are encouraged to consult others who are knowledgeable about the unique issues telecommunication technologies pose for supervision or consultation. Psychologists providing telepsychology services strive to be familiar with professional literature regarding the delivery of services via telecommunication technologies, as well as to be competent with the use of the technological modality itself. In providing supervision and/or consultation via telepsychology, psychologists make reasonable efforts to be proficient in the professional services being offered, the telecommunication modality via which the services are being offered by the supervisee/consultee, and the technology medium being used to provide the supervision or consultation. In addition, since the development of basic professional competencies for supervisees is often conducted in person, psychologists who use telepsychology for supervision are encouraged to consider and ensure that a sufficient amount of in-person supervision time is included so that the supervisees can attain the required competencies or supervised experiences.

Standards of Care in the Delivery of Telepsychology Services

Guideline 2. Psychologists make every effort to ensure that ethical and professional standards of care and practice are met at the outset and throughout the duration of the telepsychology services they provide.

Rationale. Psychologists delivering telepsychology services apply the same ethical and professional standards of care and professional practice that are required when providing in-person psychological services. The use of telecommunication technologies in the delivery of psychological services is a relatively new and rapidly evolving area, and therefore psychologists are encouraged to take particular care to evaluate and assess the appropriateness of utilizing these technologies prior to engaging in, and throughout the duration of, telepsychology practice to determine if the modality of service is appropriate, efficacious, and safe.

Telepsychology encompasses a breadth of different psychological services using a variety of technologies (e.g., interactive videoconferencing, telephone, text, e-mail, Web services, and mobile applications). The burgeoning research in telepsychology suggests that certain types of interactive telepsychological interventions are equal in effectiveness to their in-person counterparts (specific therapies delivered over videoteleconferencing and telephone).

Therefore, before psychologists engage in providing telepsychology services, they are urged to conduct an initial assessment to determine the appropriateness of the telepsychology service to be provided for the client/patient. Such an assessment may include the examination of the potential risks and benefits of providing telepsychology services for the client's/patient's particular needs, the multicultural and ethical issues that may arise, and a review of the most appropriate medium (video teleconference, text, e-mail, etc.) or best options available for the service delivery. It may also include considering whether comparable in-person services are available and why services delivered via telepsychology are equivalent or preferable to such services. In addition, it is incumbent on the psychologist to engage in a continual assessment of the appropriateness of providing telepsychology services throughout the duration of the service delivery.

Application. When providing telepsychology services, considering client/patient preferences for such services is important. However, it may not be solely determinative in the assessment of their appropriateness. Psychologists are encouraged to carefully examine the unique benefits of delivering telepsychology services (e.g., access to care, access to consulting services, client convenience, accommodating client special needs, etc.) relative to the unique risks (e.g., information security, emergency management, etc.) when determining whether or not to offer telepsychology services. Moreover, psychologists are aware of such other factors as geographic location, organizational culture, technological competence (both that of the psychologist and that of the client/patient), and, as appropriate, medical conditions, mental status and stability, psychiatric diagnosis, current or historic use of substances, treatment history, and therapeutic needs that may be relevant to assessing the appropriateness of the telepsychology services being offered. Furthermore, psychologists are encouraged to communicate any risks and benefits of the telepsychology services to be offered to the client/patient and to document such communication. In addition, psychologists may consider some initial in-person contact with the client/patient to facilitate an active discussion on these issues and/or to conduct the initial assessment.

As in the provision of traditional services, psychologists endeavor to follow the best practice of service delivery described in the empirical literature and professional standards (including multicultural considerations) that are relevant to the telepsychological service modality being offered. In addition, they consider the client's/patient's familiarity with and competency for using the specific technologies involved in providing the particular telepsychology service. Moreover, psychologists are encouraged to reflect on multicultural considerations and how best to manage any emergency that may arise during the provision of telepsychology services.

Psychologists are encouraged to assess carefully the remote environment in which services will be provided to determine what impact, if any, there might be on the efficacy, privacy, and/or safety of the proposed intervention offered via telepsychology. Such an assessment of the remote environment may include a discussion of the client's/patient's situation within the home or within an organizational context, the availability of emergency or technical personnel or supports, the risk of distractions, the potential for privacy breaches, or any other impediments that may impact the effective delivery of telepsychology services. Along this line, psychologists are encouraged to discuss fully with the clients/patients their role in ensuring that sessions are not interrupted and that the setting is comfortable and conducive to making progress in order to maximize the impact of the service provided, since the psychologist will not be able to control those factors remotely.

Psychologists are urged to monitor and assess regularly the progress of their client/patient when offering telepsychology services in order to determine if the provision of telepsychology services is still appropriate and beneficial to the client/patient. If there is a significant change in the client/patient or in the therapeutic interaction that causes concern, psychologists make reasonable efforts to take appropriate steps to adjust and reassess the appropriateness of the services delivered via telepsychology. Where it is believed that continuing to provide remote services is no longer beneficial or presents a risk to a client's/patient's emotional or physical well-being, psychologists are encouraged to thoroughly discuss these concerns with the client/patient, appropriately terminate their remote services with adequate notice, and refer or offer any needed alternative services to the client/patient.

Informed Consent

Guideline 3. Psychologists strive to obtain and document informed consent that specifically addresses the unique concerns related to the telepsychology services they provide. When doing so, psychologists are cognizant of the applicable laws and regulations, as well as organizational requirements, that govern informed consent in this area.

Rationale. The process of explaining and obtaining informed consent, by whatever means, sets the stage for the relationship between the psychologist and the client/patient. Psychologists make reasonable efforts to offer a complete and clear description of the telepsychology services they provide, and they seek to obtain and document informed consent when providing professional services (APA Ethics Code, Standard 3.10). In addition, they attempt to develop and share the policies and procedures that will explain to their clients/patients how they will interact with them using the specific telecommunication technologies involved. It may be more difficult to obtain and document informed consent in situations where psychologists provide telepsychology services to their clients/patients who are not in the same physical location or with whom they do not have in-person interactions. Moreover, there may be differences with respect to informed consent between the laws and regulations in the jurisdictions where a

psychologist who is providing telepsychology services is located and those in the jurisdiction in which this psychologist's client/patient resides. Furthermore, psychologists may need to be aware of the manner in which cultural, linguistic, and socioeconomic characteristics and organizational considerations may impact a client's/patient's understanding of, and the special considerations required for, obtaining informed consent (such as when securing informed consent remotely from a parent/guardian when providing telepsychology services to a minor).

Telepsychology services may require different considerations for and safeguards against potential risks to confidentiality, information security, and comparability of traditional in-person services. Psychologists are thus encouraged to consider appropriate policies and procedures to address the potential threats to the security of client/patient data and information when using specific telecommunication technologies and to appropriately inform their clients/patients about them. For example, psychologists who provide telepsychology services should consider addressing with their clients/patients what client/patient data and information will be stored, how the data and information will be stored, how it will be accessed, how secure the information communicated using a given technology is, and any technology-related vulnerability to their confidentiality and security that is incurred by creating and storing electronic client/patient data and information.

Application. Prior to providing telepsychology services, psychologists are aware of the importance of obtaining and documenting written informed consent from their clients/patients that specifically addresses the unique concerns relevant to those services that will be offered. When developing such informed consent, psychologists make reasonable efforts to use language that is reasonably understandable by their clients/patients, in addition to evaluating the need to address cultural, linguistic, and organizational considerations and other issues that may have an impact on a client's/patient's understanding of the informed consent agreement. When considering for inclusion in informed consent those unique concerns that may be involved in providing telepsychology services, psychologists may include the manner in which they and their clients/patients will use the particular telecommunication technologies, the boundaries they will establish and observe, and the procedures for responding to electronic communications from clients/patients. Moreover, psychologists are cognizant of pertinent laws and regulations with respect to informed consent in both the jurisdiction where they offer their services and the jurisdiction where their clients/patients reside (see Guideline 8 on Interjurisdictional Practice for more detail).

Besides those unique concerns described above, psychologists are encouraged to discuss with their clients/patients those issues surrounding confidentiality and the security conditions when particular modes of telecommunication technologies are utilized. Along this line, psychologists are cognizant of some of the inherent risks a given telecommunication technology may pose in both the equipment (hardware, software, other equipment components) and the processes used for providing telepsychology services, and they strive to provide their clients/patients with adequate information to give informed consent for proceeding with receiving the professional services offered via telepsychology. Some of these risks may include those associated with technological problems and those service limitations that may arise because the continuity, availability, and appropriateness of specific telepsychology services (e.g., testing, assessment, and therapy) may be hindered as a result of those services being offered remotely. In addition, psychologists may consider developing agreements with their clients/patients to assume some role in protecting the data and information they receive from them (e.g., by not forwarding e-mails from the psychologist to others).

Another unique aspect of providing telepsychology services is that of billing documentation. As part of informed consent, psychologists are mindful of the need to discuss with their clients/patients prior to the onset of service provision what the billing documentation will include. Billing documentation may reflect the type of telecommunication technology used, the type of telepsychology services provided, and the fee structure for each relevant telepsychology service (e.g., video chat, texting fees, telephone services, chat room group fees, emergency scheduling, etc.). It may also include discussion about the charges incurred for any service interruptions or failures encountered, responsibility for overage charges on data plans, fee reductions for technology failures, and any other costs associated with the telepsychology services that will be provided.

Confidentiality of Data and Information

Guideline 4. Psychologists who provide telepsychology services make reasonable efforts to protect and maintain the confidentiality of the data and information relating to their clients/patients and inform them of the potentially increased risks of loss of confidentiality inherent in the use of the telecommunication technologies, if any.

Rationale. The use of telecommunications technologies and the rapid advances in technology present unique challenges for psychologists in protecting the confidentiality of clients/patients. Psychologists who provide telepsychology learn about the potential risks to confidentiality before utilizing such technologies. When necessary, psychologists obtain the appropriate consultation with technology experts to augment their knowledge of telecommunication technologies in order to apply security measures in their practices that will protect and maintain the confidentiality of data and information related to their clients/patients.

Some of the potential risks to confidentiality include considerations related to uses of search engines and participation in social networking sites. Other challenges in this area may include protecting confidential data and information from inappropriate and/or inadvertent breaches to es-

tablished security methods the psychologist has in place, as well as boundary issues that may arise as a result of a psychologist's use of search engines and participation on social networking sites. In addition, any Internet participation by psychologists has the potential of being discovered by their clients/patients and others and thereby potentially compromising a professional relationship.

Application. Psychologists both understand and inform their clients/patients of the limits to confidentiality and the risks of possible access to or disclosure of confidential data and information that may occur during service delivery, including the risks of others gaining access to electronic communications (e.g., telephone, e-mail) between the psychologist and client/patient. Also, psychologists are cognizant of the ethical and practical implications of proactively researching online personal information about their clients/patients. They carefully consider the advisability of discussing such research activities with their clients/patients and how information gained from such searches would be utilized and recorded, as documenting this information may introduce risks to the boundaries of appropriate conduct for a psychologist. In addition, psychologists are encouraged to weigh the risks and benefits of dual relationships that may develop with their clients/patients, due to the use of telecommunication technologies, before engaging in such relationships (APA Practice Organization, 2012).

Psychologists who use social networking sites for both professional and personal purposes are encouraged to review and educate themselves about the potential risks to privacy and confidentiality and to consider utilizing all available privacy settings to reduce these risks. They are also mindful of the possibility that any electronic communication can have a high risk of public discovery. They therefore mitigate such risks by following the appropriate laws, regulations, and the APA Ethics Code (APA, 2002a, 2010) to avoid disclosing confidential data or information related to clients/patients.

Security and Transmission of Data and Information

Guideline 5. Psychologists who provide telepsychology services take reasonable steps to ensure that security measures are in place to protect data and information related to their clients/patients from unintended access or disclosure.

Rationale. The use of telecommunication technologies in the provision of psychological services presents unique potential threats to the security and transmission of client/patient data and information. These potential threats to the integrity of data and information may include computer viruses, hackers, theft of technology devices, damage to hard drives or portable drives, failure of security systems, flawed software, ease of accessibility to unsecured electronic files, and malfunctioning or outdated technology. Other threats may include policies and practices of technology companies and vendors, such as tailored marketing derived from e-mail communications. Psychologists are encouraged to be mindful of these potential threats and to take reasonable steps to ensure that security measures are in place for protecting and controlling access to client/patient data within an information system. In addition, they are cognizant of relevant jurisdictional and federal laws and regulations that govern electronic storage and transmission of client/patient data and information, and they develop appropriate policies and procedures to comply with such directives. When developing policies and procedures to ensure the security of client/patient data and information, psychologists may include considering the unique concerns and impacts posed by both intended and unintended use of public and private technology devices, active and inactive therapeutic relationships, and the different safeguards required for different physical environments, different staffs (e.g., professional vs. administrative staff), and different telecommunication technologies.

Application. Psychologists are encouraged to conduct an analysis of the risks to their practice settings, telecommunication technologies, and administrative staff in order to ensure that client/patient data and information are accessible only to appropriate and authorized individuals. Psychologists strive to obtain appropriate training or consultation from relevant experts when additional knowledge is needed to conduct an analysis of the risks.

Psychologists strive to ensure that policies and procedures are in place to secure and control access to client/patient information and data within information systems. Along this line, they may encrypt confidential client/patient data for storage or transmission and utilize such other secure methods as safe hardware and software and robust passwords to protect electronically stored or transmitted data and information. If there is a breach of unencrypted electronically communicated or maintained data, psychologists are urged to notify their clients/patients and other appropriate individuals/organizations as soon as possible. In addition, they are encouraged to make their best efforts to ensure that electronic data and information remain accessible despite problems with hardware, software, and/or storage devices by keeping a secure back-up version of such data.

When documenting the security measures to protect client/patient data and information from unintended access or disclosure, psychologists are encouraged to clearly address what types of telecommunication technologies are used (e.g., e-mail, telephone, video teleconferencing, text), how they are used, and whether the telepsychology services used are the primary method of contact or augment in-person contact. When keeping records of e-mail, online messaging, and other work using telecommunication technologies, psychologists are cognizant that preserving the actual communication may be preferable to summarization in some cases depending on the type of technology used.

Disposal of Data and Information and Technologies

Guideline 6. Psychologists who provide telepsychology services make reasonable efforts to dispose of data and information and the technologies used in a manner that facilitates protection from unauthorized access and accounts for safe and appropriate disposal.

