

## **IMPORTANT NOTE AND DISCLAIMER**

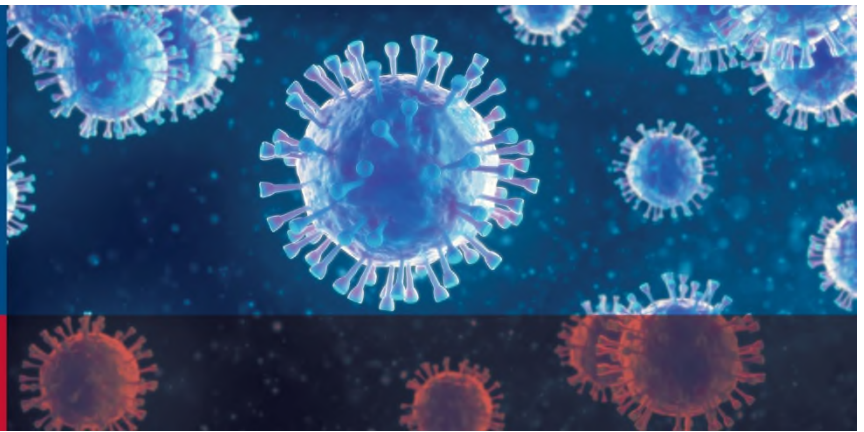
These following resources are being provided at the request of DVOMB and SOMB Approved Providers in response to the COVID-19 pandemic. In support of the Guidance offered by the DVOMB and SOMB, these resources and documents were obtained from the Association for the Treatment of Sexual Abusers (ATSA) Listserve. These documents are for informational purposes only and do not constitute any legal or clinical advice offered by either the DVOMB or SOMB.



American Professional Agency



RISK MANAGEMENT



March 2020

## **ALERT: Coronavirus (COVID-19) and Telehealth Resources**

According to the Center for Disease Control (CDC), shifts in the way that care is delivered during a Coronavirus (COVID-19) outbreak will be complex and responses may change. Since infection prevention is a large part of mitigating the risk of the spread, social distancing has become strongly encouraged and the promotion of using telehealth has become more prevalent.

During this time, please see the following risk management tips relating to tele-mental health:

- Be licensed in the state where the patient is located.
- Consult the Interstate Medical License Compact website (<https://imlcc.org>) and the Federation of State Medical Boards website (<https://fsmb.org>) or PSYPACT ([www.psypact.org](http://www.psypact.org)) for details on how to obtain medical licenses in multiple states prior to engaging in tele-mental health practice.
- Follow all state and federal laws, including laws related to telehealth, prescribing and privacy for each state where the behavioral health provider is licensed and plans to practice tele-mental health.
- Obtain proper informed consent, including a discussion of risks, benefits and alternatives to telehealth. Some states require written informed consent.
- Create a plan in case the patient requires access to local or immediate mental health services that are not conducive to therapy or consultation through tele-mental health services.
- Create a contingency plan for times when the telecommunication devices or connections do not work properly, and the telehealth visit cannot go forward.
- Maintain medical record documentation in accordance with applicable laws, regulations and guidelines.
- Create a procedure for sending and receiving documents between the behavioral health provider and patient (i.e., informed consent documents) through a HIPAA compliant process (i.e., encrypted/password protected patient portal).
- Determine if a business associate agreement is needed from service providers to be used to conduct tele-mental health sessions and consultations.
- Consult an attorney for any legal issues and a risk consultant for risk management related questions.

Should you have further questions regarding COVID-19 and Telehealth, please contact AWAC Services Risk Management at [riskmanagement@awacservices.com](mailto:riskmanagement@awacservices.com). The next page includes links to some current resources to assist with COVID-19 and Telehealth concerns.

<b>Infection Prevention Resources:</b>	
<b>Center for Disease Control (CDC)</b> <ul style="list-style-type: none"> <li>Healthcare Providers Preparedness Assessment Tool</li> <li>Situation Updates</li> <li>Cleaning Guidelines</li> <li>Strategies for Healthcare Professionals</li> </ul>	<a href="https://www.cdc.gov/coronavirus/2019-ncov/summary.html">https://www.cdc.gov/coronavirus/2019-ncov/summary.html</a> <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/preparedness-checklists.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/preparedness-checklists.html</a> <a href="https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html">https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html</a>
<b>World Health Organization (WHO)</b>	<a href="https://www.who.int/health-topics/coronavirus">https://www.who.int/health-topics/coronavirus</a>
<b>Worker Safety Resources:</b>	
<b>Occupational Safety and Health Administration (OSHA)</b> <ul style="list-style-type: none"> <li>Steps to prevent worker exposure</li> <li>Key OSHA Standards/Personal Protective Equipment (PPE)</li> </ul>	<a href="https://www.osha.gov/SLTC/covid-19/">https://www.osha.gov/SLTC/covid-19/</a>
<b>Emergency and Pandemic Preparedness Resources:</b>	
<b>U.S. Department of Homeland Security</b> <ul style="list-style-type: none"> <li>Employee Assistance &amp; Support</li> <li>Business Continuity Plan</li> <li>Emergency Response Plan</li> </ul>	<a href="https://www.ready.gov/pandemic">https://www.ready.gov/pandemic</a> <a href="https://www.fema.gov/media-library-data/1396880633531-35405f61d483668155492a7cccd1600b/Pandemic_Influenza_Template.pdf">https://www.fema.gov/media-library-data/1396880633531-35405f61d483668155492a7cccd1600b/Pandemic_Influenza_Template.pdf</a>
<b>Tele-mental Health Resources:</b>	
<b>American Psychiatric Association (APA)/American Telemedicine Association (ATA)/Federation of State Medical Boards (FSMB)</b> <ul style="list-style-type: none"> <li>Training for telepsychiatry</li> <li>Policy considerations</li> <li>Legal and reimbursement issues</li> <li>Best Practices for Videoconferencing</li> <li>Policies by State</li> </ul>	<a href="https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/toolkit">https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/toolkit</a> <a href="https://www.americantelemed.org/press-releases/ata-commends-congress-for-waiving-restrictions-on-telehealth-for-medicare-beneficiaries-in-response-to-the-covid-19-outbreak/">https://www.americantelemed.org/press-releases/ata-commends-congress-for-waiving-restrictions-on-telehealth-for-medicare-beneficiaries-in-response-to-the-covid-19-outbreak/</a> <a href="https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/Telepsychiatry/APA-ATA-Best-Practices-in-Videoconferencing-Based-Telemental-Health.pdf">https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/Telepsychiatry/APA-ATA-Best-Practices-in-Videoconferencing-Based-Telemental-Health.pdf</a> <a href="http://www.fsmb.org/siteassets/advocacy/key-issues/telemedicine_policies_by_state.pdf">http://www.fsmb.org/siteassets/advocacy/key-issues/telemedicine_policies_by_state.pdf</a> <a href="http://hub.americantelemed.org/thesource/resources/telemedicine-forms">http://hub.americantelemed.org/thesource/resources/telemedicine-forms</a>
<b>American Academy of Child and Adolescent Psychiatrists (AACAP)</b> <ul style="list-style-type: none"> <li>Talking to Children About Coronavirus</li> <li>Disaster and Trauma Resources</li> </ul>	<a href="https://www.aacap.org/">https://www.aacap.org/</a>
<b>American Psychological Association</b> <ul style="list-style-type: none"> <li>Practice and licensure guidelines</li> </ul>	<a href="http://www.psypact.org">www.psypact.org</a> <a href="https://www.apa.org/practice/programs/dmhi/research-information/pandemics">https://www.apa.org/practice/programs/dmhi/research-information/pandemics</a>
<b>HIPAA Resources:</b>	
<b>U.S. Department of Health and Human Services (HHS)</b> <ul style="list-style-type: none"> <li>Sharing patient information during an outbreak</li> <li>Safeguarding patient information</li> </ul>	<a href="https://www.hhs.gov/sites/default/files/february-2020-hipaa-and-novel-coronavirus.pdf">https://www.hhs.gov/sites/default/files/february-2020-hipaa-and-novel-coronavirus.pdf</a>

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*The information provided in this Practice Support checklist is intended to provide general guidance to assist registrants in identifying issues and options that should be considered, and implementing strategies to address issues, resolve problems and improve practice, with respect to a particular aspect of psychology practice. No checklist can anticipate all variables that might be relevant to a specific professional decision or circumstance, but the checklist can provide general guidance to registrants dealing with the identified practice issue. Registrants are also invited to contact the Practice Support Service with any questions.*