Rationale. Consistent with the APA "Record Keeping Guidelines" (APA, 2007), psychologists are encouraged to create policies and procedures for the secure destruction of data and information and the technologies used to create, store, and transmit the data and information. The use of telecommunication technologies in the provision of psychological services poses new challenges for psychologists when they consider the disposal methods to utilize in order to maximally preserve client confidentiality and privacy. Psychologists are therefore urged to consider conducting an analysis of the risks to the information systems within their practices in an effort to ensure full and complete disposal of electronic data and information, plus the technologies that created, stored, and transmitted the data and information.

Application. Psychologists are encouraged to develop policies and procedures for the destruction of data and information related to clients/patients. They also strive to securely dispose of software and hardware used in the provision of telepsychology services in a manner that ensures that the confidentiality and security of any patient/client information is not compromised. When doing so, psychologists carefully clean all the data and images in the storage media before reuse or disposal, consistent with federal, state, provincial, territorial, and other organizational regulations and guidelines. Psychologists are aware of and understand the unique storage implications related to telecommunication technologies inherent in available systems.

Psychologists are encouraged to document the methods and procedures used when disposing of the data and information and the technologies used to create, store, or transmit the data and information, as well as any other technology utilized in the disposal of data and hardware. They also strive to be aware of malware, cookies, and so forth and to dispose of them routinely on an ongoing basis when telecommunication technologies are used.

Testing and Assessment

Guideline 7. Psychologists are encouraged to consider the unique issues that may arise with test instruments and assessment approaches designed for in-person implementation when providing telepsychology services.

Rationale. Psychological testing and other assessment procedures are an area of professional practice in which psychologists have been trained, and they are uniquely qualified to conduct such tests. While some symptom screening instruments are already frequently being administered online, most psychological test instruments and other assessment procedures currently in use were designed and developed originally for in-person administration. Psychologists are thus encouraged to be knowledgeable about, and account for, the unique impacts of such tests, their suitability for diverse populations, and the limitations on test administration and on test and other data interpretations when these psychological tests and other assessment procedures are considered for and conducted via telepsychology. Psychologists also strive to maintain the integrity of the application of the testing and assessment process and procedures when using telecommunication technologies. In addition, they are cognizant of the accommodations for diverse populations that may be required for test administration via telepsychology. These guidelines are consistent with the standards articulated in the most recent edition of *Standards for Educational and Psychological Testing* (American Educational Research Association, American Psychological Association, and the Council on Measurement in Education, 1999).

Application. When a psychological test or other assessment procedure is conducted via telepsychology, psychologists are encouraged to ensure that the integrity of the psychometric properties of the test or assessment procedure (e.g., reliability and validity) and the conditions of administration indicated in the test manual are preserved when adapted for use with such technologies. They are encouraged to consider whether modifications to the testing environment or conditions are necessary to accomplish this preservation. For example, a test taker's access to a cell phone, the Internet, or other persons during an assessment could interfere with the reliability or validity of the instrument or its administration. Further, if the individual being assessed receives coaching or has access to such information as potential test responses or the scoring and interpretation of specific assessment instruments because they are available on the Internet, the test results may be compromised. Psychologists are also encouraged to consider other possible forms of distraction which could affect performance during an assessment and which may not be obvious or visible (e.g., sight, sound, and smell) when utilizing telecommunication technologies.

Psychologists are encouraged to be cognizant of the specific issues that may arise with diverse populations when providing telepsychology and to make appropriate arrangements to address those concerns (e.g., language or cultural issues, cognitive, physical, or sensory skills or impairments, or age may impact assessment). In addition, psychologists may consider the use of a trained assistant (e.g., a proctor) to be on the premises at the remote location in an effort to help verify the identity of the client/patient, provide needed on-site support to administer certain tests or subtests, and protect the security of the psychological testing and/or assessment process.

When administering psychological tests and other assessment procedures when providing telepsychology services, psychologists are encouraged to consider the quality

of those technologies that are being used and the hardware requirements that are needed in order to conduct the specific psychological test or assessment. They also strive to account for and be prepared to explain the potential difference between the results obtained when a particular psychological test is conducted via telepsychology and when it is administered in person. In addition, when documenting findings from evaluation and assessment procedures, psychologists are encouraged to specify that a particular test or assessment procedure has been administered via telepsychology and to describe any accommodations or modifications that have been made.

Psychologists strive to use test norms derived from telecommunication technologies administration if such are available. Psychologists are encouraged to recognize the potential limitations of all assessment processes conducted via telepsychology and to be ready to address the limitations and potential impact of those procedures.

Interjurisdictional Practice

Guideline 8. Psychologists are encouraged to be familiar with and comply with all relevant laws and regulations when providing telepsychology services to clients/patients across jurisdictional and international borders.

Rationale. With the rapid advances in telecommunication technologies, the intentional or unintentional provision of psychological services across jurisdictional and international borders is becoming more of a reality for psychologists. Such service provision may range from the psychologists or clients/patients being temporarily out of state (including split residence across states) to psychologists offering their services across jurisdictional borders as a practice modality to take advantage of new telecommunication technologies. Psychological service delivery systems within such institutions as the U.S. Department of Defense and the Department of Veterans Affairs have already established internal policies and procedures for providing services within their systems that cross jurisdictional and international borders. However, the laws and regulations that govern service delivery by psychologists outside of those systems vary by state, province, territory, and country (APA Practice Organization, 2010). Psychologists should make reasonable efforts to be familiar with and, as appropriate, to address the laws and regulations that govern telepsychology service delivery within the jurisdictions in which they are situated and the jurisdictions where their clients/patients are located.

Application. It is important for psychologists to be aware of the relevant laws and regulations that specifically address the delivery of professional services by psychologists via telecommunication technologies within and between jurisdictions. Psychologists are encouraged to understand what services the laws and regulations of a jurisdiction consider as telehealth or telepsychology. In addition, psychologists are encouraged to review the relevant jurisdictions' professional licensure requirements, the services and telecommunication modalities covered, and the information required to be included in providing informed consent. It is important to note that each jurisdiction may or may not have specific laws that impose special requirements for providing psychological services via telecommunication technologies. The APA Practice Organization (2010) has found that there are variations in whether psychologists are specified as a single type of provider or covered as part of a more diverse group of providers. In addition, there is wide diversity in the types of services and the telecommunication technologies that are covered by these laws.

At the present time, there are a number of jurisdictions without specific laws that govern the provision of psychological services utilizing telecommunication technologies. When providing telepsychology services in these jurisdictions, psychologists are encouraged to be aware of any opinions or declaratory statements issued by the relevant regulatory bodies and/or other practitioner licensing boards that may help inform them of the legal and regulatory requirements involved when delivering telepsychology services within those jurisdictions.

Moreover, because of the rapid growth in the utilization of telecommunication technologies, psychologists strive to keep abreast of developments and changes in the licensure and other interjurisdictional practice requirements that may be pertinent to their delivery of telepsychology services across jurisdictional boundaries. Given the direction of various health professions, and current federal priorities to resolve problems created by requirements of multijurisdictional licensure (e.g., the Federal Communications Commission's 2010 National Broadband Plan, the Canadian government's 1995 Agreement on Internal Trade), the development of a telepsychology credential required by psychology boards for interjurisdictional practice is a probable outcome. For example, nursing has developed a credential that is accepted by many U.S. jurisdictions that allows nurses licensed in any participating jurisdiction to practice in person or remotely in all participating jurisdictions. In addition, an ASPPB task force has drafted a set of recommendations for such a credential.

Conclusion

It is important to note that it is not the intent of these guidelines to prescribe specific actions, but rather, to offer the best guidance available at present when incorporating telecommunication technologies in the provision of psychological services. Because technology and its applicability to the profession of psychology constitute a dynamic area with many changes likely ahead, these guidelines also are not inclusive of all other considerations and are not intended to take precedence over the judgment of psychologists or applicable laws and regulations that guide the profession and practice of psychology. It is hoped that the framework presented will guide psychologists as the field evolves.

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AMERICAN TELEMEDICINE ASSOCIATION

PRACTICE GUIDELINES FOR VIDEOCONFERENCING-BASED TELEMENTAL HEALTH

requirements for human subjects research ***shall*** be applied to the use of telemental health for research purposes, especially when research involves the use of video or audio taping of the telemedicine conversations. Attention ***shall*** be paid to issues of confidentiality and informed consent, ensuring that patients who are involved in research trials via telemedicine understand consent is for the purposes of research and not for receiving care via telemental health. Efforts ***shall*** be made to ensure that patients receiving telemental health services are aware that telemedicine conversations will be recorded only with their consent.[xxx]

Administration

Interactive two-way audio-visual communication between distant hospitals, clinics, schools, and justice centers is an effective means of providing administrative services and support and helps organizations to achieve cost savings in large or geographically dispersed systems. Any discussion of protected health information ***shall*** be secured through use of a private, point-to-point circuit, an ISDN connection, or AES encryption or a virtual private network (VPN) ***shall*** be used for transmissions via the public internet.

Guidelines for the Practice of Telemental Health

Any organization or provider considering the use of telecommunications equipment for the purpose of providing mental health or substance abuse care to a remote site ***shall*** have in place prior to initiating such a service a set of Standard Operating Procedures or Protocols that ***shall*** include (but are not limited to) the following administrative, clinical and technical specifications.

The guidelines ***shall*** specifically describe roles, responsibilities (i.e., daytime and after-hours coverage), communication, and procedures around emergency issues. The degree of involvement of the telemental health provider will vary greatly between remote sites and be determined by legal issues, local resources, and staffing available to the clinic.[xxxi]

a. Standard Operating Procedures/Protocols

Telemental health organizations and providers ***shall*** ensure that appropriate staff is available to meet patient and provider needs before, during, and after telemental health encounters of all types. Organizations and practitioners ***shall*** have agreements in place to assure licensing, credentialing, training, and authentication of patients and practitioners as appropriate and according to local, state, and national requirements.

Telemental health organizations and practitioners ***shall b***e aware of the enhanced requirements for privacy and confidentiality that is afforded to patients receiving mental health

care. In the United States, additional state regulations for privacy, confidentiality and patient rights apply above and beyond requirements in place for general health care interactions.

Telemental health organizations and practitioners ***shall*** have billing and coding processes in place that share information across systems for the purposes of payment that do not risk exposure of mental health patients' personal health information.

Telemental health organizations and practitioners ***shall*** determine processes for documentation, storage, and retrieval of telemental health records. Specific descriptions ***shall*** be in place that address who can have access to the records. Most organizations institute a higher level of security on mental health patients' records than on other patients' records.

Patients receiving mental health and substance abuse services are afforded a higher degree of patients' rights as well as organizational responsibilities. Telemental health organizations ***shall*** be aware of these additional responsibilities and ensure that they are achieved.
Telemental health organizations and practitioners ***shall*** have in place policies and procedures that address all aspects of administrative, clinical, and technical components regarding the provision of telemental health and ***shall*** keep the policies and procedures updated on an annual basis or more often as needed.

Telemental health organizations and practitioners ***shall*** have in place a systematic quality improvement and performance management process that complies with any organizational, regulatory, or accrediting, requirements for outcomes management. The quality improvement indicators ***shall*** address the critical components of providing telemental health services and ***shall*** be used to make programmatic and clinical changes.

Telemental health organizations and practitioners ***shall*** comply with the specific consents to treat and for medication administration that apply to the area of mental health. Although no special consents are needed to use telemental health to serve patients, additional layers of consent are required during the course of treatment of persons with mental health conditions. Procedures ***shall*** be in place between organizations and telemental health practitioners for the purposes of obtaining and sharing consents for mental health treatment and services.

Telemental health professionals ***shall*** be aware of who has regulatory authority and any and all requirements (including those for liability insurance) that apply when practicing telehealth in another jurisdiction (eg. Across state lines), with particular attention to the additional responsibility that might apply in mental health encounters.

b. Clinical Specifications

- The telemedicine operation and its health professionals ***shall*** ensure that the standard of care delivered via telemedicine is equivalent to any other type of care that can be

delivered to the patient/client, considering the specific context, location and timing, and relative availability of in-person care.

- Health professionals ***shall*** be responsible for maintaining professional discipline and clinical practice guidelines in the delivery of care in the telemedicine setting, recognizing that certain modifications may need to be made to accommodate specific circumstances.

- Any modifications to specialty specific clinical practice standards for the telemedicine setting ***shall*** ensure that clinical requirements specific to the discipline are maintained.

- Health professionals providing telemedicine services ***shall*** have the necessary education, training/orientation, and continuing education/professional development to insure they possess the necessary competencies for the provision of quality health services.

1. General Telemental Health Practice Issues

- ***Exam Inclusion Criteria/Scope***: The inclusion of cases for a telemental health consult is at the discretion of the referring and consulting clinicians. There are no absolute contraindications to patients being assessed using telemental health.[xxxii]

- ***Consult Request Data:*** Information ***shall*** be available to the consulting practitioner that meets legal and regulatory requirements for referral and that provides supportive and data to the practitioner in preparation for evaluating the Telemental health patient, and for on-going patient management. Procedures ***shall*** be in place between organizations and practitioners for sharing patient mental health information.

- ***Cultural Competency:*** The clinician practicing telemental health ***should*** have cultural competency in the population he or she is serving at a distance.[xxxiii, xxxiv] Cultural influences may be different between the patient and the practitioner sites and means of assessing the difference and notifying the practitioner shall be in place.

- ***Cognitive Testing:*** Cognitive testing may be provided via telemedicine but ***may*** need to be modified for use via video. Organizations administrating cognitive testing via videoconferencing ***shall*** be aware of the properties of the individual test instrument, how it may be impacted by videoconferencing, and potential needed modifications. Computer-based testing ***may*** be provided at the patient location and results securely transmitted to the telemental health practitioner for scoring and interpretation. On-site testers are appropriate to be used for cognitive testing and telemental health organizations ***shall*** have in place arrangements for the use of

ancillary staff to administer cognitive testing and the sharing of results with the telemental health provider.[24,xxxv,xxxvi,xxxvii,xxxviii,xxxix,40]

- ***Videoteleconferencing (VTC):*** The following guidelines are recommended to ensure the safety of patients and also accurate diagnosis, appropriate intervention, and supportive ongoing care.

  All persons in the exam room at both sites ***shall*** be identified to all participants prior to the consultation room. Disclosing persons who are attending the consultation ***shall*** be done by panning each end of the consultation with the video camera or at a minimum, announcing the presence of individuals present and asking the patient's permission for additional persons to be in the room. Permission from the patient is not required if safety concerns mandate the presence of another individual or if the patient is being legally detained, but should be encouraged by the practitioner.

  Clinical History/Results: The sharing of clinical history and results ***shall*** comply with established legal and regulatory requirements. Telemental health organizations and practitioners shall have agreements in place that outline the procedure for securely sharing such clinical history and results. Laboratory or procedure results ***should*** be reviewed by the telemental health consultant via remote health record access or facsimile. Telemental health consultants need to have access to relevant clinical data as if the patient were being seen in person. Electronic prescribing ***should*** be used where available.[xl, xli, xlii, xliii]

  Reports: As with any consultation, there ***shall*** be a traceable record of the teleconsultation at both the referring and consulting sites. The practitioner at a minimum shall have documentation including pertinent and required aspects of the clinical encounter, and the patient site shall have documentation that a telemental health visit occurred with the patient. The consultant's opinion and any services that were ordered or performed ***shall*** also be documented in the patient's medical record and communicated by written report to the requesting physician or other appropriate source (e.g., physician assistant, nurse practitioner, doctor of chiropractics, physical therapist, occupational therapist, speech-language therapist, psychologist, social worker, lawyer, insurance company) as required by professional conduct, legal, or regulatory requirements. Recommended language for the consultant includes "Based on the video images and history provided, my impression is as follows." Verbal communication with referring practitioners, or other pertinent entities may be given and written records of the interaction ***shall*** be kept according to legal and regulatory requirements at least at one site (referring and/or consulting). Reports may be faxed, mailed or electronically sent after the interaction has ended and ***should*** be done using secure methods. A consultant report ***shall*** include at a minimum the diagnosis and/or differential diagnoses, a summary of the findings, and recommended management.

Psychotherapy: Standard practice guidelines for therapy ***shall*** direct psychotherapy services within the telemedicine setting. Evidence-based practice and empirically supported treatments ***shall*** be followed and adapted by the telemental health practitioner as appropriate for videoconferencing. Persons engaged in providing psychotherapy services ***shall*** be aware of their professional organizations positions on telemental health and incorporate the professional association standards whenever possible.

Medication Management: Expert pharmacotherapy is the most frequently requested telemental health service[xliv, xlv] and various methods have been employed, including: a) the telepsychiatrist consults to the referring primary care or managing physician (PCP) who prescribes the medications; b) the telepsychiatrist works with a mid-level professional at the patient site who writes the prescriptions; and c) the telepsychiatrist directly prescribes. In this last scenario, clear procedures ***shall*** be established and communicated to all parties regarding the method for obtaining initial prescriptions and refills and reporting adverse effects. Pharmacotherapy ***shall*** comply with the APA and AACAP[xlvi] practice parameters.

2. Psychiatric Emergencies

Psychiatric emergencies can be experienced in a telehealth visit similar to an in-person visit. Provisions for routine or emergent local medical management ***shall*** be included in any local operating procedure or protocol. The following specific recommendations were adapted from a previous set of published clinical guidelines on emergency telepsychiatry.[xlvii]

a. ***Administrative Issues:*** A patient site assessment ***shall*** be undertaken that includes obtaining information on local regulations and emergency resources, identification of potential local collaborators to help with emergency management. Emergency protocols ***shall*** be created for all telepsychiatry clinics with clear explanation of roles and responsibilities in emergency situations, determination of outside clinic hours emergency coverage, and guidelines for determining at what point other staff and resources should be brought in to help manage emergency situations.

b. ***Legal Issues:*** Clinicians ***shall*** be familiar with local civil commitment regulations and have arrangements where possible to work with local staff to initiate/assist with civil commitments.

c. ***General Clinical Issues:*** Clinicians ***shall*** be aware of the impact of telepsychiatry on provider's perception of control over the clinical interaction, and how this might impact provider's management. Clinicians ***shall*** be aware of safety issues with patients displaying strong affective or behavioral states upon conclusion of a session, and how patients may then interact with remote site staff.

3. Special Groups

a. ***Children:*** Children generally respond very positively to videoconferencing consultations.[xlviii] VTC procedures for the evaluation and treatment of youth ***shall*** follow the same guidelines presented for adult with modifications to consider the developmental status of youth, such as motor functioning, speech and language capabilities, and relatedness. When legally required, families ***shall*** be informed when a telehealth appointment is scheduled for their child, in order to prepare their child for a VTC appointment.

Other set of guidelines

a. The room at the originating site (patient site) ***should*** be large enough to include the youth and a parent, and one to two other individuals and to allow the camera to scan an area large enough to adequately observe children's motor skills as they move about the room, play, and separate from their parents.[xlix, l]

b. A table ***should*** be available to provide a surface for the child to draw or play while the parent relates the history, but the table ***should*** not interfere with communication or viewing the youth's motor skills. Some simple toys ***should*** be provided both to occupy the child and to allow assessment of skills and ***should*** be selected based on age-appropriateness and child safety standards.

c. The care and the clinical procedures used with children ***should*** follow the practice parameters developed by the American Academy of Child and Adolescent Psychiatry.

b. ***Elderly Populations:*** Sensory deficits, especially visual and auditory, can impair the ability to interact over a videoconference connection.[li] Clinics ***shall*** consider the use of technologies that can help with visual or auditory impairment. The geriatric patient often has multiple medical problems, many of which affect cognitive/behavioral state, require appropriate laboratory, radiologic, and other diagnostic procedures. The inclusion of family members ***should*** be undertaken as clinically appropriate and with the permission of the patient. Interviewing techniques shall be appropriate for a patient who may be cognitively impaired, or find it difficult to adapt to the technology.

c. ***Rural Populations:*** Clinicians working with patients from rural or frontier issues ***shall*** be aware of issues unique to working with rural populations via telehealth.

a. Clinicians ***shall*** discuss firearm ownership, safety, sanctioned use of firearms and meaning of firearms to patients in rural areas. Clinicians ***shall*** be prepared to negotiate with patients over firearm disposition, and consider involvement of patients' families as appropriate.
b. Clinicians ***shall*** be sensitive of impact of disclosures made during emergency management on patient confidentiality and relationships in small communities.
c. Clinicians ***shall*** consider including families in emergency treatment situations where possible and clinically appropriate, while also assessing and be attentive to exacerbation of family tensions in small communities.
d. Clinicians ***shall*** assess substance issues, be familiar with local resources for substance use assessment and treatment, and be prepared to play a more active role in substance use treatment.[lii, liii]

4. Ethical Consideration

Although telemedicine is not a practice in and of itself, practicing at a distance creates a unique relationship with the patient that requires attention to and adherence to professional ethical principles. An organization or health professional that adheres to ethical telemedicine principles ***shall:***

a. Incorporate organizational values and ethics statements into the administrative policies and procedures for telemedicine

b. Be aware of medical and other professional discipline codes of ethics when using telemedicine

c. Inform the patient of their rights and responsibilities when receiving care at a distance (through telemedicine) including the right to refuse to use telemedicine

d. Provide patients and providers with a formal process for resolving ethical questions and issues that might arise as a result of a telemedicine encounter

e. Eliminate any conflict of interest to influence decisions made about, for, or with patients who receive care via telemedicine.

c. Technical Specifications

Videoconferencing is a communications tool that has made possible the recreation of clinical, consultative, and educational settings regardless of the geographic location of participants. A wide array of equipment and standards-based software is available that can greatly enhance the capabilities and usefulness of the videoconferencing system.

Telemental health users where available, practical and affordable ***should*** be able to, when cost-effective:

- Display static pictures, diagrams, or objects.
- View and share a computer desktop or applications.
- Play videos or CDs so people at other locations can see and hear them.
- Record meetings when clinically appropriate and with patient permission.
- Share information on a common white board or via computer files.

Other desirable features of a videoconferencing system include:

- Ease of use with minimum operator training.
- Have remote camera control so that a clinician can pan, tilt, and zoom (PTZ) the camera on the patient end for close-ups.
- Easy-to-understand visual cues to give user feedback on features selected.
- On screen messages to notify the user of such conditions as loss of far end video, incomplete or dropped connections, mute/unmute etc.
- Option to view the picture sent as well as the picture received simultaneously (known as 'picture-in-picture' or PIP).
- Audio at 7 kHz full duplex with echo cancellation (capable of eliminating room return audio echo), with easy-to-use mute function and volume adjustment.
- Standard computer and peripheral ports for transmission of data.
- Ability to operate at a bandwidth of 384 Kbps or higher.
- Capacity for software upgrades as improvements become available.

Currently, most videoconferencing takes place via digital telephone lines (ISDN) or over TCP/IP (utilizing a local area network (LAN), wide area network (WAN), or broadband Internet connection). Low bandwidth videophones are often found in home care programs, or in situations or areas where higher bandwidth connections are either unavailable or cost prohibitive. Satellite communications are increasingly being used in remote areas, whether for Internet connectivity, or direct satellite telephony. Conferencing can be established between just two locations (called point-to-point) or among a number of sites simultaneously (called multi-point).

High quality microphones and speakers ensure effective aural communication and ***should*** be used in telemental health consultations to ensure accurate interpretation of the patient's and provider's spoken communication. High-quality audio is essential to the success of telemental health services, capturing the nuances of conversation that are often vital in making appropriate diagnoses. Microphone type and placement are extremely important, as are the acoustical properties of the room used. Most flat "conference-style" microphones are adequate to pick up sounds around a table or in a room, as long as the microphones are placed on a hard, flat surface at desk or table-top level. Many will also work well if placed on a flat wall at about head level for a seated person. If no flat surface is

available, or if patients may be active or agitated, an omni-directional microphone can be hung from the center of the ceiling. "Quiet" rooms (those with carpeting, soft furniture, acoustical treatments, or other sound absorbing characteristics) allow for better intelligibility of transmitted speech.[liv, lv, lvi, lvii, lviii, lix, lx, lxi, lxii, lxiii, lxiv, lxv, lxvi]

1. Transmission Speed and Bandwidth

Most telemental health programs use systems that transmit data at a minimum of 384 Kbps. Transmission speed ***shall*** be the minimum necessary to allow the smooth and natural communication pace necessary for clinical encounters. Research into the quality of data transmission has shown that viewers perceive a marked difference in quality between 128 and 384 Kbps, but report less noticeable difference between 384 and 768 Kbps, although the proportionate cost increase is often much larger at the higher transmission speed. The use of lower bandwidths is necessary in some locations due to lack of or expense of broadband access and the need to provide services to disparate and/or remote populations. The use of the Internet has gained popularity in recent years as a medium by which providers and patients can bridge the digital gap and remain connected.[lxvii]

2. Image Storage, Retrieval and Transmission

a. ***Security:*** For telemental services provided within the United States, the United States Health Insurance Portability & Accountability Act (HIPAA)[lxviii] and state privacy requirements ***shall*** be followed at all times to protect patient privacy. Privacy requirements in other countries ***shall*** be followed for telemental services provided in those countries. Telemental health services being provided across political boundaries ***shall*** be in conformance with privacy requirements in both locations. Network and software security protocols to protect privacy and confidentiality ***shall*** be provided as well as appropriate user accessibility and authentication protocols. Measures to safeguard data against intentional and unintentional corruption ***shall*** be in place during both storage and transmission.

b. ***Encryption***: Within the United States, HIPAA requires that encryption (128 bit) of Electronic Protected Health Information ***shall*** be addressed.[lxix] Consistent with HIPAA and good practice, video sessions ***shall*** be secured to the greatest practical extent.

c. ***Resolution:*** The resolution of the display monitor ***should*** match as closely as possible the resolution of the acquired image being displayed, or the originally acquired image resolution should be accessible using zoom and pan functions.

d. ***Interoperability:*** Interoperability of videoconferencing equipment has improved significantly in the past few years through a number of standards that have

arisen in the industry. Most telecommunications standards are established by the International Telecommunications Union (ITU), an agency of the United Nations. Equipment ***shall*** be based on these standards which allow successful conferencing regardless of platform or manufacturer. The ITU standards that ***shall*** be used comprise the H (video), G (audio) and T (data) series.

e. ***Videoconferencing with Personal Computers:*** Computers utilized for VTC ***shall*** comply with all facility, state, and federal regulations.

f. ***TCP/IP:*** There are continuing innovations in software protocols designed to assure consistently high quality signals (called "quality of service" or QOS) for videoconferencing systems using IP networks. The use of these protocols (which are usually implemented in the videoconferencing system itself) can significantly improve the quality of transmission over an IP network.

g. ***Integrated Services Digital Network (ISDN):*** Videoconferencing over ISDN is governed by the H.320 ITU standard, which includes a number of associated standards to control video, audio, and data flow. ISDN connections usually use a multiplexer (MUX) to aggregate 2-6 individual phone lines into a single high-bandwidth connection. As each line transmits at 64 kbps, a minimum of 6 lines ***should*** be used to ensure transmission at least at 384 kbps.

3. Physical Location/Room Requirements

a. ***Room Set-up:*** During a telemental health session, both locations ***shall*** be considered a patient examination room regardless of a room's intended use. Both sites ***shall*** be appropriately designed with audio and visual privacy and additionally the originating site ***shall*** have the ability to accommodate posture and movement visualization by the provider.[lxx] The ability to view written or drawn material ***should*** also be available. Rooms ***shall*** be designated private for the duration of the VTC and no unauthorized access shall be permitted. The organization ***shall*** take every precaution to ensure the privacy of the consult and the confidentiality of the patient. All persons in the exam room at both sites ***shall*** be identified to all participants prior to the consultation and the patient's permission ***shall*** be obtained for any visitors or clinicians to be present during the session.

b. ***Room Lighting:*** The room in which videoconferencing is used ***shall*** be well lit (150 ft candles at the patient is recommended), preferably using light sources as close to day light as possible (i.e., fluorescent day-light or full spectrum bulbs rather than incandescent). The room ***shall*** be comfortably lit for the patient and lit well enough for the provider to see the patient without shadows falling on the patient's face or other areas where clinical data is being displayed (such as lower extremities, hands, etc.). The lighting of the provider's space ***shall*** meet the

same requirements in that the patient must be able to see the face of the provider with no shadowing. Daylight is often the softest and more comfortable light for the patient to view the clinician.

c. ***Backdrop:*** Backdrops behind the patient and provider ***should*** be clean and plain in color and not full of distractions such as office papers, book shelves, etc. Blue is an optimum color for backdrops as blue neither reflects or absorbs light, is a calming color, and helps to accentuate the area of interest.

d. ***Ergonomic Considerations*:** The comfort of the mental health professional undertaking the consultations ***should*** be considered to prevent fatigue and computer vision syndrome problems common with increased computer interactions.[lxxi] *Gaze Angle:* Gaze angle is the angle between the near participant's camera and where the near participant looks at the onscreen far participant (eye contact). The vertical location of the far participant on the screen will affect gaze angle. Gaze angles of approximately 5 to 7 degrees are imperceptible to most persons[1,1]. Gaze angle ***should*** be as small as practical.

d. Administrative Issues

1. Organizations ***shall*** ensure the technical readiness of the telehealth equipment and the clinical environment.[lxxii] Organizations providing telehealth services ***shall*** have processes in place to ensure the safety and effectiveness of equipment through on-going support and maintenance.[lxxiii, lxxiv] Organizations providing telehealth services ***shall*** have policies and procedures in place to ensure the physical security of telehealth equipment and the electronic security of data.[lxxv] Organizations ***shall*** have appropriate redundant systems and appropriate recovery procedures in place that ensure availability of the network for critical connectivity. Organizations ***shall*** ensure compliance with all relevant safety laws, regulations, and codes for technology and technical safety.[xiv, xv] Organizations ***shall*** have infection control policies and procedures in place for the use of telehealth equipment and patient peripherals.

2. Policy Related Steps to Optimize Telemental Health Practices

   It is critical to develop policies and procedures to ensure consistent implementation of telemental health program functions. Key policies that ***shall*** be addressed include:

   - Release of information and informed consent
   - Identifying all required patient information for a referral/consultation
   - A reliable process for communicating findings after consults
   - Ensuring privacy and confidentiality
   - Intake procedures and screening
   - Staff roles and responsibilities

- Transmission of patient data
- Use of electronic medical records
- Appointment scheduling; synchronizing schedules at all sites
- Transmission of prescriptions, lab orders and progress notes
- Evaluation and measurement of patient outcomes
- Quality improvement
- Safety
- Licensing, liability and malpractice insurance
- Continuous training

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PRACTICE GUIDELINES FOR VIDEO-BASED ONLINE MENTAL HEALTH SERVICES

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issues and the potential solutions are needed to better inform those who want to practice responsibly.

Practice Guidelines for Video-based Online Mental Health Services

a. Clinical Guidelines

A. Professional and Patient Identity and Location

At the beginning of a video-based mental health treatment (i.e., not at every subsequent encounter unless circumstances warrant re-verification) with a patient, the following essential information shall be verified:

1. Provider and Patient Identity Verification

The name and credentials of the professional and the name of the patient shall be verified. For services with the patient at a remote healthcare institution, the verification of both professional and patient may occur at the host clinic. When providing professional services to a patient in a setting without an immediately available mental health professional, the telehealth provider shall provide the patient (or legal representative) with his or her qualifications, licensure information, and, when applicable, registration number and where the patient can verify this information. Patients shall provide their full name. Professionals may ask patients to verify their identity more formally by showing a government issued photo ID on the video screen or by using a smart card.

2. Provider and Patient Location Documentation

The location(s) where the patient will be receiving services by videoconferencing shall be confirmed and documented by the provider. In addition, the location of the provider may need to be documented, especially in cases where such documentation is needed for the appropriate payment of services. However, it is not necessary for the mental health provider to reveal their specific location to the patient, especially if the provider is located at home at the time of the service.

Verification of provider and patient location is critical for four key reasons:

a. The professional shall comply with the relevant licensing laws in the jurisdiction where the provider is physically located when providing the care and where the patient is located when receiving care. Note, in the United States the jurisdictional

licensure requirement is usually tied to where the patient is physically located when he or she is receiving the care, not where the patient lives. (8)

b. The emergency management protocol is entirely dependent upon where the patient receives services. Once again, where the patient resides is only relevant if that is also where he or she is receiving care.

c. Mandatory reporting and related ethical requirements such as duty to notify are tied to the jurisdiction where the patient is receiving services.

d. In some cases, provider payment amounts are tied to where the provider and patient are located.

When patients are receiving telemental health services at an accredited health center, the emergency management and reporting protocols shall be coordinated with the remote health center in accordance with applicable jurisdictional law and licensing requirements.

In instances where the mental health professional is providing services to patients in settings without clinical staff immediately available and/or to patients that change locations over the course of treatment, they should discuss the importance of consistency in where the patient chooses to receive care as it is tied to emergency management. Though patients who change locations may likely remain in the same state, they may change cities, which will impact emergency management protocols related to police intervention and location of local emergency rooms willing to evaluate potentially lethal psychiatric issues.

3. Contact Information Verification for Professional and Patient

The contact information for both provider and patient shall be verified. This shall include gathering telephone and mail contact information for both the provider and patient and may also include contact information through electronic sources such as email.

4. Verification of Expectations Regarding Contact Between Sessions

Reasonable expectations about contact between sessions shall be discussed and verified with the patient. At the start of the treatment, the patient and provider should discuss whether or not the provider will be available for phone or electronic contact between sessions and the conditions under which such contact is appropriate. The provider should provide a specific time frame for expected response between session contacts. This should also include a discussion of emergency management between sessions.

b. Patient Appropriateness for Videoconferencing-based Telemental Health

To date, no studies have identified any patient subgroup that does not benefit from, or is harmed by, mental healthcare provided through remote videoconferencing. Recent large

randomized controlled trials demonstrate effectiveness of telemental health with many smaller trials also supporting this conclusion. (9-11) Regarding specific subgroups, such as patients with psychotic or phobic disorders, one review by Sharp et al. (12), found no evidence for inferiority of videoconferencing telemental health for patients with psychosis. Dongier et al. (13) compared in-person versus videoconferencing interviews in psychotic patients and concluded that even those with delusions pertaining to the TV, responded appropriately to videoconferencing and did not incorporate their experience into their delusional system. Bouchard et al. (14) found videoconferencing treatment effective for agoraphobia and panic disorder.

Appropriateness of Videoconferencing in Settings where Professional Staff are not Immediately Available

Mental health professionals should consider the patients' expectations and level of comfort with home-based care to determine the appropriateness of using videoconferencing in this setting. (15) Provision of telemental health services in professionally unsupervised settings requires that the patient take a more active and cooperative role in the treatment process than in in-person settings. (15,16) Determining whether a patient can handle such demands may be more dependent on the patient's organizational and cognitive capacities, than on diagnosis.

When the patient is located outside an institutional location, the patient (guardian or caretaker) is responsible for setting up the videoconferencing system at his or her site, maintaining the appropriate computer settings, and establishing a private space. In addition, even with establishment of a community based emergency management protocol, such as that described in the Emergency Management section of this document, patient cooperation is critical for effective safety management in settings where a professional is not immediately available.

Determining patient appropriateness for videoconferencing-based telemental health services should, in addition to considering the patient's ability to potentially benefit from them, rely on the professional's assessment of the patient's ability to arrange an appropriate setting for receiving videoconferencing services and the patient's continued cooperativeness regarding managing safety issues. Professionals should also consider such things as patient's cognitive capacity, history regarding cooperativeness with treatment professionals, current and past difficulties with substance abuse, and history of violence or self-injurious behavior.

Professionals shall consider geographic distance to the nearest emergency medical facility, efficacy of patient's support system, current medical status, and patient's general level of competence around technology when determining patient appropriateness for videoconferencing.

Professionals should evaluate the potential for risk factors or problems at the start of providing videoconferencing services in settings where a professional is not immediately available. In addition, evaluation of appropriateness of videoconferencing care should continue throughout the treatment including monitoring of symptoms and patient cooperativeness in assuming the

responsibilities inherent in remote care. The consent process shall include discussion of conditions of participation around session management so that if a professional decides a patient can no longer be managed through distance technology, the patient is aware that services may be discontinued if no longer appropriate.

c. Informed Consent

A thorough informed consent at the start of services shall be performed. The consent should be conducted with the patient in real–time. Local, regional and national laws regarding verbal or written consent shall be followed. If written consent is required, then electronic signatures, assuming these are allowed in the relevant jurisdiction, may be used. The provider shall document the provision of consent in the medical record.

The consent should include all information contained in the consent process for in-person care including discussion of the structure and timing of services, record keeping, scheduling, privacy, potential risks, confidentiality, mandatory reporting, and billing. In addition, the informed consent process should include information specific to the nature of videoconferencing as described below. The information shall be provided in language that can be easily understood by the patient. This is particularly important when discussing technical issues like encryption or the potential for technical failure.

Key topics that shall be reviewed include: confidentiality and the limits to confidentiality in electronic communication; an agreed upon emergency plan, particularly for patients in settings without clinical staff immediately available; process by which patient information will be documented and stored; the potential for technical failure, procedures for coordination of care with other professionals; a protocol for contact between sessions; and conditions under which telemental health services may be terminated and a referral made to in-person care.

d. Physical Environment

Both the professional and the patient's room/environment should aim to provide comparable professional specifications of a standard services room. Efforts shall be made to ensure privacy so clinical discussion cannot be overheard by others outside of the room where the service is provided. If other people are in either the patient or the professional's room, both the professional and patient shall be made aware of the other person and agree to their presence. Seating and lighting should be tailored to allow maximum comfort to the participants. Both professional and patient should maximize clarity and visibility of the person at the other end of the video services. For example, patients receiving care in non-traditional settings should be informed of the importance of reducing light from windows or light emanating from behind them. Both provider and patient cameras should be on a secure, stable platform to avoid wobbling and shaking during the videoconferencing session. To the extent possible, the patient and provider cameras should be placed at the same elevation as the eyes with the face clearly visible to the other person.

e. Communication and Collaboration with the Patient's Treatment Team

Professionals shall acknowledge that optimal clinical management of patients depends on coordination of care between a multidisciplinary treatment team. This shall be discussed with all patients. However, patients may have specific privacy concerns about release of information about mental health treatment even to other health professionals providing services to them and these concerns shall be respected.

For patients who agree to coordination of care, telemental health professionals should arrange for appropriate and regular private communication with other professionals involved in care for the patient. Moreover, professionals conducting telemental health to patients in settings without clinical staff immediately available are encouraged to develop collaborative relationships with local community professionals, such as a patient's local primary care provider, as these professionals may be invaluable in case of emergencies.

f. Emergency Management

Providing mental healthcare to patients using videoconferencing involves particular considerations regarding patient safety. There are also additional considerations when providing care to patients in settings without staff immediately available. (17) Below are issues that should be considered in both types of practice followed by separate sections for emergency management for supervised and unsupervised settings.

1. Education and Training

Professionals should review their discipline's definitions of "competence" prior to initiating telemental health patient care to assure that they maintain both technical and clinical competence for the delivery of care in this manner. Professionals shall have completed basic education and training in suicide prevention. The depth of training and the definition of "basic" are solely at the professional's discretion.

2. Jurisdictional Mental Health Involuntary Hospitalization Laws

Each jurisdiction has its own involuntary hospitalization and duty-to-notify laws outlining criteria and detainment conditions. Professionals shall know and abide by the laws in the jurisdiction where the patient is receiving services.

3. Patient Safety when Providing Services in a Setting with Immediately Available Professionals

When a professional sees a patient via personal computer and/or mobile device outside of the patient's home (e.g., local clinic, community-based outpatient clinic, school site, library) or other facility where dedicated staff may be present, it may be important that the professional become familiar with the facility's emergency procedures. In some cases, the facility will not have procedures in place. In such cases, the professional should coordinate with the distant site clinic to establish basic procedures. The basic procedures may include: 1) identifying local emergency resources and phone numbers; 2) becoming familiar with location of nearest hospital emergency room capable of managing psychiatric emergencies; and 3) having patient's family / support contact information. The professional may also learn the chosen emergency response system's average response time (30 minutes vs. 5 hours) and the contact information for other local professional associations, such as the city, county or state, provincial or other regional professional association(s) in case a local referral is needed to follow-up with a local professional.

4. Patient Safety when providing Services in a Setting without Immediately Available Professional Staff

For treatment occurring where the patient is in a setting without clinical staff, the professional may request the contact information of a family or community member who could be called upon for support in the case of an emergency. This person will be called "the Patient Support Person" an individual selected by the patient In the case of an emergency, the professional may contact the Patient Support Person to request assistance in evaluating the nature of emergency and/or initiating 9-1-1 from the patient's home telephone. (17).

5. Patient Support Person and Uncooperative Patients

It is possible that a patient will not cooperate in his or her own emergency management, which underlies the practice of involuntary hospitalization in mental healthcare. Professionals should be prepared for this as well as the possibility that Patient Support Persons also may not cooperate if the patients themselves are adamant that they do not want to seek emergency care. Therefore, any emergency plan shall include local emergency personnel and knowledge of available resources in case of involuntary hospitalization.

6. Transportation

As videoconferencing-based telemental health has developed, in part, to increase access to patients in geographically remote areas, it is expected that there may be barriers to transportation to local mental health services. In light of this, the professional shall know any limitations the patient has in terms of self-transporting and/or access to transportation. Strategies to overcome these limitations in light of an emergency shall

be developed prior to starting treatment for patients in settings without staff immediately available.

In the event of a behavioral and/or medical emergency, the patient's Patient Support Person should discuss with emergency personnel whether they should transport the patient.

7. **Local Emergency Personnel**

In providing care to patients in settings without professional staff immediately available, determining distance between local emergency personnel in the patient's community and the patient's location can shape the professional's decision process in determining appropriate actions.

Professionals shall acquire telephone numbers for local resources in the patient's community. At the beginning of each session, the professional shall have the patient's local emergency personnel telephone contact information readily available. Prior to each session, the provider shall also determine the patient's location and whether there have been any changes to the patient's personal support system or the emergency management protocol.

g. Medical Issues

In case of medication side effects, elevation in symptoms, and/or issues related to medication non-compliance, the professional should be familiar with the patient's prescription and medication dispensation options.

Likewise, when prescribing, the clinician should be aware of the availability of specific medications in the geographic location of the patient and that should inform prescribing choices. Patients receiving treatment through telemental health services should have an active relationship with a prescribing professional in their physical vicinity.

If services are provided in a setting where a professional is not immediately available, the patient may be at risk if there is an acute change in his or her medical condition. The professional should be familiar with whom the patient is receiving medical services.

h. Referral Resources

The professional shall be familiar with local in-person mental health resources should the professional exercise clinical judgment to make a referral for additional mental health or other appropriate services.

i. Community and Cultural Competency

Professionals shall be culturally competent to deliver services to the populations that they serve. Examples of factors to consider include awareness of the client's language, ethnicity, race, age, gender, sexual orientation, geographical location, and socioeconomic and cultural backgrounds. Mental health professionals may use online resources to learn of the community where the patient resides including any recent significant events and cultural mores of that community.

b. Technical Guidelines

Videoconferencing can be characterized by key features: the videoconferencing application, device characteristics including their mobility, network or connectivity features, and how privacy and security are maintained. The more recent use of desktop and mobile devices requires consideration of each of these.

A. Videoconferencing Application

All efforts **shall** be taken to use video conferencing applications that have been vetted and have the appropriate verification, confidentiality, and security parameters necessary to be properly utilized for this purpose.

Video software platforms should not be used when they include social media functions that notify users when anyone on a contact list logs on. Many free video chat platforms include such functionality as a "default setting," which should be changed before providing video-based clinical services. These platforms may also include the capability to create a video chat "Room" that allows others to enter at will. This type of functionality should be disabled.

B. Device Characteristics

When using a personal computer, both the professional device for video-transmission and the patient's site should, when feasible, use professional grade or high quality cameras and audio equipment now widely available for personal computers. Personal computers shall have up-to-date antivirus software and a personal firewall installed. Providers should ensure their personal computer or mobile device has the latest security patches and updates applied to the operating system and third party applications that may be utilized for this purpose.

Provider organizations should utilize mobile device management software to provide consistent oversight of applications, device and data configuration and security of the mobile devices used within the organization.

In the event of a technology breakdown, causing a disruption of the session, the professional shall have a backup plan in place. The plan shall be communicated to the patient prior to

commencement of treatment and may also be included in the general emergency management protocol. The professional may review the technology backup plan on a routine basis.

The plan may include calling the patient via telephone and attempting to troubleshoot the issue together. The plan may also include providing the patient with access to other mental healthcare. If the technical issue cannot be resolved, the professional may elect to complete the session via a voice-based telecommunication system.

Screen-in-screen options, also known as picture-in-a-picture or "PIP" may also be used when feasible and are widely available in professional grade desktop videoconferencing software packages. Professionals and patients may opt to use cameras that allow for pan, tilt, and zoom for maximal flexibility in viewing the remote room.

C. Connectivity

Telemental healthcare services provided through personal computers or mobile devices that use internet-based videoconferencing software programs should provide such services at a bandwidth of 384 Kbps or higher in each of the downlink and uplink directions. Such services should provide a minimum of 640 X 360 resolution at 30 frames per second. Because different technologies provide different video quality results at the same bandwidth, each end point shall use bandwidth sufficient to achieve at least the minimum quality shown above during normal operation.

Where practical, providers may recommend preferred video conferencing software and/or video and audio hardware to the patient, as well as providing any relevant software and/or hardware configuration considerations.

The provider and/or patient may use link test tools (e.g., bandwidth test) to pre-test the connection before starting their session to ensure the link has sufficient quality to support the session.

Where possible, each party should use the most reliable connection method to access the Internet. Where wired connections are available (e.g., Ethernet), they should be used.

The videoconference software should be able to adapt to changing bandwidth environments without losing the connection.

D. Privacy

The videoconference software should be capable of blocking the provider's caller ID at the request of the provider.

All efforts shall be taken to make audio and video transmission secure by using point-to-point encryption that meets recognized standards. Currently, FIPS 140-2, known as the Federal Information Processing Standard, is the US Government security standard used to accredit encryption standards of software and lists encryption such as AES (Advanced Encryption Standard) as providing acceptable levels of security. Providers should familiarize themselves with the technologies available regarding computer and mobile device security, and should help educate the patient.

When the patient and/or provider use a mobile device, special attention should be placed on the relative privacy of information being communicated over such technology.

Providers should ensure access to any patient contact information stored on mobile devices is adequately restricted.

Mobile devices shall require a passphrase or equivalent security feature before the device can be accessed. If multi-factor authentication is available, it should be used.

Mobile devices should be configured to utilize an inactivity timeout function that requires a passphrase or re-authentication to access the device after the timeout threshold has been exceeded. This timeout should not exceed 15 minutes.

Mobile devices should be kept in the possession of the provider when traveling or in an uncontrolled environment. Unauthorized persons shall not be allowed access to sensitive information stored on the device, or use the device to access sensitive applications or network resources.

Providers should have the capability to remotely disable or wipe their mobile device in the event it is lost or stolen.

Videoconference software shall not allow multiple concurrent sessions to be opened by a single user. Should a second session attempt to be opened, the system shall either log off the first session or block the second session from being opened.

Session logs stored in 3rd party locations (i.e., not on patients' or providers' access device) shall be secure. Access to these session logs shall only be granted to authorized users.

Protected health information and other confidential data shall only be backed up to or stored on secure data storage locations. Cloud services unable to achieve compliance shall not be used for PHI or confidential data.

Professionals may monitor whether any of the videoconference transmission data is intentionally or inadvertently stored on the patient or professional's computer hard drive. If so, the hard drive of the provider should use whole disk encryption to the FIPS standard to ensure security and privacy. Pre-boot authentication should also be used. Professionals should

educate patients about the potential for inadvertently stored data and patient information and provide guidance on how best to protect privacy.

Professionals and patients shall discuss any intention to record services and how this information is to be stored and how privacy will be protected. Recordings should be encrypted for maximum security. Access to the recordings shall only be granted to authorized users and should be streamed to protect from accidental or unauthorized file sharing and/or transfer. The professional may also want to discuss his or her policy with regards to the patient sharing portions of this information with the general public. Written agreements pertaining to this issue can protect both the patient and the professional.

If services are recorded, the recordings shall be stored in a secured location. Access to the recordings shall only be granted to authorized users.

c. Administrative Guidelines

A. Qualifications and Training of Professionals

In addition to clinical, legal, and ethical training required for licensure for in-person services, professionals shall make use of the widely available resources providing education of proper conduct of videoconferencing to both professionally supervised settings and those without readily available clinical staff. Mental health professionals shall also determine whether there are site-specific credentialing requirements where the patient is located.

Professionals shall conduct care consistent with the jurisdictional licensing laws and rules for their profession in both the jurisdiction in which they are practicing as well as the jurisdiction where the patient is receiving care.

Licensed mental health professionals should contact their licensing board to review their practice before starting any provision of telemental health services. The professional should also contact the licensing board relevant to the patient's location during treatment, to determine whether or not the services provided fall under their jurisdiction and what, if any, restrictions exist.

B. Documentation and Record Keeping

Professionals shall maintain an electronic record for each patient for whom they provide remote services. Such a record should include an assessment, client identification information, contact information, history, treatment plan, informed consent, and information about fees and billing.

A treatment plan based upon an assessment of the patient's needs should be developed and documented. The plan should meet the professional's discipline standards and guidelines and include a description of what services are to be provided and the goals for services.

Services should be accurately documented as remote services and include dates, duration and type of service(s) provided.

Documentation shall comply with applicable jurisdictional and federal laws and regulations. Policies for record retention and disposal should be in place.

All communications with the patient (e.g., written, audiovisual, or verbal) shall be documented in the patient's unique record and all such records shall be stored in compliance with relevant government regulations, such as HIPAA and HI-TECH within the US. (15)

Requests for access to such records shall require written authorization from the patient with a clear indication of what types of data and which information is to be released. If professionals are storing the audiovisual data from the sessions, these cannot be released unless the patient authorization indicates specifically that this is to be released. Upon direction and written approval by the patient, the patient's record shall be made available to another provider that is caring for the patient.

All billing and administrative data related to the patient shall be secured to protect confidentiality. Specifically, all records are confidential; HIPAA regulations regarding psychotherapy notes are adhered to; and only relevant information is released for reimbursement purposes as outlined by HIPAA in the US.

C. Payment and Billing

Prior to the commencement of initial services, the patient shall be made aware of any and all financial charges that may arise from the services to be provided. Arrangement for payment should be completed prior to the commencement of services.

Appendix

References

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AMERICAN TELEMEDICINE ASSOCIATION

PRACTICE GUIDELINES FOR TELEMENTAL HEALTH WITH CHILDREN AND ADOLESCENTS

MARCH 2017

Virginia Board of Psychology

Guidance on Technology-Assisted Psychology and Technology-Assisted Supervision

The Board's Standards of Practice (18VAC125-20-150) begin with the following statement, which applies regardless of whether psychological services are being provided face-to-face, by technology, or another method: "The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board. Psychologists respect the rights, dignity and worth of all people, and are mindful of individual differences."

Telepsychology has become a burgeoning source of both professional assessment and intervention services. Telepsychology services have been implemented in a number of diverse settings to a broad range of patients, and may even be a preferred modality in some instances. Unfortunately with the advent of the digital age come risks to privacy and possible disruption to client / patient care with the reliance upon electronic technology.

The endorsement and publication of these guidelines are intended as aspirational in nature to provide guidance to those psychologists who provide telepsychological services. Additionally, not all domains and issues related to electronic transmission and telepsychology can be anticipated but hopefully the following guidelines will provide guidance to those dedicated to providing telepsychological services to patients / clients in the Commonwealth of Virginia. Nothing in these guidelines should prevent a psychologist Licensed in the Commonwealth of Virginia who is competent to serve in such a capacity from providing appropriate telepsychology services.

These guidelines pertain to formal professional exchanges between licensed psychologists and their clients/patients/supervisees. Psychologists who choose to use social media are faced with a variety of additional challenges. A separate guidance document will address these types of issues. Similarly, these guidelines do not discuss the use of online assessments and testing, for which there are different types of considerations related to psychometrics, administration and interpretation, examinee identity, and technical problems and the evaluation environment.

Commented [JW1]: This is form pages 3-4 of the Ohio Psych Assoc telepsych guidelines: http://c.ymcdn.com/sites/ohpsych.site-ym.com/resource/collection/AC67E033-F301-4661-8A8E-ECE4AFF1F040/OPA_Telepsychology_Guidelines_41710.pdf

For the purposes of this guidance document, we adopt the extensive definition of telepsychology (p. 792) developed by the American Psychological Association (APA)/ Association of State and Provincial Psychology Boards/ APA Insurance Trust and reported in their set of "Guidelines for the Practice of Telepsychology" (2013). We suggest all psychologists considering the use of telepsychology read and be familiar with this document as well as the "Practice Guidelines for Video-Based Online Mental Health Services" developed by the American Telemedicine Association (2009), in addition to the present Guidance Document.

> Telepsychology is defined, for the purpose of these guidelines, as the provision of psychological services using telecommunication technologies. Telecommunications is the preparation, transmission, communication, or related processing of information by electrical, electromagnetic, electromechanical, electro-optical, or electronic means (Committee on National Security Systems, 2010). Telecommunication technologies include but are not limited to telephone, mobile devices, interactive videoconferencing, e-mail, chat, text, and Internet (e.g., self-help websites, blogs, and social media). The information that is transmitted may be in writing or include images, sounds, or other data. These communications may be synchronous, with multiple parties communicating in real time (e.g., interactive videoconferencing, telephone), or asynchronous (e.g., e-mail, online bulletin boards, storing and forwarding of information). Technologies may augment traditional in-person services (e.g., psychoeducational materials posted online after an in-person therapy session) or be used as stand-alone services (e.g., therapy or leadership development provided over videoconferencing). Different technologies may be used in various combinations and for different purposes during the provision of telepsychology services. For example, videoconferencing and telephone may also be utilized for direct service, while e-mail and text are used for nondirect services (e.g., scheduling). Regardless of the purpose, psychologists strive to be aware of the potential benefits and limitations in their choices of technologies for particular clients [or patients] in particular situations.

(1) All provision of therapeutic, assessment or supervisory services is expected to be in real time, or synchronous.

(2) In order to practice telepsychology in the Commonwealth of Virginia one must hold a current, valid license issued by the Virginia Board of Psychology or shall be a supervisee of a licensee.

(3) License holders understand that this guidance document does not provide licensees with authority to practice telepsychology in service to clients/patients/supervisees domiciled in any jurisdiction other than Virginia, and licensees bear responsibility for complying with laws, rules, and/or policies for the practice of telepsychology set forth by other jurisdictional boards of psychology.

(4) Psychologists should make every effort to verify the client's/patient's/supervisee's geographic location at the start of each session. If the client/ patient/ supervisee is located outside of Virginia and any other jurisdictions where the psychologist holds a license, the psychologist should contact the psychology licensing board in that jurisdiction to determine whether practice would be permitted or reschedule the appointment to a time when the client/ patient/supervisee is located in Virginia or another jurisdiction where the psychologist holds a current license.

(5) Psychologists who are licensed in Virginia but are not in Virginia at the time they want to provide telepsychology services to a patient/client/supervisee in Virginia should check with the jurisdiction where they are located to determine whether practice would be permitted.

(6) License holders practicing telepsychology shall comply with all of the regulations in 18 VAC 125-20-10 et seq., including the Standards of Practice specified in 18VAC125-20-150, and with requirements incurred in state and federal statutes relevant to the practice of clinical, school, or applied psychology.

(7) License holders should establish and maintain current competence in the professional practice of telepsychology through continuing education, consultation, or other procedures, in conformance with prevailing standards of scientific and professional knowledge, and should limit their practice to those areas of competence. License holders should establish and maintain competence in the appropriate use of the information technologies utilized in the practice of telepsychology.

(8) License holders recognize that telepsychology is not appropriate for all psychological problems and clients/ patients /supervisees, and decisions regarding the appropriate use of telepsychology are made on a case-by-case basis. License holders practicing telepsychology are aware of additional risks incurred when practicing clinical, school, or applied psychology through the use of distance communication technologies and take special care to conduct their professional practice in a manner that protects the welfare of the client/ patient/supervisee and ensures that the client's/ patient's/supervisee's welfare is paramount.

(9) Psychologists who provide telepsychology services make reasonable efforts to protect and maintain the confidentiality of the data and information relating to their clients/patients and inform them of the potentially increased risks of loss of confidentiality inherent in the use of the telecommunication technologies, if any.

(10) License holders practicing telepsychology should:

(a) Conduct a risk-benefit analysis and document findings specific to:

(i) The chronological and developmental age of the client/ patient, and the presence of any physical or mental conditions that may affect the utility of telepsychology. Psychologists shall comply with Section 508 of the Rehabilitation Act, 29 U.S.C 794(d), to make technology available to a client/patient with disabilities.

(ii) Whether the client's/ patient's presenting problems and apparent condition are consistent with the use of telepsychology to the client's/ patient's benefit; and

Commented [JW2]: Because of this, I think we do not need to repeat all the specifics in the Standards; however, several other documents do include something specific about protecting confidentiality so I added an item on confidentiality below, based on the APA's guidelines.

Commented [JW3]: The Ohio Psych Assoc developed a document listing areas of competence for telepsych: http://c.ymcdn.com/sites/ohpsych.site-ym.com/resource/collection/AC67E033-F301-4661-8A8E-ECE4AFF1F040/Areas-of-Competence-for-Psychologists-in-Telepsychology.pdf

Commented [JW4]: This is from the APA guidelines.

(iiI) Whether the client/ patient/supervisee has sufficient knowledge and skills in the use of the technology involved in rendering the service or can use a personal aid or assistive device to benefit from the service.

(b) Not provide telepsychology services to any person or persons when the outcome of the analysis required in paragraphs (10)(a)(i) and (10)(a)(ii) and (10)(a)(iii) is inconsistent with the delivery of telepsychology services, whether related to clinical or technological issues.

(c) Consider the potential impact of multicultural issues when delivering telepsychological services to diverse clients/patients.

(d) Upon initial and subsequent contacts with the client/ patient/ supervisee, make reasonable efforts to verify the identity of the client/ patient/supervisee;

(e) Obtain alternative means of contacting the client/ patient/supervisee;

(f) Provide to the client/ patient/supervisee alternative means of contacting the licensee;

(g) Establish a written agreement relative to the client's/ patient's access to face-to-face emergency services in the client's/ patient's geographical area, in instances such as, but not necessarily limited to, the client/ patient experiencing a suicidal or homicidal crisis;

(h) Licensees, whenever feasible, use secure communications with clients/ patients /supervisees, such as encrypted text messages via email or secure websites and obtain and document consent for the use of non-secure communications.

(i) Discuss privacy in both the psychologist's room and the client/patient/supervisee's room and how to handle the possible presence of other people in or near the room where the participant is located.

(j) Prior to providing telepsychology services, obtain the written informed consent of the client/ patient/supervisee, in language that is likely to be understood and consistent with accepted professional and legal requirements, relative to:

(i) The limitations of using distance technology in the provision of clinical, school, or applied psychological services / supervision;

(ii) Potential risks to confidentiality of information because of the use of distance technology;

Commented [JW5]: The Ohio Psych Assoc developed a model informed consent document: http://c.ymcdn.com/sites/ohpsych.site-ym.com/resource/collection/AC67E033-F301-4661-8A8E-ECE4AFF1F040/Telepsychology%20Informed%20Consent%20Form.pdf

(iii) Potential risks of sudden and unpredictable disruption of telepsychology services and how an alternative means of re-establishing electronic or other connection will be used under such circumstances;

(iv) When and how the licensee will respond to routine electronic messages;

(v) Under what circumstances the licensee and service recipient will use alternative means of communications under emergency circumstances;

(vi) Who else may have access to communications between the client/ patient and the licensee;

(vii) Specific methods for ensuring that a client's/ patient's electronic communications are directed only to the licensee or supervisee;

(viii) How the licensee stores electronic communications exchanged with the client/ patient/supervisee;

(11) Ensure that confidential communications stored electronically cannot be recovered and/or accessed by unauthorized persons when the licensee disposes of electronic equipment and data;

(12) Discuss payment considerations with clients/patients to minimize the potential for misunderstandings regarding insurance coverage and reimbursement.

(13) Documentation should clearly indicate when serves are provided through telepsychology and appropriate billing codes should be used.

(14) If in the context of a face-to-face professional relationship the following are exempt from this rule:

(a) Electronic communication used specific to appointment scheduling, billing, and/or the establishment of benefits and eligibility for services; and,

(b) Telephone or other electronic communications made for the purpose of ensuring client/ patient welfare in accord with reasonable professional judgment.

TOPIC	APA Guidelines	Ohio Psych Association Guidelines	ID Psych Assoc / Psych Bd Guidelines	OH & DE Psych Regulations
Definition	See original document	See original document	See original document	(1) "Telepsychology" means the practice of psychology or school psychology as those terms are defined in divisions (B) and (E) of section 4732.01 of the Revised Code, including psychological and school psychological supervision, by distance communication technology such as but not necessarily limited to telephone, email, Internet-based communications, and videoconferencing.
Appropriate Use of Telepsychology	--	1. Psychologists recognize that telepsychology is not appropriate for all problems and that the specific process of providing professional services varies across situation, setting, and time, and decisions regarding the appropriate delivery of telepsychology services are made on a case-by-case basis. Psychologists have the necessary training, experience, and skills to provide the type of telepsychology that they provide. They also can adequately assess whether involved participants have the necessary knowledge and skills to benefit from those services. If the psychologist determines that telepsychology is not appropriate, they inform those involved of appropriate alternatives.	1. Even though telepsychology has wide applicability, psychologists recognize that telepsychology is not appropriate in all situations. A psychologist should be cognizant that as a patient symptom presentation increases so does the risk of harm to self or others, either during the use of telepsychology or at its conclusion. As risk of violence to self or others increases, either directly or indirectly, patient support services need to have been anticipated, strategically planned and emergently available. In each situation where telepsychology services are contemplated, the psychologist must balance potential benefits with the potential risks to the individual, individuals, or group receiving telepsychology services.	(6) License holders recognize that telepsychology is not appropriate for all psychological problems and clients, and decisions regarding the appropriate use of telepsychology are made on a case-by-case basis. License holders practicing telepsychology are aware of additional risks incurred when practicing psychology or school psychology through the use of distance communication technologies and take special care to conduct their professional practice in a manner that protects the welfare of the client and ensures that the client's welfare is paramount. License holders practicing telepsychology shall: (a) Conduct a risk-benefit analysis and document findings specific to: (i) Whether the client's presenting problems and apparent condition are consistent with the use of telepsychology to the client's benefit; and (ii) Whether the client has sufficient knowledge and skills in the use of the

				technology involved in rendering the service or can use a personal aid or assistive device to benefit from the service. (b) Not provide telepsychology services to any person or persons when the outcome of the analysis required in paragraphs (I)(6)(a)(i) and (I)(a)(ii) of this rule is inconsistent with the delivery of telepsychology services, whether related to clinical or technological issues. (c) Upon initial and subsequent contacts with the client, make reasonable efforts to verify the identity of the client; (d) Obtain alternative means of contacting the client; (e) Provide to the client alternative means of contacting the licensee; (f) Establish a written agreement relative to the client's access to face-to-face emergency services in the client's geographical area, in instances such as, but not necessarily limited to, the client experiencing a suicidal or homicidal crisis; (g) Licensees, whenever feasible, use secure communications with clients, such as encrypted text messages via email or secure websites and obtain and document consent for the use of non-secure communications. (h) Prior to providing telepsychology services, obtain the written informed consent of the client, in language that is likely to be understood and

				consistent with accepted professional and legal requirements, relative to: (i) The limitations and innovative nature of using distance technology in the provision of psychological or school psychological services; (ii) Potential risks to confidentiality of information due to the use of distance technology; (iii) Potential risks of sudden and unpredictable disruption of telepsychology services and how an alternative means of re-establishing electronic or other connection will be used under such circumstances; (iv) When and how the licensee will respond to routine electronic messages; (v) Under what circumstances the licensee and service recipient will use alternative means of communications under emergency circumstances; (vi) Who else may have access to communications between the client and the licensee; (vii) Specific methods for ensuring that a client's electronic communications are directed only to the licensee or supervisee; [extra line for spacing purposes] (viii) How the licensee stores electronic communications exchanged with the client;

Legal and Ethical Requirements **Specific regulatory language (OH/DE)**	8. Interjurisdictional Practice Psychologists are encouraged to be familiar with and comply with all relevant laws and regulations when providing telepsychology services to clients/ patients across jurisdictional and international borders.	2. Psychologists assure that the provision of telepsychology is not legally prohibited by local or state laws and regulations (supplements 2002 APA Ethics Code Sec. 1.02). Psychologists are aware of and in compliance with the Ohio psychology licensure law (Ohio Revised Code Chapter 4732) and the Ohio State Board of Psychology "Rules Governing Psychologists and School Psychologists" promulgated in the Ohio Administrative Code. Psychologists are aware of and in compliance with the laws and standards of the particular state or country in which the client resides, including requirements for reporting individuals at risk to themselves or others (supplements 2002 APA Ethics Code Sec. 2.01). This step includes compliance with Section 508 of the Rehabilitation Act to make technology accessible to people with disabilities,12 as well as assuring that any advertising related to telepsychology services is non-deceptive (supplements 2002 APA Ethics Code Sec. 5.01). When providing telepsychology procedures psychologists employ reasonable efforts to assess a client's level of functioning in order to select appropriate online assessment measures. (supplements 2002 APA Ethics Code Sec. 9.02)	3. The guidelines are intended for psychologists licensed in Idaho who are providing telepsychology services to patient in the State of Idaho. For those psychologists choosing to utilize electronic technologies for assessment and treatment of patient or for the supervision of service extenders, the burden of responsibility for insuring and documenting that the quality of these services reaches an acceptable standard of care is the sole responsibility of the psychologist providing these services. These guidelines do not supercede and are subordinate to the Ethical Standards of the American Psychology Association most recent revision, applicable rules established by the Idaho State Board of Psychological Examiners, or other legally mandated guidelines. It is incumbent upon psychologists to familiarize themselves and know the laws of the State of Idaho and other governmental bodies that pertain to the practice of telepsychology and electronic transmission of patient information. For example, the psychologist should be in compliance with Section 508 of the Rehabilitation Act in allowing technology accessible to people with disabilities. Psychologist's do not knowingly practice or implement any form or variant of telepsychology that is in violation of the Laws of the State of Idaho or other legal or governmental standards.	(2) In order to practice telepsychology in the state of Ohio one must hold a current, valid license issued by the Ohio board of psychology or shall be a registered supervisee of a licensee being delegated telepsychology practices in compliance with paragraphs (B) and (C) of rule 4732-13-04 of the Administrative Code. (3) License holders understand that this rule does not provide licensees with authority to practice telepsychology in service to clients domiciled in any jurisdiction other than Ohio, and licensees bear responsibility for complying with laws, rules, and/or policies for the practice of telepsychology set forth by other jurisdictional boards of psychology. (4) License holders practicing telepsychology shall comply with all of these rules of professional conduct and with requirements incurred in state and federal statutes relevant to the practice of psychology and school psychology.

			If a psychologist provides ongoing telepsychology services across State, Province, jurisdictional or country lines they adhere to the laws and professional standards established by the State, Province or jurisdictional body that regulates the practice of Psychology in the region where the patient is located. In the State of Idaho, one can obtain a temporary license if s/he holds an Interjurisdictional Practice Certificate (IPC) from the Association of State and Provincial Psychology Boards (ASPPB). The IPC would allow for the provision of short term telepsychology services, such as, video testimony and assessments and interventions across state, province or jurisdictional borders for time periods not exceeding 30 days. University or Higher Education sanctioned research utilizing telepsychology that provides direct treatment to individuals within Idaho, and is simply not educational in nature, must first obtain approval from the Idaho Board of Psychology Examiners to meet the criteria for exemption from licensure requirements.	
Competence	1. Psychologists who provide telepsychology services strive to take reasonable steps to ensure their competence with both the technologies used and the potential impact of the technologies on clients/patients, supervisees, or other	--	2. Competency and Training Psychologists implementing the use of telepsychology have documented the necessary training, experience, supervision, technical sophistication and skills to provide telepsychology competently. As the psychologist comes to use or rely upon sophisticated electronic technology for providing psychological services,	(5) License holders shall establish and maintain current competence in the professional practice of telepsychology through continuing education, consultation, or other procedures, in conformance with prevailing standards of scientific and professional knowledge. License holders shall establish and maintain competence in the appropriate use of

	professionals.		the psychologist has due responsibility for insuring his/her competency in the delivery of these services through continuing education, consultation or supervision. In addition to insuring their own competency, psychologists obtain training and/or supervision in order to adequately assess whether a patient has the necessary technological knowledge and personal capacity to benefit from services delivered through telepsychology. The psychologist monitors the effectiveness of the telepsychology services and, in an ongoing manner, evaluates the patient need for more direct, in vivo services through the telepsychologist or an appropriate referral.	the information technologies utilized in the practice of telepsychology.
Standards of Care	2. Psychologists make every effort to ensure that ethical and professional standards of care and practice are met at the outset and throughout the duration of the telepsychology services they provide.	--	--	--
Informed Consent and Disclosure	3. Psychologists strive to obtain and document informed consent that specifically addresses the unique concerns related to the telepsychology services they provide. When doing so, psychologists are cognizant of the applicable laws and regulations, as well as organizational	3. Psychologists using telepsychology provide information about their use of electronic communication technology and obtain the informed consent of the involved individual using language that is likely to be understood and consistent with accepted professional and legal requirements. In the event that a psychologist is providing services for someone who is unable to provide	6. Psychologists using telepsychology provide oral, but preferably written or published, information regarding the use of electronic technology and obtain the affirmative informed consent from the patient. Informed consent should be in language that is likely to be understood and consistent with accepted professional and legal requirements. In the event that a psychologist is providing	See Appropriate Use section above

	requirements, that govern informed consent in this area.	consent for him or herself (including minors), additional measures are taken to ensure that appropriate consent (and assent where applicable) are obtained as needed. Levels of experience and training in telepsychology, if any, are explained (though few opportunities for such training exist at this time) and the client's informed consent is secured (supplements 2002 APA Ethics Code Sec.3.10). As part of an informed consent process, clients are provided sufficient information about the limitations of using technology, including potential risks to confidentiality of information due to technology, as well as any legally-required reporting, such as reporting clinical clients who may be suicidal or homicidal.14 This disclosure includes information identifying telepsychology as innovative treatment (supplements 2002 APA Ethical Principles 10.01b). Clients are expected to provide written acknowledgement of their awareness of these limitations. Psychologists do not provide telepsychology services without written client consent. Psychologists make reasonable attempts to verify the identity of clients15 and to help assure that the clients are capable of providing informed consent (supplements 2002 APA Ethics Code Sec. 3.10). 16 When providing clinical services, psychologists make reasonable attempts to obtain information about alternative means of contacting clients and provide clients with an	services to someone who is unable to provide consent (including minors), additional measures are taken to ensure that appropriate consent (or assent, where applicable) are obtained. The psychologist's level of competence, experience and training in the practice of telepsychology should be disclosed to the patient. The patient should be given the opportunity to ask questions regarding the use of telepsychology. As a part of an informed consent process, the patient is provided sufficient information about the limitations of using electronic technology, including potential risks to confidentiality of information, as well as any legally-required reporting, such as reporting a patient who may be suicidal, homicidal, or otherwise display a violence risk toward others. This disclosure includes information that identifies telepsychology as innovative treatment (2002 APA Ethical Principles 10.01b). The patient is expected to provide written acknowledgement of their awareness of these limitations. Psychologists verify the identity of the telepsychology patient, and assure that the patient is capable of providing informed consent (supplements 2002 APA Ethics Code Sec. 3.10). When providing clinical services, psychologists make reasonable attempts to obtain information about alternative means of contacting a patient and provide their patient with an alternative means of contacting them in emergency situations, or when	

		alternative means of contacting them in emergency situations or when telepsychology is not available.17 Psychologists inform clients about potential risks of disruption in the use telepsychology, clearly state their policies as to when they will respond to routine electronic messages, and in what circumstances they will use alternative communications for emergency situations.18Given the twenty-four-hour, seven-day-aweek availability of an online environment, as well as the inclination of increased disclosure online, clinical clients may be more likely to disclose suicidal intentions and assume that the psychologist will respond quickly (supplements 2002 APA Ethics Code Sec. 4.05).	telepsychology services are not available. Psychologists inform the patient about potential risks associated with technical disruptions in the availability of telepsychology services. Psychologists clearly state their policies as to when they will respond to routine electronic messages, and in what circumstances they will use alternative communications for emergency situations. Given the continuous availability of the electronic environment, as well as the inclination toward increased disclosure in this type of environment, a patient may be more likely to disclose suicidal intentions and may assume that the psychologist will respond quickly (supplements 2002 APA Ethics Code Sec. 4.05).	
Confidentiality of Data and Information	4. Psychologists who provide telepsychology services make reasonable efforts to protect and maintain the confidentiality of the data and information relating to their clients/patients and inform them of the potentially increased risks of loss of confidentiality inherent in the use of the telecommunication technologies, if any.	--	--	See Appropriate Use section above
Security and Transmission of Data and Information	5. Psychologists who provide telepsychology services take reasonable steps to ensure that security measures are in	4. Secure Communications/Electronic Transfer of Client Information Psychologists, whenever feasible, use secure communications with clinical	7. Secure Electronic/Electronic Transfer of Patient Information The psychologist should be familiar with how the electronic signal is	See Appropriate Use section above

	place to protect data and information related to their clients/patients from unintended access or disclosure.	clients, such as encrypted text messages via e-mail or secure websites and obtain consent for use of non-secured communications.19 Non-secure communications avoid using personal identifying information.20 Considering the available technology, psychologists make reasonable efforts to ensure the confidentiality of information electronically transmitted to other parties.	secured, scrambled, or encrypted, since HIPAA mandates that encryption be addressed for Electronic Protected Health Information. Psychologists should assure that all telepsychology services use secure electronic transmissions with the patient, or client. Examples of secure transmissions include encrypted text messages, secure e-mail or signal scrabbling for teleconferencing or videoconferencing. If less secure or non-secure forms of electronic transmission of communication are used, the patient is immediately informed of the limited security. When necessary, non-secure electronic communications avoid using personal identifying information. Considering the available technology, psychologists make reasonable efforts to ensure the confidentiality of information electronically transmitted to other parties. Breaches as a result of electronic transmission of confidential, privileged information should be noted in the patient file; and the patient should be informed of this breach as soon as reasonably feasible.	
Access to and Storage of Communications	--	5. Psychologists inform clients about who else may have access to communications with the psychologist, how communications can be directed to a specific psychologist, and if and how psychologists store information.21 Psychologists take steps to ensure	8/9. Psychologists inform the patient: • about whom, in addition to the psychologist, may have access to their telepsychological communications with the psychologist; • how electronic communications can be directed to a specific psychologist,	See Appropriate Use section above

		that confidential information obtained and or stored electronically cannot be recovered and accessed by unauthorized persons when they dispose of computers and other information storage devices.22 Clinical clients are informed of the types of information that will be maintained as part of the client's record.	and • If, and how, psychologists store electronic information obtained from the patient or client. Psychologists take steps to ensure that confidential information obtained and or stored electronically cannot be recovered and accessed by unauthorized persons when they dispose of computers and other information storage devices. Encryption, preventing access to patient information, is required. The patient is informed of the types of information that will be maintained as part of their clinical record. The psychologist should be aware that e-mails and other electronic transmissions from the patient are viewed by some legal entities as part of the clinical record of the patient and thus may be subpoenaed. Therefore, if the psychologist or staff adopts such a means of electronic communication with the patient policies should be adopted to insure that these records are maintained with the utmost confidentiality with the use of encryption software, where ever the records are stored.	
Disposal of Data and Information and Technologies	6. Psychologists who provide telepsychology services make reasonable efforts to dispose of data and information and the technologies used in a manner that facilitates protection from unauthorized access and accounts for safe and appropriate disposal.	--	--	(7) Ensure that confidential communications stored electronically cannot be recovered and/or accessed by unauthorized persons when the licensee disposes of electronic equipment and data;

Testing and Assessment	7. Psychologists are encouraged to consider the unique issues that may arise with test instruments and assessment approaches designed for in-person implementation when providing telepsychology services.	8. When employing psychological assessment procedures on the internet, psychologists familiarize themselves with the tests' psychometric properties, construction, and norms in accordance with current research. Potential limitations of conclusions and recommendations that can be made from online assessment procedures are clarified with the client prior to administering online assessments (Supplements 2002 APA Ethics Code 9.06).	11. Concern with online assessments and testing arise related to four basic areas: (a) test psychometric properties, (b) test administration and interpretation, (c) examinee identity and, (d) technical problems/ evaluation environment. When employing psychological assessment procedures via the use of telepsychology, psychologists only use test and assessment procedures that are empirically supported for patient population being evaluated. Psychologist using telepsychological means of assessment assure that the patient identity remains secure, test security is maintained, test taking conditions are conducive of a quiet and private administration, and the parameters of the test are not compromised. Potential limitations of conclusions and recommendations resulting from online assessment procedures are clarified with the patient prior to administering these assessments; and, such limitations are noted and documented in the findings or report.	--
Fees and Financial Arrangements	--	6. As with other professional services, psychologists and clients reach an agreement specifying compensation, billing, and payment arrangements prior to providing telepsychology services (supplements 2002 APA Ethics Code Sec. 6.04).	9. As with other professional services, psychologists and the patient reach an agreement specifying compensation, billing, and payment arrangements prior to providing telepsychology services. The psychol. informs the patient of possible additional fees and surcharges that may be incurred in addition to fees charged by the psychologist, such as a "hook up" fee, if either one of the signals originates from a hospital, or agency that charges for the use of this technology at their facility.	--

Supervision	--	7. The type(s) of communications used for distance supervision is appropriate for the types of services being supervised, clients and supervisee needs. Distance supervision is provided in compliance with the supervision requirements of the psychology licensing board. Psychologists should review state board requirements specifically regarding face-to-face contact with supervisee as well as the need for having direct knowledge of all clients served by his or her supervisee. Distance supervision is usually intended to supplement rather than replace face-to-face supervision.	10. Psychologists who provide supervision are cognizant of the rules relating to supervision of masters level service extenders and psychologists in training. If prior to a change in the Rules governing the practice of Psychology in the State of Idaho to allow video conferencing of supervision, a psychologist desires to modify the requirements for supervision, which may include teleconferencing supervisees, the psychologist should seek prior approval by the Idaho Board of Psychology Examiners. Distance supervision is usually intended to supplement rather than replace face-to-face supervision. Just as with face to face supervision, the supervising psychologist should be reasonably familiar with the case with the capacity to provide therapeutic coverage if the supervisee is unavailable. The psychologist insures that the type(s) of electronic technology used for distance supervision is appropriate for the types of services being supervised, the patient, and the supervisee's needs. Distance supervision, if approved by the State Board, is provided in compliance with the supervision requirements of the psychology licensing board. Distance supervision does not abdicate the psychologist's from having actual face to face, i.e. in the same room, contact with the patient of the supervisee--unless a rule change is implemented by the Idaho State Board of Psychologist Examiners to allow use of telepsychology to meet this contact requirement.	--

			Where a supervisee is providing telepsychology services, the psychologist will assess and document that the risk of telepsychological treatment of the patient is minimal. The psychologist shall develop written policies regarding teleconferencing, or distance, supervision that (1) prepare for possible emergency situations if electronic communications are disrupted with the supervisee; and (2) outline documentation of teleconferencing supervision.	
Emergent Situations	--	--	4. A strategic, documented plan should be included in the medical or professional record for each telepsychology patient that specifies the operating procedure for dealing with emergencies. This emergency plan should inform the patient of the limits of confidentiality when utilizing telepsychology in emergency situations. An emergency or crisis situation would be defined as a patient who is at risk for harming themselves, others, or property or a significant risk of hospitalization. The psychologist should address emergency situations in a most expedient fashion, in a manner judged as having the best opportunity for assisting the patient and resolving the crisis.	See Appropriate Use section above
Videoconferencing	--	--	5. Psychologists using videoconferencing as means of intervention should be familiar with the Practice Guidelines for Videoconferencing-Based Telemental Health (October, 2009). These Practice Guidelines address most of the possible situations or scenarios	--

			that one may encounter with the use of videoconferencing. If videoconferencing were to be used with children the psychologist should be aware of relevant practice parameters established by the American Academy of Child and Adolescent Psychiatry.	
Telepsychology Office Policies and Documentation	--	--	8. A psychologist who has office staff or other professional clinical staff for whom they are responsible should establish office policies regarding the electronic transmission of patient information and the use of telepsychology services. These policies should specifically outline appropriate and inappropriate use of email, internet messaging, phone texting, and social medium networks, for both the psychologist and their support staff. The psychologist should have office policies that relate to electronic contact with the potential or current patient in that practice. Psychologists who maintain social networking web sites should have established policies regarding patient access to those sites. If a psychologist provides significant electronic clinical or therapeutic information to a patient it should be noted in the patient file. The notation should include the date and summary of the electronically communicated clinical information. In addition if the patient electronically transmits significant clinical information, this information should also be noted in the patient file, including the date and a summary of the patient electronic transmission or communication.	See Appropriate Use section above

Guideline Assumptions	See introductory material in the original document	See introductory material in the original document	The following are basic assumptions pertaining to the use and development of telepsychology guidelines for the state of Idaho. The guidelines are to be: • Voluntary, recommended practices that can be used to assist psychologists in applying the current APA Code of Ethics when using telepsychology. • Based upon what are considered best practices and reflect current professional experience and knowledge. • Evolutionary in nature and may need to be changed over time. It is expected that these guidelines will need to be periodically reviewed and updated to assess their validity, utility, applicability, and relevance.	--
OTHER		See pages 18-19 of the original document for OPA's comparison table		(8) If in the context of a face-to-face professional relationship the following are exempt from this rule: (a) Electronic communication used specific to appointment scheduling, billing, and/or the establishment of benefits and eligibility for services; and, (b) Telephone or other electronic communications made for the purpose of ensuring client welfare in accord with reasonable professional judgment.

Virginia Board of Medicine
Virginia Board of Nursing

Telemedicine for Nurse Practitioners

Introduction:

The Board of Nursing concurs with the Guidance Document adopted by the Board of Medicine for the use of telemedicine in the delivery of medical services for practice by nurse practitioners, as recommended by the Committee of the Joint Boards of Nursing and Medicine.

Section One: Preamble.

The Virginia Board of Medicine ("Board") recognizes that using telemedicine services in the delivery of medical services offers potential benefits in the provision of medical care. The appropriate application of these services can enhance medical care by facilitating communication between practitioners, other health care providers, and their patients, prescribing medication, medication management, obtaining laboratory results, scheduling appointments, monitoring chronic conditions, providing health care information, and clarifying medical advice. With the exception of prescribing controlled substances, the Virginia General Assembly has not established statutory parameters regarding the provision and delivery of telemedicine services. Therefore, practitioners must apply existing laws and regulations to the provision of telemedicine services. The Board issues this guidance document to assist practitioners with the application of current laws to telemedicine service practices.

These guidelines should not be construed to alter the scope of practice of any health care provider or authorize the delivery of health care services in a setting, or in a manner, not authorized by law. In fact, these guidelines support a consistent standard of care and scope of practice notwithstanding the delivery tool or business method used to enable practitioner-to-patient communications. For the purpose of prescribing controlled substances, a practitioner using telemedicine services in the provision of medical services to a patient (whether existing or new) must take appropriate steps to establish the practitioner-patient relationship as defined in Virginia Code § 54.1-3303. A practitioner should conduct all appropriate evaluations and history of the patient consistent with traditional standards of care for the particular patient presentation. As such, some situations and patient presentations are appropriate for the utilization of telemedicine services as a component of, or in lieu of, in-person provision of medical care, while others are not. The practitioner is responsible for making this determination, and in doing so must adhere to applicable laws and standards of care.

The Board has developed these guidelines to educate licensees as to the appropriate use of telemedicine services in the practice of medicine. The Board is committed to ensuring patient access to the convenience and benefits afforded by telemedicine services, while promoting the responsible provision of health care services.

It is the expectation of the Board that practitioners who provide medical care, electronically or otherwise, maintain the highest degree of professionalism and should:

- Place the welfare of patients first;
- Maintain acceptable and appropriate standards of practice;
- Adhere to recognized ethical codes governing the applicable profession;
- Adhere to applicable laws and regulations;
- In the case of physicians, properly supervise non-physician clinicians when required to do so by statute; and
- Protect patient confidentiality.

Section Two: Establishing the Practitioner-Patient Relationship.

The practitioner-patient relationship is fundamental to the provision of acceptable medical care. It is the expectation of the Board that practitioners recognize the obligations, responsibilities, and patient rights associated with establishing and maintaining a practitioner-patient relationship.

Where an existing practitioner-patient relationship is not present,[1] a practitioner must take appropriate steps to establish a practitioner-patient relationship consistent with the guidelines identified in this document, with Virginia law, and with any other applicable law.[2] While each circumstance is unique, such practitioner-patient relationships may be established using telemedicine services provided the standard of care is met.

A practitioner is discouraged from rendering medical advice and/or care using telemedicine services without (1) fully verifying and authenticating the location and, to the extent possible, confirming the identity of the requesting patient; (2) disclosing and validating the practitioner's identity and applicable credential(s); and (3) obtaining appropriate consents from requesting patients after disclosures regarding the delivery models and treatment methods or limitations, including any special informed consents regarding the use of telemedicine services. An appropriate practitioner-patient relationship has not been established when the identity of the practitioner may be unknown to the patient.

Section Three: Guidelines for the Appropriate Use of Telemedicine Services.

The Board has adopted the following guidelines for practitioners utilizing telemedicine services in the delivery of patient care, regardless of an existing practitioner-patient relationship prior to an encounter.

Licensure:

The practice of medicine occurs where the patient is located at the time telemedicine services are used, and insurers may issue reimbursements based on where the practitioner is located. Therefore, a practitioner must be licensed by, or under the jurisdiction of, the regulatory board of the state where the patient is located and the state where the practitioner is located. Practitioners

[1] This guidance document is not intended to address existing patient-practitioner relationships established through in-person visits.

[2] The practitioner must adhere not only to Virginia law defining a practitioner-patient relationship, but the law in any state where a patient is receiving services that defines the practitioner-patient relationship.

who treat or prescribe through online service sites must possess appropriate licensure in all jurisdictions where patients receive care. To ensure appropriate insurance coverage, practitioners must make certain that they are compliant with federal and state laws and policies regarding reimbursements.

Evaluation and Treatment of the Patient:

A documented medical evaluation and collection of relevant clinical history commensurate with the presentation of the patient to establish diagnoses and identify underlying conditions and/or contra-indications to the treatment recommended/provided must be obtained prior to providing treatment, which treatment includes the issuance of prescriptions, electronically or otherwise. Treatment and consultation recommendations made in an online setting, including issuing a prescription via electronic means, will be held to the same standards of appropriate practice as those in traditional, in-person encounters. Treatment, including issuing a prescription based solely on an online questionnaire, does not constitute an acceptable standard of care. (See section on prescribing)

Informed Consent:

Evidence documenting appropriate patient informed consent for the use of telemedicine services must be obtained and maintained. Appropriate informed consent should, as a baseline, include the following:

- Identification of the patient, the practitioner, and the practitioner's credentials;
- Types of activities permitted using telemedicine services (e.g. prescription refills, appointment scheduling, patient education, etc.);
- Agreement by the patient that it is the role of the practitioner to determine whether or not the condition being diagnosed and/or treated is appropriate for a telemedicine encounter;
- Details on security measures taken with the use of telemedicine services, such as encrypting date of service, password protected screen savers, encrypting data files, or utilizing other reliable authentication techniques, as well as potential risks to privacy notwithstanding such measures;
- Hold harmless clause for information lost due to technical failures; and
- Requirement for express patient consent to forward patient-identifiable information to a third party.

Medical Records:

The medical record should include, if applicable, copies of all patient-related electronic communications, including patient-practitioner communication, prescriptions, laboratory and test results, evaluations and consultations, records of past care, and instructions obtained or produced in connection with the utilization of telemedicine services. Informed consents obtained in connection with an encounter involving telemedicine services should also be filed in the medical record. The patient record established during the use of telemedicine services must be accessible

to both the practitioner and the patient, and consistent with all established laws and regulations governing patient healthcare records.

Privacy and Security of Patient Records and Exchange of Information:

Written policies and procedures should be maintained for documentation, maintenance, and transmission of the records of encounters using telemedicine services. Such policies and procedures should address (1) privacy, (2) health-care personnel (in addition to the practitioner addressee) who will process messages, (3) hours of operation, (4) types of transactions that will be permitted electronically, (5) required patient information to be included in the communication, such as patient name, identification number and type of transaction, (6) archival and retrieval, and (7) quality oversight mechanisms. Policies and procedures should be periodically evaluated for currency and be maintained in an accessible and readily available manner for review.

Section Four: Prescribing.

Prescribing controlled substances requires the establishment of a bona fide practitioner-patient relationship in accordance with § 54.1-3303 (A) of the Code of Virginia. Prescribing controlled substances, in-person or via telemedicine services, is at the professional discretion of the prescribing practitioner. The indication, appropriateness, and safety considerations for each prescription provided via telemedicine services must be evaluated by the practitioner in accordance with applicable law and current standards of practice and consequently carries the same professional accountability as prescriptions delivered during an in-person encounter. Where such measures are upheld, and the appropriate clinical consideration is carried out and documented, the practitioner may exercise their judgment and prescribe controlled substances as part of telemedicine encounters in accordance with applicable state and federal law.

Prescriptions must comply with the requirements set out in Virginia Code §§ 54.1-3408.01 and 54.1-3303(A). Prescribing controlled substances in Schedule II through V via telemedicine also requires compliance with federal rules for the practice of telemedicine. Practitioners issuing prescriptions as part of telemedicine services should include direct contact for the prescriber or the prescriber's agent on the prescription. This direct contact information ensures ease of access by pharmacists to clarify prescription orders, and further facilitates the prescriber-patient-pharmacist relationship.

For the purpose of prescribing Schedule VI controlled substances, "telemedicine services" is defined as it is in § 38.2-3418.16 of the Code of Virginia. Under that definition, "*telemedicine services," as it pertains to the delivery of health care services, means the use of electronic technology or media, including interactive audio or video, for the purpose of diagnosing or treating a patient or consulting with other health care providers regarding a patient's diagnosis or treatment. "Telemedicine services" does not include an audio-only telephone, electronic mail message, facsimile transmission, or online questionnaire*.

Section Five: Guidance Document Limitations.

Nothing in this document shall be construed to limit the authority of the Board to investigate, discipline, or regulate its licensees pursuant to applicable Virginia statutes and regulations. Additionally, nothing in this document shall be construed to limit the Board's ability to review the delivery or use of telemedicine services by its licensees for adherence to the standard of care and compliance with the requirements set forth in the laws and regulations of the Commonwealth of Virginia. Furthermore, this document does not limit the Board's ability to determine that certain situations fail to meet the standard of care or standards set forth in laws and regulations despite technical adherence to the guidance produced herein.

Statutory references:

§ 54.1-3303. Prescriptions to be issued and drugs to be dispensed for medical or therapeutic purposes only.

A. A prescription for a controlled substance may be issued only by a practitioner of medicine, osteopathy, podiatry, dentistry or veterinary medicine who is authorized to prescribe controlled substances, or by a licensed nurse practitioner pursuant to § 54.1-2957.01, a licensed physician assistant pursuant to § 54.1-2952.1, or a TPA-certified optometrist pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32. The prescription shall be issued for a medicinal or therapeutic purpose and may be issued only to persons or animals with whom the practitioner has a bona fide practitioner-patient relationship.

For purposes of this section, a bona fide practitioner-patient-pharmacist relationship is one in which a practitioner prescribes, and a pharmacist dispenses, controlled substances in good faith to his patient for a medicinal or therapeutic purpose within the course of his professional practice. In addition, a bona fide practitioner-patient relationship means that the practitioner shall (i) ensure that a medical or drug history is obtained; (ii) provide information to the patient about the benefits and risks of the drug being prescribed; (iii) perform or have performed an appropriate examination of the patient, either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically; except for medical emergencies, the examination of the patient shall have been performed by the practitioner himself, within the group in which he practices, or by a consulting practitioner prior to issuing a prescription; and (iv) initiate additional interventions and follow-up care, if necessary, especially if a prescribed drug may have serious side effects. A practitioner who performs or has performed an appropriate examination of the patient required pursuant to clause (iii), either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically, for the purpose of establishing a bona fide practitioner-patient relationship, may prescribe Schedule II through VI controlled substances to the patient, provided that the prescribing of such Schedule II through V controlled substance is in compliance with federal requirements for the practice of telemedicine.

For the purpose of prescribing a Schedule VI controlled substance to a patient via telemedicine services as defined in § 38.2-3418.16, a prescriber may establish a bona fide practitioner-patient relationship by an examination through face-to-face interactive, two-way, real-time communications services or store-and-forward technologies when all of the following conditions are met: (a) the patient has provided a medical history that is available for review by the prescriber; (b) the prescriber obtains an updated medical history at the time of prescribing; (c) the prescriber makes a diagnosis at the time of prescribing;

(d) the prescriber conforms to the standard of care expected of in-person care as appropriate to the patient's age and presenting condition, including when the standard of care requires the use of diagnostic testing and performance of a physical examination, which may be carried out through the use of peripheral devices appropriate to the patient's condition; (e) the prescriber is actively licensed in the Commonwealth and authorized to prescribe; (f) if the patient is a member or enrollee of a health plan or carrier, the prescriber has been credentialed by the health plan or carrier as a participating provider and the diagnosing and prescribing meets the qualifications for reimbursement by the health plan or carrier pursuant to § 38.2-3418.16; and (g) upon request, the prescriber provides patient records in a timely manner in accordance with the provisions of § 32.1-127.1:03 and all other state and federal laws and regulations. Nothing in this paragraph shall permit a prescriber to establish a bona fide practitioner-patient relationship for the purpose of prescribing a Schedule VI controlled substance when the standard of care dictates that an in-person physical examination is necessary for diagnosis. Nothing in this paragraph shall apply to: (1) a prescriber providing on-call coverage per an agreement with another prescriber or his prescriber's professional entity or employer; (2) a prescriber consulting with another prescriber regarding a patient's care; or (3) orders of prescribers for hospital out-patients or in-patients.

Any practitioner who prescribes any controlled substance with the knowledge that the controlled substance will be used otherwise than medicinally or for therapeutic purposes shall be subject to the criminal penalties provided in § 18.2-248 for violations of the provisions of law relating to the distribution or possession of controlled substances.

§ 54.1-3408.01. Requirements for prescriptions.

A. The written prescription referred to in § 54.1-3408 shall be written with ink or individually typed or printed. The prescription shall contain the name, address, and telephone number of the prescriber. A prescription for a controlled substance other than one controlled in Schedule VI shall also contain the federal controlled substances registration number assigned to the prescriber. The prescriber's information shall be either preprinted upon the prescription blank, electronically printed, typewritten, rubber stamped, or printed by hand.

The written prescription shall contain the first and last name of the patient for whom the drug is prescribed. The address of the patient shall either be placed upon the written prescription by the prescriber or his agent, or by the dispenser of the prescription. If not otherwise prohibited by law, the dispenser may record the address of the patient in an electronic prescription dispensing record for that patient in lieu of recording it on the prescription. Each written prescription shall be dated as of, and signed by the prescriber on, the day when issued. The prescription may be prepared by an agent for the prescriber's signature.

This section shall not prohibit a prescriber from using preprinted prescriptions for drugs classified in Schedule VI if all requirements concerning dates, signatures, and other information specified above are otherwise fulfilled.

No written prescription order form shall include more than one prescription. However, this provision shall not apply (i) to prescriptions written as chart orders for patients in hospitals and long-term-care facilities, patients receiving home infusion services or hospice patients, or (ii) to a prescription ordered through a pharmacy operated by or for the Department of Corrections or the Department of Juvenile Justice, the central pharmacy of the Department of Health, or the central outpatient pharmacy operated by the Department of Behavioral Health and Developmental Services; or (iii) to prescriptions written for

patients residing in adult and juvenile detention centers, local or regional jails, or work release centers operated by the Department of Corrections.

B. Prescribers' orders, whether written as chart orders or prescriptions, for Schedules II, III, IV, and V controlled drugs to be administered to (i) patients or residents of long-term care facilities served by a Virginia pharmacy from a remote location or (ii) patients receiving parenteral, intravenous, intramuscular, subcutaneous or intraspinal infusion therapy and served by a home infusion pharmacy from a remote location, may be transmitted to that remote pharmacy by an electronic communications device over telephone lines which send the exact image to the receiver in hard copy form, and such facsimile copy shall be treated as a valid original prescription order. If the order is for a radiopharmaceutical, a physician authorized by state or federal law to possess and administer medical radioactive materials may authorize a nuclear medicine technologist to transmit a prescriber's verbal or written orders for radiopharmaceuticals.

C. The oral prescription referred to in § 54.1-3408 shall be transmitted to the pharmacy of the patient's choice by the prescriber or his authorized agent. For the purposes of this section, an authorized agent of the prescriber shall be an employee of the prescriber who is under his immediate and personal supervision, or if not an employee, an individual who holds a valid license allowing the administration or dispensing of drugs and who is specifically directed by the prescriber.

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August 21, 2017

James L. Werth, Ph.D.
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Re: Virginia Board of Psychology

Dear Dr. Werth:

I am writing to you with respect to two items that were discussed at the August 15 meeting of the Virginia Board of Psychology, one of which you and I also briefly discussed after the meeting.

The latter related to one Board member's statement that the topography of accreditors was changing and that he therefore was concerned that a requirement of APA/CPA accreditation for doctoral programs might exclude other 'equivalent' accreditors. One of the alternative accreditors he mentioned by name was PCSAS (Psychological Clinical Science Accreditation System). At the meeting, and when we spoke afterwards, you stated that the APA/CPA accreditation would remain a minimum requirement – the overlapping area in any Venn diagram of qualified accreditations. When I looked up PCSAS, out of curiosity only, it certainly seemed to be obtaining growing recognition from a number of groups, including CHEA and the VA. It has also apparently been endorsed by a number of psychological and mental health organizations, although not APA, and to be accepted by a number of states for licensure purposes. So I would be interested in your thoughts as to how or whether the Board might address this issue, and whether the possible sources of accreditation might be extended based on specific criteria of equivalency.

Second, and as I have also written to Dr. Stewart in a separate letter, I received from the Board Staff a copy of the proposed change to the legislative regulation on Continuing Education and found it confusing in two respects. First, the proposal would amend the legal regulation by adding language authorizing the Board to require up to two hours of continuing education in a specific subject area. Yet the absence of that language in the existing regulation clearly did not prevent the Board from earlier imposing the requirement that 1.5 hours of a practitioner's annual continuing education be in the area of ethics/laws/regulations. In short, by limiting the number of hours that the Board can require in any given area to two, the new language being proposed would seem to actually limit rather than extend the

Board's authority to define the requirements of continuing education. It's not clear why you would want to do this. Second, assuming that the Board did want to restrict itself in this way, then it is not clear how the Board's interest in requiring up to 2 hours of continuing education in the area of opioid addiction could be accommodated in light of the existing requirement that a minimum of 1.5 hours be in courses that emphasize ethics/laws/regulations. This would allow the Board to require, at most, ½ hour annually of coursework relating to the opioid crisis. Again, it's not clear why the Board would want to tie its hands in this way, and since you had raised a concern during the Board discussion that the ethics requirement might be affected by an additional requirement relating to opioid addiction, I was interested in your thoughts on the same.

Yours sincerely,

Jennifer R.S. Grogan