*Readers are advised that documents provided by the Practice Support Service are not legal advice, and do not supplant any applicable legislation, the College's Code of Conduct, or any other official College communications. While an effort has been made to be comprehensive, the information in this checklist is not exhaustive, and the College makes no warranty or representation as to its currency, completeness or accuracy. The College accepts no responsibility for any errors or omissions, and expressly disclaims any such responsibility.*

*This checklist does not establish standards, limits or conditions for registrants' practice for the purposes of the Health Professions Act, and it is not intended to impose mandatory requirements to the extent that such requirements are not established under the Code of Conduct. In the case of any inconsistency between this checklist and any Code standard, the Code standard governs. The final decision on the course of action to be taken in any practice situation is made by the registrant, and checklists are not intended as a substitute for the professional judgment and responsibility of the registrant. Exclusive reliance on checklists is imprudent, as every practice decision depends on its own particular circumstances.*

*This document may not be copied in part. Registrants wishing to copy it in its entirety must keep this disclaimer attached and must identify it as a College of Psychologists of B.C. Practice Support document. For ease of reference, select Code standards are indicated in brackets following checklist items. Registrants are obligated to consider any other Code standards and legislation that may be relevant to a specific practice situation. All references to the Code of Conduct and other legislation is current to the date indicated at the beginning of each checklist.*

## Telepsychology Services Checklist

This document is intended to assist registrants who are considering providing telepsychology services. The term telepsychology is used to refer to psychological services that are offered by a provider who is geographically distant from the service recipient. Such services may include those provided via email, telephone, videoconference, or other electronic media. Relevant Code standards are indicated in brackets following the checklist items.

- ☐ I have determined whether I need to be registered in the jurisdiction(s) in which the potential client(s) is (are) located in order legally to offer the service being contemplated, and have taken steps as appropriate to register in that (those) jurisdiction(s). **(3.8, 3.30, 18.1)**
- ☐ I have determined all relevant legal requirements regarding offering services in the other jurisdiction(s) and will ensure that I am, and will remain, in compliance with those requirements. **(3.8, 3.30, 18.1)**
- ☐ I have apprised myself of all professional Code(s) of Conduct or other corresponding rules/regulations in the other jurisdiction(s), and will ensure that I am, and will remain, in compliance with those regulations. **(3.8, 3.30, 18.1)**
- ☐ I have determined that my liability insurance coverage includes coverage for the specific services I am considering offering in the specific jurisdiction(s). **(3.30)**
- ☐ I have determined that my liability insurance coverage meets the insurance requirements set by the target jurisdiction(s). **(3.8, 3.30, 18.1)**
- ☐ I have the appropriate education, training, and experience to offer the contemplated service in the modality being considered. **(3.5, 3.25, 3.30)**
- ☐ I have established appropriate consultation resources that I may access as necessary to maintain and enhance my competent practice of telepsychology services. **(3.2, 3.21, 3.30)**
- ☐ I will maintain current knowledge of scientific and professional developments related to the telepsychology services. **(3.2, 3.7)**
- ☐ I have considered whether there is appropriate empirical support for the specific intervention or other telepsychology service being considered. **(3.9, 3.10)**
- ☐ I have considered whether there is appropriate empirical support for the telepsychology service with the specific type of client in question. **(3.9, 3.10, 5.1)**
- ☐ I have considered whether there is empirical evidence to suggest that the contemplated telepsychology services are at least as beneficial in the circumstance as face-to-face psychology services. **(3.9, 3.10, 5.1)**
- ☐ I have considered whether the contemplated telepsychology service serves the best interests and welfare of the intended client(s). **(3.6, 5.1, 5.26, 8.2)**

- ☐ I have considered how best to structure the service and my availability to maximize client welfare. **(5.1, 5.26, 8.2)**
- ☐ I have considered potential safety or other concerns regarding the intended clients and familiarized myself with the client's local supports and other location-specific resources as necessary. **(5.1, 5.26, 8.2)**
- ☐ I have considered my client selection process to ensure that I will only offer my services as appropriate to maximize client welfare. **(5.1, 5.26, 8.2)**
- ☐ I will consider when a referral to another professional may be in the client's best interests and have established referral resources for that purpose. **(3.6, 5.1, 5.26)**
- ☐ I have considered the information I need to provide to clients to ensure that I am obtaining proper informed consent given the current state of the empirical literature pertaining to telepsychology services, including specific risks related to the service, any additional risks to confidentiality and my management of those risks, and specific elements of a telepsychology-based professional relationship. **(3.30, 4.1, 4.2, 4.8)**
- ☐ I have identified the steps I will need to take in the event a reporting issue arises, including jurisdiction-specific requirements, and my informed consent process includes a review of this issue with potential clients. **(3.8, 3.30, 4.2, 18.1)**
- ☐ I have conducted a review of the *Code of Conduct* to ensure my contemplated services are in compliance with all relevant *Code* requirements. **(2.1, 3.1)**



## OFFICE & TECHNOLOGY CHECKLIST FOR TELEPSYCHOLOGICAL SERVICES

Screen your patient(s) to determine whether video-conferencing services are appropriate for them.

- ☐ Consider patient's clinical & cognitive status – can the patient effectively participate?
- ☐ Does the patient have technology resources for a video-conference – e.g. webcam or smartphone?
- ☐ Consider patient's comfort in using technology – can they login and effectively use the technology?
- ☐ Does the patient have physical space for a private telepsychology session?
- ☐ Is parent/guardian permission required? If so, obtain it.
- ☐ Consider patient safety (e.g., suicidality) and health concerns (e.g. viral risk; mobility; immune function), community risk, and psychologist health when deciding to do tele-sessions instead of in-person.

### Technology:

- ☐ Is your technology platform consistent with HIPAA-compliant practices?
- ☐ Do you have a Business Associate Agreement (BAA) for that technology vendor?
- ☐ Do you and the patient have adequate internet connectivity for video-conferencing?
- ☐ Did you discuss with the patient how to login and use the technology?
- ☐ Are you using a password-protected, secure internet connection, not public or unsecured WiFi? What about your patient? (If not, it increases the risk of being hacked.).
- ☐ Did you check that your anti-virus/malware is up-to-date to prevent being hacked? What about your patient?

### Office Set-up:

- ☐ Is the location private? Is it reasonably quiet?
- ☐ Make sure the room is well lit. Example: a window in front of you might cast a shadow or create low visibility.
- ☐ To improve eye contact, position your camera so that it's easy to look at the camera and the patient on screen.
- ☐ Consider removing personal items or distractions in the background.
- ☐ Check the picture and audio quality. Can you see and hear each other? Make sure nobody is muted.
- ☐ As much as possible, both people should maintain good eye contact and speak clearly.

### Pre-session:

- ☐ Psychologist should be competent to deliver tele-health services. Consider taking the [“Telepsychology Best Practice 101”](#) online CE course. Review APA's [Telepsychology Practice Guidelines](#).
- ☐ Discuss the potential risks/benefits of telehealth sessions with the patient(s).
- ☐ Get a signed informed consent from your patient(s) or patient's legal representative. If the psychologist or patient is quarantined, informed consent must be signed electronically; consider [DocHub](#) or [DocuSign](#).
- ☐ Do you have a back-up plan in case of technical difficulties? In case of a crisis situation? What contact information do you have? Do you know the local resources (e.g. ER) where the patient is?
- ☐ Did you discuss how this session will be billed? Will the patient be billed if late/no-show?
- ☐ In the case of minors, determine where the adult will be at that location.

### Beginning of virtual session:

- ☐ Verify the patient's identity, if needed.
- ☐ Confirm patient's location and a phone number where the patient can be reached.
- ☐ Review importance of privacy at your location and patient's location.
- ☐ All individuals present for the virtual visit must be within view of the camera so the psychologist is aware of who is participating.
- ☐ Confirm that nobody will record the session without permission.
- ☐ Turn off all apps and notifications on your computer or smartphone. Ask patient to do the same.
- ☐ Conduct the session mostly like you would an in-person session. Be yourself.

## **INFORMED CONSENT CHECKLIST FOR TELEPSYCHOLOGICAL SERVICES**

Prior to starting video-conferencing services, we discussed and agreed to the following:

- There are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.
- Confidentiality still applies for telepsychology services, and nobody will record the session without the permission from the others person(s).
- We agree to use the video-conferencing platform selected for our virtual sessions, and the psychologist will explain how to use it.
- You need to use a webcam or smartphone during the session.
- It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- It is important to be on time. If you need to cancel or change your tele-appointment, you must notify the psychologist in advance by phone or email.
- We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.
- We need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation.
- If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in telepsychology sessions.
- You should confirm with your insurance company that the video sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment.
- As your psychologist, I may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our sessions in-person.

Psychologist Name / Signature:

Patient Name:

Signature of Patient/Patient's Legal Representative:

Date: