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Telehealth 101

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Learning Objectives

1. Identify guidelines for screening and verifying clients and supervisees for tele-assisted services.
2. Explain informed consent, disclosure, and confidentiality related to tele-assisted clinical services.
3. Demonstrate how to create an effective technology-assisted relationship and set appropriate boundaries.
4. Identify the scope of practice specific to their profession and jurisdiction.
5. Examine standards of care and professionalism related to tele-assisted clinical services.
6. Outline procedures for securing documentation of tele-assisted clinical services.
7. Explore considerations for social media and website presence.
8. Utilize resources to stay current with this rapidly emerging modality.
9. Identify key technology requirements for tele-assisted clinical services.
10. Describe the selection, implementation, and evaluation of technology in the delivery of effective clinical services.
11. Analyze multicultural considerations of tele-assisted clinical services.
12. Discuss ethical and legal issues involved in tele-assisted clinical services.
13. Develop a transition plan from an on-ground delivery to an online delivery model.

Presenter Contact Information

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Telebehavioral Health Defined

What is Telebehavioral Health?

Reflect on what ***telebehavioral health*** *means*. Understanding what constitutes distance mental health services and what does not is an important foundation to our work today.

Telebehavioral History

- Carl Rogers – Father of Telebehavioral Health
- 1959 - Nebraska Psychiatric Institute, Cecil Wittson
- 1969 - Massachusetts General Hospital (MGH)
- 1990s – worldwide, prevalent in Australia, Germany, and UK
- 1993 – American Telemedicine Association created
- 1995 – Privatization of Internet
- 1996 - California's Telemedicine Development Act of 1996
- 2000s – efficacy studies
- Federal agencies that are leaders in telehealth
    - NASA
    - Veterans Administration

Definitions of Telebehavioral Health

- Telehealth, telemedicine, and related terms generally refer to the exchange of medical information from one site to another through electronic communication to improve a patient's health.
- California Telehealth Resource Center's Telehealth Glossary of Terms:

- http://www.caltrc.org/knowledge-center/ctrc-publications/program-guides/telehealth-glossary/

- Key terms to understand
  - Telehealth or telebehavioral or tele-assisted health
  - Synchronous (real time) versus Asynchronous (store & forward)
  - Face-to-face or distance
  - Cloud computing
  - Encryption
- "Telehealth services may refer to all interactions between health care professionals and their patients that do not happen in person" (APA. 2011).
- Center for Substance Abuse Treatment (CSAT, 2009)
  - ***E-therapy*** is the use of electronic media and information technologies to provide services for participants in different locations.
  - It is used by skilled and knowledgeable professionals (e.g., counselors, therapists) to address a variety of individual, familial, and social issues.
  - E-therapy can (1) include a range of services, including screening, assessment, primary treatment, and after care; (2) provide more accessible modes of treatment than the traditional ones to those who actively use the recent development of technology (i.e., adolescents and young adults); (3) help people access treatment services who traditionally would not seek services because of barriers related to geography, shame and guilt, stigma, or other issues; and 4) be provided as a sole treatment modality, or in combination with other treatment modalities, like traditional or existing treatments.
- NAADAC and NCC AP (2016)
  - "E-Therapy" and "***E-Supervision***" shall refer to the provision of services by an Addiction Professional using technology, electronic devices, and ***HIPAA-compliant*** resources.
  - Electronic platforms shall include and are not limited to: land-based and mobile communication devices, fax machines, webcams, computers, laptops and tablets.
  - E-therapy and e-supervision shall include and are not limited to: tele-therapy, ***real-time*** video-based therapy and services, ***emails***, ***texting***, ***chatting***, and ***cloud storage***.
  - Providers and clinical supervisors are aware of the unique challenges created by electronic forms of communication and the use of available technology, and shall take

steps to ensure that the provision of e-therapy and e-supervision is safe and as confidential as possible.

- Sample State Definitions
  - California: Telemedicine means the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. Neither a telephone conversation nor an electronic mail message between a health care practitioner and patient constitutes 'telemedicine'. . . 'interactive' means an audio, video, or data communication involving a real time (***synchronous***) or near real time (***asynchronous***) two-way transfer of medical data and information.
  - New York: Telepractice is defined as the provision of professional service over geographical distances by means of modern telecommunications technology (Duncan-Poitier, 1999).
  - North Carolina: 21 NCAC 53 .0212 FACE TO FACE SUPERVISON DEFINED - face-to-face clinical supervision means supervision that is live, interactive, and visual. Video supervision is permitted as long as the session is synchronous (real time) and involves verbal and visual interaction during the supervision as defined in Rule .0209 of this Section.

Developing a Plan

Task 1: Is your organization ready for a telehealth program? Complete the California Telemedicine and eHealth Center's Assessing Organizational Readiness.

Link: http://www.caltrc.org/wp-content/uploads/2013/10/08-1129-final_ctec_discovery_series.pdf

What about Supervision?

Good supervision is dependent on the quality of the skills of the supervisor and should not be dependent upon simple proximity to the supervisee (Orr, 2010).

- Technology-assisted Clinical Supervision: ***telephone***, email, video-conferencing, ***webchats***, ***apps***, any combination of these
- Increasingly, professional boards are establishing ethical guidelines specific to technology-assisted clinical supervision
- Supervisor is the responsible party
- When in doubt, apply face-to-face guidelines
- ***Tele-assisted supervision*** is the practice of supervising behavioral health using a telecommunications system to provide clinical services, professional training, administrative and other services at *geographically separate sites.*
- Service can be delivered in "real time" using the telephone, interactive video conferencing, or through "store and forward" which relies on the transmission of images and data for review at later time.
- Tele-assisted supervision can also involve email, text messaging and a wide range of other software applications to facilitate access and data transfer. Devices can range from desktop computers on carts in hospital settings to smart devices such as tablets and smartphones.
- Tele-assisted supervision can also include storage services on the "cloud" and everything in between.

"Whether they are aware of it or not, supervisors are constantly making ethical choices, many of which have legal ramifications as well. Like the counselors they supervise, they are vulnerable to comprising situations and to potential litigation, for both their own conduct and that of their supervisees" (Powell & Brodsky, 2004, p. 273).

Developing a Plan

Task 2: What services will you be providing via an electronic modality, e.g., phone, fax, email, chat, video, etc.? For whom?

Current Ethical and Legal Standards

Ethics versus Law

Ethics	Laws
Professional Association	Government
Professional values	Societal rules
Violations -> sanctions, loss of credentials	Violations -> jail, fines, loss of license
Reactive and proactive	Reactive
Aspirational and Mandatory	Mandatory

- While ethical codes set general standards for professional excellence, laws are specific and address minimal standards of behavior (Bernard & Goodyear, 2004).
- Most often, ethics are developed and laws passed in response to specific instances when those served by the profession have been harmed or endangered (Bernard & Goodyear, 2004).
- Becomes complicated when ethics become law

Assumptions

- Ethical decision-making is a continuous, active process.
- Ethical standards are not a cookbook. They tell you what to do, not always how.
- Each situation is unique.
- The most complex ethical issues arise in the context of two ethical behaviors that conflict
- Therapy is conducted by fallible beings; people make mistakes—hopefully, minor ones.
- Sometimes the answers to ethical and legal questions are elusive
- Source: Powell and Brodsky (2004)

Key Principles in Current Ethical Codes

American Association for Marriage and Family Therapy. (AAMFT, 2015). Code of Ethics [PDF file]. Retrieved from https://www.aamft.org/Legal_Ethics/Code_of_Ethics.aspx

American Counseling Association. (ACA, 2014). 2014 ACA Code of Ethics. Retrieved from http://www.counseling.org/knowledge-center/ethics

American Mental Health Counselors Association. (AMHCA, 2015). Code of ethics of the American Mental Health Counselors Association. American Mental Health Counselors Association. Retrieved from http://www.amhca.org/learn/ethics

Association Psychology Association. (2013). *Guidelines for the Practice of Telepsychology* [PDF File]. Retrieved from https://www.apa.org/practice/guidelines/telepsychology.aspx

American Psychological Association. (APA, 2017). Ethical principles of psychologists and code of conduct. Retrieved from http://www.apa.org/ethics/code/index.aspx

Association of Social Work Boards (2015). Model regulatory standards for technology and social work practice. ASWB International Technology Task Force, 2013-2014). Retrieved from https://www.aswb.org/wp-content/uploads/2015/03/ASWB-Model-Regulatory-Standards-for-Technology-and-Social-Work-Practice.pdf

NAADAC and NCC AP (2016). Code of ethics. Retrieved from https://www.naadac.org/code-of-ethics

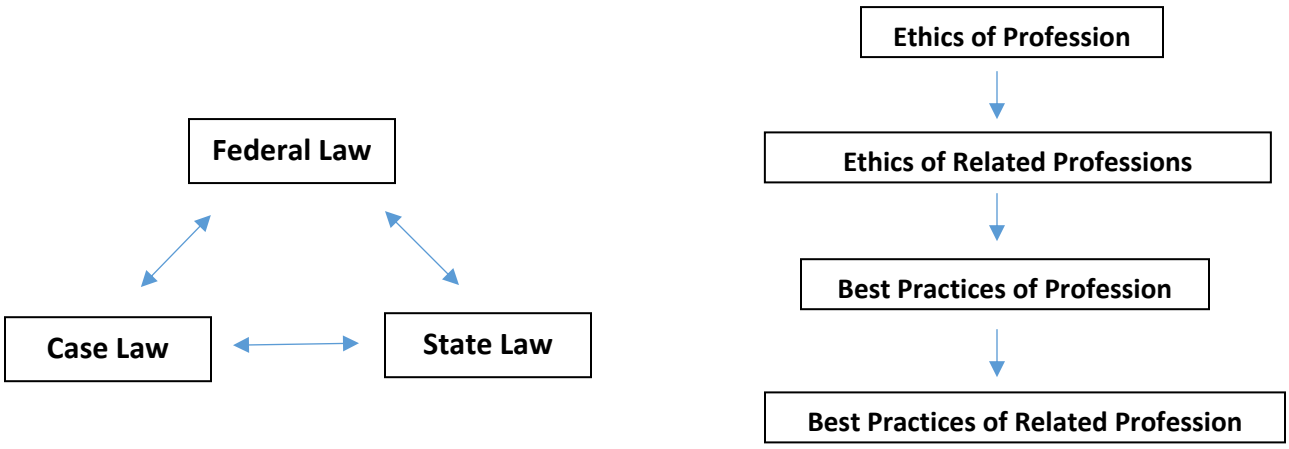
NASW (2017). Code of ethics. Retrieved from https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English

National Board for Certified Counselors. (2012). *Policy Regarding the Provision of Distance Professional Services*. Retrieved from nbcc.org/Assets/Ethics/internetCounseling.pdf

Developing a Plan

Task 3: Identify a minimum of three ethical codes you will actively use to guide the development of your telebehavioral practice.

Order of Authority



Key Legal Standards

HIPAA/HITECH

- "HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency."
    - https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html

- Caution: This does not remove state or ethical obligations.

HIPAA-compliant?

- HIPAA purpose - standard for protecting sensitive patient data
- *Any company* that deals with ***protected health informatio***n (PHI) must ensure that all the required physical, network, and process security measures are in place and followed.
- Rules apply to ***covered entities*** and ***business associates***

Protected Health Information (PHI)

- Any information in the medical record or designated record set that can be used to identify an individual and that was created, used, or disclosed during providing a health care service such as diagnosis or treatment.
- 18 ***identifiers*** are protected – National Institutes of Health – HIPAA Privacy Rule (https://privacyruleandresearch.nih.gov/pr_08.asp)

Covered Entities' HIPAA Rights Notices

- Stay current!
- Posted (minimal); Written acknowledgement (best practice)
- Must include the following:
    - A statement that uses and disclosures of a client/patient's private health information for marketing purposes, or as part of a sale of information, require the client/patient's authorization;
    - A statement informing the client/patient of the right to opt out of receiving fundraising communications;
    - A statement informing the client/patient of the right to restrict disclosure of their private health information to a health plan when the client/patient has paid out of pocket for the health service; and
    - A statement informing the client/patient of the right to be notified if there has been a breach of their protected health information.
    - Source: Ström (2014)

Business Associate

- a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information on behalf of, or provides services to, a covered entity
- https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/AreYouaCoveredEntity.html
- Decision Tools
  - http://www.unmc.edu/hipaa/forms/docs/wedi-ba-decision-tree-v2.pdf
  - https://www.hollandhart.com/pdf/Business_Associate_Decision_Tree.pdf
  - http://tinyurl.com/zlgfr6s
- For all covered entities, including solo-practitioners, the following HIPAA requirements must be met in order to be HIPAA compliant:

HIPAA Components

- ***Privacy Rule***
  - Patient Uses and Disclosures
  - Patient Bill of Rights
  - Administrative Requirements
- ***Security Rule***
  - Administrative Safeguards
  - Technical Safeguards
  - Physical Safeguards
- ***HITECH***
  - Breach Notifications
  - Audits
  - Enforcement
- HIPAA and ACA (new)
  - Administrative Simplification Overview: https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/index?v=adminsimp

        - Introduction to Administrative Simplification
            - https://www.youtube.com/watch?v=s_1CZYK8qb8
            - ASETT: https://www.youtube.com/watch?v=3u1772Bb6Pg&feature=youtu.be
    - HIPAA-HITECH Roadmap
        - Risk Analysis
        - Create Policies
        - Training & Documentation
        - Security
        - Evaluation
    - Types of Breaches
        - Unknowing
        - Reasonable Cause
        - Willful Neglect - Corrected
        - Willful Neglect - Uncorrected

Self-Audits

- HIPAA requires you to conduct annual audits of your practice to assess Administrative, Technical, and Physical gaps in compliance with HIPAA Privacy and Security standards.
    - Remediation Plans – Once you've identified gaps, you must implement remediation plans to reverse any potential HIPAA violations.
    - Policies, Procedures, Employee Training – To avoid HIPAA violations in the future, you'll need to develop Policies and Procedures corresponding to HIPAA regulatory standards. Annual staff training on these Policies and Procedures is also required.
    - Documentation – Your practice must document efforts you take to become HIPAA compliant. This documentation is critical during a HIPAA investigation with HHS.

- Business Associate Management – You must document all vendors with whom you share PHI, and execute Business Associate Agreements to ensure PHI is handled securely and mitigate liability.
- Incident Management – If your practice has a data breach, you must have a process to document the breach and notify patients that their data has been compromised.
- **Source**: https://telehealth.org/blog/hipaa-for-solo-practitioners/

HIPAA/HITECH Toolbox

- The Office of the National Coordinator for Health Information Technology
  - Guide to Privacy and Security of Electronic Health Information: https://www.healthit.gov/sites/default/files/pdf/privacy/privacy-and-security-guide.pdf
  - Regional Extension Centers (RECs)
    - Offer customized, on-the-ground assistance to providers implementing HIPAA privacy and security protections!
    - https://www.healthit.gov/topic/regional-extension-centers-recs
  - Health IT Playbook
    - Electronic Health Records: https://www.healthit.gov/playbook/electronic-health-records/
    - Health Information Exchange: https://www.healthit.gov/playbook/health-information-exchange/
- HHS.gov
  - Privacy Rule: www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html
    - Specific to MH Services: www.hhs.gov/hipaa/for-professionals/special-topics/mental-health/index.html
  - Security Rule: www.hhs.gov/hipaa/for-professionals/security/laws-regulations/index.html

    - Business Associates: www.hhs.gov/hipaa/for-professionals/faq/business-associates
    - FERPA and HIPAA: www.hhs.gov/hipaa/for-professionals/faq/ferpa-and-hipaa
- APA's Practice Central
    - The HIPAA Privacy Rule: https://www.apaservices.org/practice/business/hipaa/faq
- NIST HIPAA Security Toolkit: http://scap.nist.gov/hipaa/
- Audit Protocol
    - Updated July 2018
    - "Reviews the policies and procedures adopted and employed by covered entities and business associates to meet selected standards and implementation specifications of the Privacy, Security, and Breach Notification Rules"
    - Searchable spreadsheet
    - Link: https://www.hhs.gov/hipaa/for-professionals/compliance-enforcement/audit/protocol/index.html

Developing a Plan

Task 4: Are you a Covered Entity? To find out, use the Centers for Medicare & Medicaid Services' Covered Entity Guidance tool.

Link: https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/Downloads/CoveredEntitiesChart20160617.pdf

Task 5: If you are a Covered Entity, review the Office of the National Coordinator of Health IT's Guide to Privacy and Security of Electronic Health Information Version 2.0 (2015), be sure to complete the Seven-Step Approach for Implementing a Security Management Process (pp. 37 – 55).

Link: https://www.healthit.gov/sites/default/files/pdf/privacy/privacy-and-security-guide.pdf

Task 6: Utilize the HHS Audit Protocol to ensure you have policies and procedures in place that fulfill the privacy, security, and breach notification requirements.

Link: https://www.hhs.gov/hipaa/for-professionals/compliance-enforcement/audit/protocol/index.html

Sample State Laws

Idaho

- A provider offering telehealth services must, at all times, act within the scope of the provider's license and in accordance with all applicable laws and rules, including the community standard of care. Source: IDAHO CODE ANN. § 54-5704.
- A license issued by the Idaho State … is generally required to practice as a (helping professional) in Idaho
- Compliance with HIPAA and HITECH

- Medicaid will reimburse for certain telemental health services: (i) psychotherapy with evaluation and management, (ii) psychiatric diagnostic interview, and (iii) therapeutic consultation and crisis intervention. Source: Idaho Medicaid Telehealth Policy (2/1/2016).
- Updated Medicaid Policy: http://healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/IRMA1607.pdf

Pennsylvania

- "Telemedicine" does not appear to be generally defined by Pennsylvania's medical practice act. However, the Department of Public Welfare's Office of Medical Assistance (the Medicaid program) has issued a bulletin that defines the term with respect to the Medical Assistance Program. The bulletin states that "telemedicine" is the use of real-time interactive telecommunications technology that includes, at a minimum, audio and video equipment as a mode of delivering consultation services.
- Telemedicine is the use of real-time interactive telecommunications technology that includes, at a minimum, audio and video equipment as a mode of delivering consultation services.
- **Source:** ***PA Department of Public Welfare, Medical Assistance Bulletin 09-12-31, 31-12-31, 33-12-30, May 23, 2012*** *(Accessed Aug. 2016).*

Sample Board Policies

Virginia

Counseling

- Regardless of the delivery method, whether in person, by phone or electronically, these standards shall apply to the practice of counseling.
- 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**.**
- Source: Virginia Board of Counseling - Guidance on Technology-Assisted Counseling and Technology-Assisted Supervision (2015):

https://www.dhp.virginia.gov/counseling/guidelines/115-1.4%20Technology-Assisted.doc

Supervision

- 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.
- The counselor must take steps to protect supervisee confidentiality and security.
- 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.
- Counselors must follow the same code of ethics for technology-assisted supervision as they do in a traditional counseling/supervision setting.
- 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.
- Source: Virginia Board of Counseling - Guidance on Technology-Assisted Counseling and Technology-Assisted Supervision (2015): https://www.dhp.virginia.gov/counseling/guidelines/115-1.4%20Technology-Assisted.doc

Resources for Locating State Laws

Center for Connected Health Policy

- State by state listing
- State laws and reimbursement policies
- Source: https://www.cchpca.org/resources/search-telehealth-resources

Epstein-Becker-Green Telemental Health Laws (Available from the Apple App Store and Google Play)

- App format as of 2018! Hard copies from 2016 and 2017 still available.

- An extensive compilation of research regarding the laws, regulations, and regulatory policies impacting the practice of telemental health in all 50 states and the District of Columbia
- Summarizes relevant state laws, regulations, and regulatory policies related to such issues as a provider's prescribing authority, the establishment of a provider-patient relationship, and the acceptable modalities for the provision of telemental health services that meet the applicable standards of care.
- 2018 Epstein-Becker-Green Telemental Health Laws (Available from the Apple App Store and Google Play); Link: https://www.ebglaw.com/telemental-health-laws-app/
- Previous versions
  - 2016 survey: http://www.epsteinbeckergreen.net/Telemental/EPSTEIN-BECKER-GREEN-50-STATE-TELEMENTAL-HEALTH-SURVEY.pdf
  - 2017 Appendix: https://www.ebglaw.com/content/uploads/2017/10/EPSTEIN-BECKER-GREEN-2017-APPENDIX-50-STATE-TELEMENTAL-HEALTH-SURVEY.pdf

Telehealth Certification Institute

- Spreadsheet of rules, regulations, and ethics regarding telemental health services by state
- Links to each state with excerpts of relevant rules, regulations, and ethics
- Link: https://telementalhealthtraining.com/states-rules-and-regulations

Developing a Plan

Task 7: What are your state's or country's laws regarding telebehavioral health? Provide a list of laws that you need to consider as you develop your telebehavioral health practice.

Key Ethical Standards (Stretch, in progress)

Key Standards	
1. Appropriate Intake and Screening	2. Scope of Practice
3. Informed Consent	4. Documentation
5. Disclosures	6. Social Media/Website Presence
7. Counseling Relationship/Boundaries	8. Ongoing Training, Knowledge, and Supervision
9. Client Verification	10. Use of Current Technology
11. Confidentiality	12. Professionalism
13. Standards of Care	14. Multiculturalism

Standard 1: Appropriate Screening and Intake

Screening Clients and Supervisees

- What are the individual's skills, knowledge, and typical interaction with distance modalities (phone, videoconference, email, online surveys, etc.)?
- How much experience does the individual have with relational communication at a distance?
- What, if any, previous mental health/supervision services has the individual had? What worked well? What did not work?
- How will culture and language impact the effectiveness of distance services?
- How easily does the individual become frustrated with technology?
- What resources could supplement distance services?

- How accessible is a secure network to the individual? Does the individual have the necessary and appropriate technology?

Developing a Plan
Task 8: Develop a screening tool that you can use to assess the client or supervisee fit for the modality. Does your state rules or profession's ethical code specify certain items be included in the screening?

Standard 2: Disclosures

- Clinician informs client of clinician's credentials and what to expect
- Recording – mutual disclosure
- General disclosure content on-ground and online (based on NC Professional Disclosure guidelines)
    - Name of licensee
    - The licensee's highest relevant degree, discipline of the degree, year degree received, and name of institution granting the degree
    - Names and numbers of all relevant credentials (licenses, certificates, registrations)
    - A license applicant should include a statement indicating that he/she is pursuing licensure and that they are under board approved supervision
    - Number of years of counseling experience
    - Description of clientele (populations) served
    - Description of services offered (include a brief description of theoretical orientation and types of techniques used)
    - Length of sessions
    - Specific fee charged for each type of session. If a sliding scale is used, it must be included in full with a blank for the agreed upon fee. If no fee is charged, this must be stated

- Methods of payment accepted (cash, check, credit card, etc) and information about billing and insurance reimbursement
- A brief statement regarding the use of diagnosis and the fact that this becomes a permanent part of the clients' records
- An explanation of confidentiality, including responsibilities and exceptions (harm to self and others, indication of child or elder abuse, court order – a subpoena is not a court order)
- Statement of procedures for registering complaints, including the full name, the address and phone number of the licensing board of jurisdiction.
- Signature and date spaces for both the client and the licensee
- Sample template available at http://www.ncblpc.org/Assets/Templates/Template_for_LPCA_Professional_Disclosure_Statement.docx

- Telebehavioral Health Specific Content for Professional Disclosure Statement
  - Verifying the identity of the client
  - Determining if the client is a minor
  - Explaining to the clients the procedures for contacting the counselor when he or she is off-line
  - Discussing the possibility of technology failure and alternate means of communication if technology 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)
  - Informing of the encryption methods used to help ensure the security of communications
  - Making aware of the potential hazards of unsecured communication on the internet
  - Identifying all participants in session and limiting access to session information

        - Disclosing whether session data is being preserved and if so, in what manner and for how long; limits on client preserving and distributing session, if applicable
        - Explaining procedures that will be in place in receiving and releasing client information received through the internet and other electronic source
- Sample Disclosures
    - Sample LPC Disclosure Statement
        - http://www.ncblpc.org/Assets/Forms/PDS_Instructions_for_LPC.pdf
    - Telehealth Disclosure from NAADAC
        - https://www.naadac.org/assets/2416/marlene_maheu_ac17ho2.pdf
    - Insight Maryland
        - https://parma.trustinsurance.com/Resource-Center/Document-Library

Developing a Plan

Task 10: Utilize the checklist above to create a professional disclosure statement to provide to all clients before or during your initial session. If providing telesupervision, provide a professional disclosure statement specific to supervision.

Standard 3: Informed Consent

- Freedom to choose to enter or remain in professional relationship
- Received from client
- Ongoing process, not a single event
- Electronic signature technology, e.g., DocuSign and Echosign
- All events related to inform consent must be appropriately documented.
- Improved with video + written disclosure
- Sample informed consent requirement: North Carolina
    - Requires signatures on “intake forms (consent to treat, release of information, professional disclosure forms, consent to treat minors, consent to tape, etc.” (Provision of Services via Electronic, Distance Professional Counseling Services, and Supervision, 2017)

- Goal is to ensure that both the client and the counselor understand the nature of the relationship and the types of services that can be expected (ncblpc.org/Licensure/Current/PDS)
- The American Counseling Association's Code of Ethics (ACA, 2014) which requires counselors to "review in writing and verbally with clients the rights and responsibilities of both the counselor and the client" (A.2.a. Informed Consent)
- What is needed

Nature of the Services Provided

What is usual and customary pursuant to law and ethics	Emergency procedures when the counselor is not available
Distance counseling credentials	Time zone differences
Physical location of the practice	Cultural and language differences
Contact Information	Potential denial of insurance benefits
Risks and benefits of engaging in technology assisted services	Social media policies
Anticipated response times	Possibility of technological failure
Alternative methods of Service Delivery	

Developing a Plan

Task 9: How will informed consent be collected and stored?

Standard 4: Clinician Relationship/Boundaries

Setting Good Boundaries

- Proactive versus reactive
- Electronic media may blur the boundaries of the relationship and heighten the potential for boundary violations.
- Separate personal and professional social media accounts.
- Avoid interacting with clients or their families online through personal social networking sites.
- Ignore or decline requests to connect from current or past clients through a personal social media account.
- The practitioner has responsibility to maintain appropriate boundaries, not the client.

Distance Supervision Relationship

- Provide clear and consistent guidelines and expectations
- Build in time to deal with technological issues and plan for sessions
- Develop a written contract, with clear guidelines regarding the use of technology
- Identify how work will be evaluated (supervisee and supervisor)
- Meet in person before via technology if possible and occasionally throughout supervisory relationship

Developing a Plan

Task 11: Review Dr. Keely Kolmes' Social Media Policy and create a separate social media policy that is disclosed and signed by the clinician and client in the initial session.

Link: http://www.drkkolmes.com/docs/socmed.pdf

Standard 5: Client Verification

Rationale

- You must know the age of the client to determine if the client is a minor or an adult. The person receiving technology assisted services must be legally able to provide consent or a legal guardian must consent to the care. In some states, a legal guardian must remain present in the telehealth session throughout the session.
- You need to know who your client is and where they are in case of emergency. All states require clinicians alert the appropriate authorities in case of an emergency.
- You must determine where the client is because you must be licensed in the state with jurisdiction. Some states bae jurisdiction on location, others on residency.

Procedure

- Develop and review written procedures for verifying the identity of the client/supervisee during each contact.
- At least on first contact, review and document government issued proof of identity.
- Use a code name or password to verify identities and protection of confidential information.
- Passwords or codes will be generated using a password protocol thereby reducing the opportunities for being compromised.
- Supervisors will ensure that supervisees utilize identity verification methods with clients receiving distance services.
- Source: Stretch, Nagel, and Anthony (2013)

Developing a Plan

Task 12: Develop and review written procedures for verifying the identity of the client/supervisee during each contact. How will verification be documented?

Standard 6: Confidentiality

Client Privacy

- Ethical and legal obligation to protect client privacy and confidentiality in all environments where Identifiable personal health information is exchanged
- Physical and electronic environment concerns
- Electronic Security measures
    - Reasonable
    - Are both ends of the connection secure (aka encrypted)
    - Passwords, firewalls, wiping software, virus/malware protection,
    - Need protection against ransomware
        - Great resource – HHS CyberSecurity
        - Link: https://www.hhs.gov/hipaa/for-professionals/security/guidance/cybersecurity/index.html
- Responsibility to protect client's current self and future self, e.g. online reviews, comments, following, and liking
- Confidentiality is an ongoing process that requires constant updating and due diligence

Developing a Plan
Task 13: Develop a written protocol regarding confidentiality. Establish process for re-reviewing confidentiality throughout counseling or supervision relationship.

Standard 7: Standards of Care

Five Reasons for Telebehavioral Health

- Mental health is a minimal contact healthcare.
- Growing number of payers reimbursing for telebehavioral health
- Reduces stigma of being seen at mental health provider's office.
- Incentives for innovative solutions to mental health provider shortage.

- Consistently, patients/clients view telebehavioral health as credible and effective – no documented difference in patient/client satisfaction
- Source: http://www.ebglaw.com/telemental-telebehavioral-health/

Research

- Agency for Healthcare Research and Quality (2016). Telehealth: Mapping the evidence for patient outcomes form systematic reviews [Technical brief #26]
  - Psychotherapy found to have sufficient evidence to report benefit or potential benefit
- Research tries to approximate "traditional" approaches to counseling and supervision
- What if the "old methods are best" assumption is wrong? (Rousmaniere, 2014)

Best Practices

- CSAT (2009). *Clinical supervision and professional development of the substance abuse counselor*. Treatment Improvement Protocol (TIP) Series 52: www.ncbi.nlm.nih.gov/books/NBK64845/
- CSAT (2015). *Using technology-based therapeutic tools in behavioral health service*. Treatment Improvement Protocol (TIP) Series 60: https://www.ncbi.nlm.nih.gov/books/NBK344045/?term=telehealth
- Do NOT use
  - Facebook or other social networking sites with clients/supervisees
  - Public WiFi to access any confidential files or websites
  - Email, chat, or text messages to exchange protected health information
  - Advice from other practitioners who are not HIPAA compliance resource experts
  - Any technology without client or supervisee consent
- Factor in time to work out technical glitches
- Interventions – facilitative, confrontative, conceptual, prescriptive, and catalytic
- Consistent technical framework
- Training for new technologies
- Assessment of readiness for technology assisted counseling and supervision

- Consideration of learning styles, cultural and individual differences, and supervisory style of supervision
- Legal and ethical requirements understood
- Clear guidelines on synchronous and asynchronous communication
- Ongoing evaluation of client and supervisee skills
- Secure transmission of information
- Continuous self-evaluation of process
- Sources: Hurley and Hadden (2009); McAdams and Wyatt (2010); NFAR-ATTC (2014)

The modality of delivery should not limit your creativity or inhibit your theoretical implementation.

Supervision Specific

- NBCC (2012)
  - All electronic communication with supervisee is part of the record
  - All electronic communication shall use encryption and password security
- NASW (2008)
  - Adhere to state regulations, especially if supervision related to licensure
  - Apply standards relating to face-to-face clinical supervision
  - Be competent in technologies used
  - Supervisor share responsibilities for services provided by supervisee
- ACA (2014)
  - When using technology in supervision, counselor supervisors are competent in the use of those technologies.
  - Supervisors take the necessary precautions to protect the confidentiality of all information transmitted through any electronic means.
- AAMFT (2015)
  - Determine which technology serves supervisee best
  - Discuss risks of supervision via technology
  - Use secure methods
  - Ensure supervisee is trained to use technology

- Review and document informed consent (all levels)
- Practice within scope of practice (legal jurisdiction)
- Ensure privacy and security

Group Activity: What if…?

- In small groups, develop a list of 10 challenges that could impact the quality and ethical delivery of distance mental health services.
- What, if any, contingencies can your group come up with to be either proactive or reactive to the challenges?
- What resources would be needed to minimize the challenges?
- What policies or procedures could be implemented to minimize the challenges?

Standard 8: Scope of Practice

Practicing across State Lines

- Best practice – practice where licensed
- Know the facts!
- Better to ask for permission, than forgiveness.
- Where is the client?
- What is residency?
- Limitations of liability insurance
- Information resources
    - State associations
    - Center for Connected Health Policy
    - Epstein Becker Green Survey and Addendum
    - Telehealth Certification Institute

Supervision - Know the Facts

- Are there limits to the number of hours of distance supervision that can count toward licensure?

- What jurisdiction has legal accountability for supervision that crosses state/country lines?
- Are there specific informed consent requirements?
- Are there any regulations regarding reimbursement of distance supervision?
- What constitutes acceptable distance supervision?
- Is distance supervision covered by liability insurance?
- Source: NFAR-ATTC (2014)

Developing a Plan

Task 14: Contact your professional liability insurance carrier. Are you covered for all the roles in which you engage: counseling, teaching, supervision, consultant, etc.? Know your policy and what is and is not covered. Check coverage every time you renew.

Standard 9: Documentation

Guidelines

- Document disclosure, informed consent, and consultations
- Plan for storage and destruction of data (disclosed and agreed to by client)
- File sharing site that is secure, encrypted, and password protected
- All electronic communication with client or supervisee is part of the record
- Utilize screen sharing instead of file storing!
- Sample Telehealth Checklist: https://www.camft.org/Portals/0/PDFs/articles/Checklist-for-Telehealth.pdf?ver=2019-05-23-172903-570

Electronic Health Records

- Primary resource – Tame Your Practice
  - Free mini guide to choosing an EHR
  - EHR Reviews
    - https://www.tameyourpractice.com/blog/cloud-practice-management-system-reviews/
      - Summary - Pros, Cons, Who is it good for, Standout features
      - Review
      - Consultation available

Reimbursement

- According to the 2017 CPT code manual the CPT codes that can be billed for psychotherapy conducted via video conferencing are:
    - 90832 psychotherapy, 30 minutes with patient.
    - 90834 psychotherapy, 45 minutes with patient.
    - 90837 psychotherapy, 60 minutes with patient.
    - 90845 psychoanalysis.
    - 90846 family psychotherapy (without the patient present), 50 minutes.
    - 90847 family psychotherapy (with the patient present), 50 minutes 90863
- "95" modifier has replaced the "GT" modifier
- When billing for telemental health, the place of service POS should be 02
- Source: https://telementalhealthtraining.com/cpt-codes-for-telemental-health
- Good resource blog: Telemedicine billing: Must know CPT codes and GT modifiers (Gibson, June 2017)
    - Link: https://www.m-scribe.com/blog/telemedicine-billing-must-know-cpt-codes-and-gt-modifiers

Standard 10: Social Media/Website Presence

Conflicts in Ethical Codes

- American Counseling Association (ACA, 2014)
    - Respect the privacy of their clients' presence on social media unless given consent to view such information (Standard H.6.c.).
- American Mental Health Counselors (AMCHA, 2015)
    - Only seek information about their clients through internet searches for the purpose of determining their own or their client's health and safety (Principle 6.h.iv.).
- Association of Social Work Boards (ASWB, 2014)
    - Obtain client consent when using electronic search engines to gather information about the client, with the exception of emergency circumstances

when such search may provide information to help protect the client or other parties who may be at risk (Standard 3.04).

Social Media

- A process, not an event
- Clear boundaries
- Written and verbal policies
- Counselor has responsibility to educate client on how to protect client's present and future self
- Excellent Social Media Policy: http://www.drkkolmes.com/docs/socmed.pdf
- What can your clients view about your personal social media?

  Source: https://www.martinwoods.me.uk/wp-content/uploads/2013/02/social-profile-checking-tool-v1.01.xlsx

Presence

- Follow disclosure principles
- Protect client current and future self
- Disclose credentials and complaint process

Developing a Plan
Task 15: Develop a social media plan. Be intentional about how you protect client confidentiality.

Standard 11: Use of Current Technology

Becoming a Critical Consumer

Telehealth Resource Centers

- Site: https://www.telehealthresourcecenter.org/
- Sample: Northwest Regional
  - Telehealth Equipment for Conferencing: https://vimeo.com/76733390
  - Telehealth Topics: https://www.nrtrc.org/telehealth-topics

- Learning Curve: https://vimeo.com/76724516
- Internet: https://vimeo.com/76731319
- Telehealth Marketing: https://www.nrtrc.org/content/article-files/Telehealth-Marketing-101-Presentation.pdf

Encryption

- "Encryption...secure servers and virus protection are essential, but so is technological competency....technological competency is not simply understanding how the technology works, but also how to present oneself through the technology" (Wade as cited in Shallcross, 2012, pp. 27-28).
- Process of protecting information as it moves from one computer to another
- Complex mathematical process (encryption algorithm)
- Encoded and decoded with a secret key 128-bit AES encryption (minimal); 256-bit AES encryption (best practice)
- 2048-bit is available

Apps

- A cautionary note on intervention and reference Apps.
- Before you recommend an intervention App, make sure that you are comfortable with the developer and material in the App.
- The FDA is working on regulations to monitor and regulate Apps that are relied upon for clinical decision-making and interventions.
- Until Apps are regulated, therapists should treat Apps like they would a self-help book and ensure that the materials are sound and appropriate to the client.
- There are a lot of Apps on the market that are simply entertaining or poorly done. So take a moment and try out an App and test it before you recommend it.
- Source: https://www.telementalhealthcomparisons.com/apps

Key resources for identifying technology

- Telebehavioral Health Institute:
  - https://telehealth.org/ - Click on Resources tab

        - Cloud Storage, Email, Texting, Videoconferencing
    - Tame Your Practice
        - https://tameyourpractice.com/
        - Cloud Practice Management Systems EHR/EMR
    - Person-centered Tech: https://personcenteredtech.com/
    - Behavioral Health Innovations: https://telementalhealthcomparisons.com/

Sample Technologies

- Sampling – NOT ENDORSEMENTS!
- Encrypting Phone
    - https://www.howtogeek.com/141953/how-to-encrypt-your-android-phone-and-why-you-might-want-to/
- Encrypted Email
    - https://www.hushmail.com/business/healthcare/?source=website&tag=page_home,btn_healthcare
    - Enterprise Gaurdian: https://www.enguard.com/
    - Office 365 – Outlook: https://products.office.com/en-us
- Answering Service: http://www.answeringservicecare.net/
- Videoconferencing
    - Doxy.me – promo video: https://www.youtube.com/watch?v=YfXdK4HoRyM
    - Zoom - https://zoom.us/
    - VSee - https://vsee.com/
    - Skype vs. Skype Business- all users must be using Skype Business (part of Office 365)
- Client Portals
    - Inpathy - https://inpathy.com/
    - Breakthrough - https://www.breakthrough.com/
    - CounSol - https://counsol.com/site/
    - Tao Connect - https://www.taoconnect.org/
- Websites
    - TherapySites - https://www.therapysites.com/
    - Psychology Today - https://www.psychologytoday.com/us

- Office 365
- Ultimate question: Will the company sign a Business Associate Agreement?

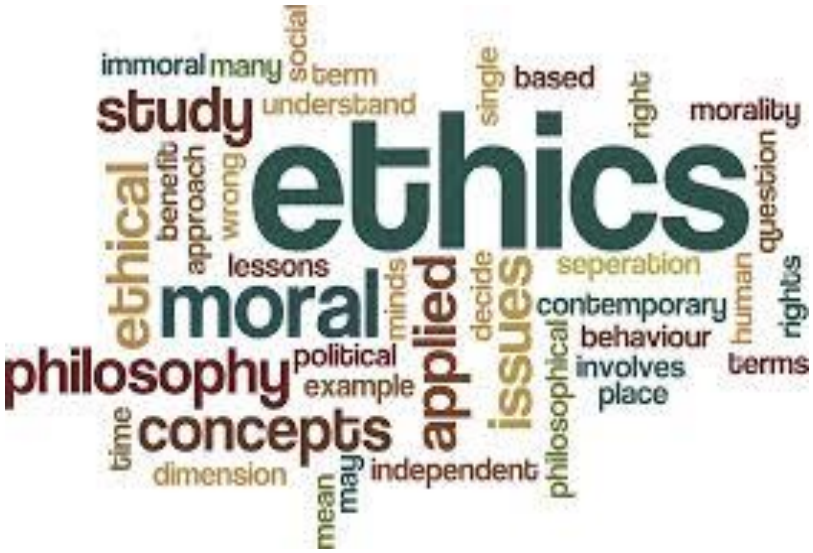
Standard 12: Professionalism

One Association Specifically Addresses Professionalism

- Association of Social Work Boards (ASWB, 2014)
  - Communication with other professionals
  - Private is private
  - Correct inaccurate or offensive information
  - Give credit where credit is due
  - Take action to stop unethical behavior

Professionalism Guidelines

- Respect colleagues
- Verify information is true
- Represent accurately and fairly the qualifications, views, and obligations of colleagues
- Provide clear guidance on professional expectations for students and supervisees
- Promote academic standards
- Private is private
- Correct inaccurate or offensive information
- Give credit where credit is due
- Take action to stop unethical behavior



The Process of Ethics

- Clinicians acknowledge that resolving ethical issues is a ***process***; ethical reasoning includes consideration of professional values, professional ethical principles, and ethical standards….
- Through a chosen ethical decision-making process and evaluation of the context of the situation, counselors work collaboratively with clients/supervisees to make decisions that promote growth and development.

How to Perform Ethical Decision Making

- Recognize the ethical issues by asking whether there is potentially something harmful personally, professionally, or clinically.
    - In what way might this go beyond a personal issue to the agency and/or the profession?
- Get the facts.
    - What are the relevant facts?
    - What facts are unknown at this time?
    - Who has a stake in the decision making?
    - What are the options for action?
    - Have all of the affected parties been consulted?

ACA Code of Ethics – Ethical Decision Making

- I.1.b. Ethical Decision Making
  - When counselors are faced with an ethical dilemma, they use and document, as appropriate, an ethical decision making model that may include, but is not limited to, consultation; consideration of relevant ethical standards, principles, and laws; generation of potential courses of action; deliberation of risks and benefits; and selection of an objective decision based on the circumstances and welfare of all involved.

Models from the Literature

Welfel (2012)

- Step 1: Be sensitive to the moral dimensions of counseling
- Step 2: Define dilemmas and options
- Step 3: Define the central issues and options.
- Step 4: Refer to the professional standards (e.g., ACA, ASCA, NBCC, etc.) and examine relevant laws and regulations.
- Step 5: Search out ethical scholarship
- Step 6: Consult with supervisors and colleagues.
- Step 7: Deliberate and decide
- Step 8: Inform supervisor and document
- Step 9: Reflect on experience.

Porter and Gallon (2009)

- Identify the problem
- Identify the potential issues involved.
- Review relevant ethical guidelines.
- Obtain consultation from a colleague or supervisor.
- Consider possible courses of action.
- Enumerate the consequences.
- Decide on best course of action.

Durham (2006)

- Whose interests are involved?
- Who can be harmed?
- What universal values apply?
- Are there values in conflict?
- What ethical or legal standards apply?

Supervisor Responsibilities

- The supervisor will need to
  - Review relevant ethical codes
  - Know applicable laws and regulations
  - Identify critical issues
  - Consider probable courses of action
  - Enumerate consequences of action
  - Observe counselor performance
  - Ask about ethical issues as a regular topic at supervision
  - Document, document, document
  - Consult with colleagues – often
  - Seek legal counsel when necessary

Developing a Plan

Task 16: What ethical decision-making model will you use? Create a template for documentation of ethical dilemmas and the steps you will take to process and document your ethical decision-making process

Activity: Small Group Case Studies: What Would You Do?

- Case Studies to be presented

Standard 13: Ongoing Training, Knowledge, and Supervision

Competence Defined

- According to Bernard and Goodyear (2014), "the issue of competence is one of the most central questions in the process of clinical supervision" (p. 63).
- Clinical supervisors need to assess and develop supervisee's abilities and competence (both clinical and supervisory).
- Competence is a fundamental and core responsibility of clinical supervision.
- Ultimately, monitoring and ensuring competence ensures quality treatment for your clients.
- Utilize training and consultation to **remain** competent for both therapy and supervision development (regardless of level of experience).
- Competence is an ongoing process.

Professional Development Planning

- Creating a plan:
    - Specifically identifies any performance concerns and the activities designed to improve performance.
    - Specifies timelines for achieving benchmarks leading to improved performance.
    - Includes follow-up observation to assure the counselor's performance has improved because of the defined activities.
    - Requires review and modification (like a treatment plan) to address progress and current needs.

Next Steps Planning Resources

- Addiction Technology Transfer Center Network: https://attcnetwork.org/
- American Telemedicine Association: https://www.americantelemed.org/
- Board Certified-TeleMental Health Provider: https://www.cce-global.org/Credentialing/BCTMH

- SAMHSA-HRSA Center for Integrated Health Solutions: https://www.integration.samhsa.gov/operations-administration/telebehavioral-health - great list of other resources!
- Tame Your Practice: https://tameyourpractice.com/
- TeleBehavioral Health Institute: http://telehealth.org/
- Telehealth Certification Institute: https://telementalhealthtraining.com
- The Online Therapy Institute: http://onlinetherapyinstitute.com/
- Zur Institute: http://www.zurinstitute.com/

Supervision Specific Training and Knowledge Resources

- Abbass, A., Arthey, S., Elliott, J., Fedak, T., Nowoweiski, D., Markovski, J., & Nowoweiski, S. (2011). Web-conference supervision for advanced psychotherapy training: A practical guide. *Psychotherapy, 48*(2), 109–118. https://doi.org/10.1037/a0022427
- *Clinical supervision and professional development of the substance abuse counselor*. Treatment Improvement Protocol (TIP) Series 52 (CSAT, 2009): http://www.ncbi.nlm.nih.gov/books/NBK64845
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- Stretch, L.S., Nagel, D.M. & Anthony, K. (2012). Ethical Framework for the Use of Technology in Supervision. *Therapeutic Innovations in Light of Technology,* 3(2), 37-45.
- TeleSupervision: Finding the Right Fit and How It Works – Ruby Blow via the TeleBehavioral Health Institute

Free Telehealth Trainings

- Online Play Therapy
    - https://abundancepracticebuilding.com/category/podcast/

- Transitioning to Telehealth - Roy Huggins, Facebook Live
    - https://www.facebook.com/personcenteredtech/videos/3451523878196102/UzpfSTU3NzAxNjEwNjoxMDE1NzUzMTMwNTYyMTEwNw/

- SimplePractice Learning
    - Legal and Ethical Issues of Telehealth on-demand: https://ter.li/ydxf7i

- PESI – Telehealth for Mental Health Professionals with Joni Gilbertson
    - 12 hour-ish training on telehealth services
    - Usually costs around $430.00, but is FREE right now
    - Coupon code: TELEFREE
    - https://catalog.pesi.com/item/52191/?utm_source=featuredad&utm_medium=banner&utm_campaign=BH_telehealth_POS055645&fbclid=IwAR1kEXTqGy1vcYYhgH_NX7hJugQIvYKX9EyUBNksclntj1c9PbXYUz-RhcY

Group Activity: Next Steps Planning - Personal Development Plan

- Complete Activity: What do you know? Checklist of Telebehavioral Health Delivery Competence (Appendix C)
- Identify four areas of competence that you would like to enhance.
- Create SMART (specific, measurable, attainable, realistic, and timely) goals for each.
- Establish a timeline for each goal.
- What resources do you need to successfully complete each goal?
- What obstacles have you encountered in the past? And what can you do differently to avoid the same obstacles?
- How will you hold yourself accountable for your plan?

Standard 14: Multiculturalism

Multiculturalism Critical

- Culturally competent care

- Language access services
- Client preferences and capabilities
    - Diversity considerations of age, cohort, culture, etc.
- Respect for client autonomy

Multiculturalism Considerations

- How will culture and language affect the effectiveness of services?
- What is the client's cultural identity?
- What is the client's knowledge and comfort with technology?
- Does the client have access to quality of internet?
- Who should be involved in the counseling process?
- Does the client have access to a confidential location?
- Are there religious or spiritual considerations?
- What is culturally appropriate care?
- What assessments can be used with the client?

Capstone Activity: Is this Ethical?

Instructions: Work in dyads or triads to indicate if the statement is true or false and identify the corresponding ethical standard(s).

1. Federal laws, such as HIPAA, may also be ethical obligations.

2. Counselors inform clients about the inherent limits of confidentiality when using technology.

3. A supervisor may friend a supervisee on Facebook but not a client.

4. Mental health professionals may be subject to laws and regulations of both the practitioner's location and the client's place of residence.

5. A client may self-refer for distance counseling services and determine his or her suitability for this delivery of services.

6. A therapist may review a client's LinkedIn profile prior to meeting with the client.

7. Cell phones are not secure and should be avoided as a means for communicating PHI.

8. Clients should be informed that recordings may not occur without written consent by both the client and the counselor

9. Clients and supervisees are to be made aware in writing of the limitations and protections offered by technology.

10. As long as a practitioner is licensed, the practitioner may provide telehealth services within the scope of his or her training.

11. Counselors who engage in technology-assisted services must verify the client's identity at the beginning and throughout the therapeutic process.

12. Mental health professionals may reply to a negative review on Yelp to correct the facts of the review as long as the practitioner does not indicate that the author of the review was a client.

13. A mental health professional who maintains a professional website must provide electronic links to relevant licensure and professional certification boards to protect consumer and client rights and address ethical concerns.

14. Supervisors are ultimately responsible for ensuring supervisees engage in ethical and legal practice.

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Appendix A – Ethical Standards and Best Practices

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Appendix B – Key Standards of Telebehavioral Health

Key Standards		
Appropriate Intake and Screening	AAMFT (2015)	• Determine that technologically-assisted services or supervision are appropriate for clients or supervisees, considering professional, intellectual, emotional, and physical needs (Standard 6.1).
	ACA (2014)	• Make reasonable efforts to determine that clients are intellectually, emotionally, physically, linguistically, and functionally capable of using the application and that the application is appropriate for the needs of the client (H.4.c.).
	AMHCA (2015)	• Evaluate the client to determine that the client is appropriate for distance counseling services (Principle 6.e.).
	APA (2013)	• Take 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 (2013, Guideline 2, p. 10). • If a client/patient recurrently experiences crises/emergencies suggestive that in-person services may be appropriate (2013, Guideline 1, p. 9). • Consider some initial in-person contact with the client/patient to facilitate an active discussion on these issues and/or conduct the initial assessment (2013, Guideline 2, p. 11). • Understand the need to consider the client's competence in utilizing telepsychology as well as the client's/patient's ability to engage in and fully understand the risks and benefits of the proposed intervention utilizing specific technologies (2013, Guideline 1, p. 8). • Monitor and assess regularly the progress of their client/patient when offering telepsychology services to determine if the provision of telepsychology services is still appropriate and beneficial to the client/patient (2013, Guideline 2, p. 12).
	ASWB (2015)	• Assess whether clients' needs can be met using electronic social work services and, when necessary, refer clients to another professional (Standard 1.05).

		• Conduct an initial screening at the point of the client's first contact and assess the client's suitability and capacity for online and remote services (Standard 2.07). • Continually assess their clients' suitability for electronic social work services during the professional relationship (Standard 2.08).
	NASW (2017)	• Social workers who use technology to provide social work services should assess the clients' suitability and capacity for electronic and remote services. Social workers should consider the clients' intellectual, emotional, and physical ability to use technology to receive services and the clients' ability to understand the potential benefits, risks, and limitations of such services. If clients do not wish to use services provided through technology, social workers should help them identify alternate methods of service (Standard 1.03.g). • Social workers should assess whether participants are able to use the technology and, when appropriate, offer reasonable alternatives to participate in the evaluation or research (Standard 5.02.f.).
	NBCC (2012)	• Screen potential distance service recipients for appropriateness to receive services (Standard 7).
	NAADAC (2016)	• Assess and document the client's/supervisee's ability to benefit from and engage in e-therapy services. Providers shall consider the client's/supervisee's cognitive capacity and maturity, past and current diagnoses, communications skills, level of competence using technology, and access to the necessary technology. Providers shall consider geographical distance to nearest emergency medical facility, efficacy of client's support system, current medical and behavioral health status, current or past difficulties with substance abuse, and history of violence or self-injurious behavior (Principle VI-9 Assess). • Take reasonable steps to determine whether the client/supervisee physically, intellectually, emotionally, linguistically and functionally capable of using e-therapy platforms and whether e-therapy/e-supervision is appropriate for the needs of the client/supervisee. Providers and clients/supervisees shall agree on the means of e-therapy/ e-supervision to be used and the steps to be taken in case of a technology failure. Providers verify that clients/supervisees understand the purpose and operation of technology applications and follow up with

		clients/supervisees to correct potential concerns, discover appropriate use, and assess subsequent steps (Principle Vi-14 Capability).
Informed Consent	AAMFT (2015)	• Inform clients or supervisees of the potential risks and benefits associated with technologically-assisted services (Standard 6.1).

	ACA (2014)	• In addition to the usual and customary protocol of informed consent between counselor and client for face-to-face counseling, the following issues…are addressed in the informed consent process:
		  ○ Distance counseling credentials, physical location of practice, and contact information;
		  ○ Risks and benefits of engaging in the use of distance counseling, technology, and/or social media;
		  ○ Possibility of technology failure and alternate methods of service delivery;
		  ○ Anticipated response time;
		  ○ Emergency procedures to follow when the counselor is not available;
		  ○ Time zone differences;
		  ○ Cultural and/or language differences that may affect delivery of services; possible denial of insurance benefits; and
		  ○ Social media policy (Standard H.2.a., H.6.b.).
		• Inform clients of the benefits and limitations of using technology applications in the provision of counseling services (Standard H.4.a.).

	AMHCA (2015)	• Written policies concerning the use of telehealth in a counseling relationship should include informed consent that is clearly set forth, understandable, and addresses the use of phone, online face-to-face counseling, electronic billing, text, and email contact with a client (Principle 6.c.)
	APA (2013)	• Obtain and document informed consent that specifically addresses the unique concerns related to the telepsychology services (2013, Guideline 3, p. 12), including way 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 (2013, Guideline 3, p. 14).

	APA (2017)	• When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code (Section 3.10.a.). • Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representatives (Section 4.03).
	ASWB (2015)	• Obtain the informed consent of the individuals using their services during the initial screening or interview and prior to initiating services (Standard 2.01). • Assess clients' capacity to provide informed consent (Standard 2.01).
	NASW (2017)	• Social workers who use technology to provide social work services should obtain informed consent from the individuals using these services during the initial screening or interview and prior to initiating services (Standard 1.03.f). • Social workers should assess clients' capacity to provide informed consent (Standard 1.03.f). • Social workers should obtain clients' informed consent before making audio or video recordings of clients or permitting observation of service provision by a third party (Standard 1.03.h.).
	NBCC (2012)	• Provide potential recipients with a detailed written description of the distance counseling process and service provision, including the appropriateness of distance counseling in relation to the specific goal, the format of service delivery, the associated needs (i.e., computer with certain capabilities, etc.), the limitations of confidentiality, the possibility of technological failure, anticipated response time to electronic communication, and any additional considerations necessary to assist the potential recipient in reaching a determination about the appropriateness of this service delivery format for their need(s) (Standard 8). • Either prior to or during the initial session, shall inform recipients of the purposes, goals, procedures, limitations, potential risks, and benefits of services and

		techniques. NCCs also shall provide information about rights and responsibilities as appropriate to the counseling setting (Standard 11). • Provide in writing the appropriate ways for the client to contact the provider (Standard 13).
	NAADAC (2016)	• Obtain informed consent and written release of information prior to recording an electronic therapy session. Prior to obtaining informed consent for recording e-therapy, the Provider shall seek supervision or consultation, and document recommendations. Providers shall disclose to client in informed consent how e-records shall be stored, maintained, and disposed of and in what time frame (Principle II-20 Recording e-therapy). • Providers have an obligation to review with the client/supervisee – in writing and verbally – the rights and responsibilities of both Providers and clients/supervisees. Providers shall have the client/ supervisee attest to their understanding of the parameters covered by the Electronic/Technology Informed Consent (Principle VI-3 Informed Consent). • A thorough e-therapy informed consent shall be executed at the start of services (Principle VI-4 Informed Consent).
Disclosures	AAMFT (2015)	• Clients and supervisees…must be made aware of the risks and responsibilities associated with technology-assisted services.…in writing (Standard 6.2).
	ACA (2014)	• Counselors ensure that their clients are aware of pertinent legal rights and limitations governing the practice of counseling across state lines or international boundaries (Standard H.1.b.). • Inform clients that individuals might have authorized or unauthorized access to such records or transmissions (e.g., colleagues, supervisors, employees, information technologists; Standard H.2.b.). • Inform clients about the inherent limits of confidentiality when using technology (Standard H.2.c.).
	AMHCA (2015)	• Clearly discuss the benefits and risks of entering into distance counseling, including information on email, text messages, online scheduling, and chat rooms (Principle 6.c.).

		• Should advise clients about the risks of exchanging emails. It is recommended to include a disclaimer when sending emails (Principle 6.c.i.).
	APA (2013)	• 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 (2013, Guideline 3, p. 12). • 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 (2013, Guideline 1, p, 8). • Discuss with and provide all clients/patients with clear written instructions as to what to do in an emergency (2013, Guideline 1, p, 9). • Communicate any risks and benefits of the telepsychology services to be offered to the client/patient (2013, Guideline 2, p, 11). • 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 to maximize the impact of the service provided (2013, Guideline 2, p, 11).
	ASWB (2015)	• Develop policies and inform clients about the nature of available services, potential benefits and risks, alternative ways of receiving assistance, fees, involvement of and sharing information with third parties, and limits of confidentiality (Standard 2.02). • Develop and disclose to clients policies on the use of Internet-based search engines to gather information about clients (Standard 2.05). • Inform clients about risks associated with disclosure of confidential information on the Internet, social media sites, text-messaging sites, and videoconferencing sites, and the potential consequences (Standard 3.01). • Discuss with clients the social workers' policies concerning digital and other electronic communication between scheduled appointments, during emergencies and social workers' vacations, and after normal working hours (Standard 4.04). • Develop policies regarding sharing, retention, and storage of digital and other electronic communications and records and inform clients of these policies (Standard 5.01).

	NASW (2017)	• Social workers should discuss with clients the social workers' policies concerning the use of technology in the provision of professional services (Standard 1.03.e). • Social workers should develop and inform clients about their policies, consistent with prevailing social work ethical standards, on the use of electronic technology, including Internet-based search engines, to gather information about clients (Standard 1.07.p.). • Social workers should make reasonable efforts to ensure continuity of services in the event that services are interrupted by factors such as unavailability, disruptions in electronic communication, relocation, illness, mental or physical ability, or death (Standard 1.15). • When using electronic technology to facilitate evaluation or research, social workers should ensure that participants provide informed consent for the use of such technology (Standard 5.02.f.).
	NBCC (2012)	• Information regarding security should be communicated to individuals who receive distance services, including warning about entering private information when using a public access or computer, caution against using "auto-remember" user names and passwords, and considering employers' policies relating to the use of work computers for personal communications. (Standard 5). • Provide information on digital communications or records and loss prevention policy and procedures (Standard 6). • Discuss actions the recipient may take to reduce the possibility that they will send information to other individuals by mistake (Standard 9). • Provide recipients of distance professional services with information concerning their professional credentials and links to the respective credentialing organization Web sites (Standard 10). • Discuss with recipients the associated challenges that may occur when communicating through distance means (Standard 11). • Provide recipients of distance services with specific written procedures regarding emergency situations (Standard 14).

		• Provide information concerning locations where members of the public may access the internet free of charge or provide information regarding the location of complimentary Web communication services (Standard 17).
	NAADAC (2016)	• When offering an electronic platform for e-therapy, distance counseling/case management, e-supervision, provide an Electronic/Technology Informed Consent. The electronic informed consent shall explain the right of each client and supervisee to be fully informed about services delivered through technological mediums, and shall provide each client/supervisee with information in clear and understandable language regarding the purposes, risks, limitations, and costs of treatment services, reasonable alternatives, their right to refuse service delivery through electronic means, and their right to withdraw consent at any time. • A technology-based informed consent discussion shall include: • distance counseling credentials, physical location of practice, and contact information; • risks and benefits of engaging in the use of distance counseling, technology, and/or social media; • possibility of technology failure and alternate methods of service delivery; • anticipated response time; • emergency procedures to follow; • when the counselor is not available; • time zone differences; • cultural and/or language differences that may affect delivery of services; and • possible denial of insurance benefits; and social media policy. • Providers, during informed consent, shall notify their clients/supervisees of the legal rights and limitations governing the practice of counseling/supervision across state lines or international boundaries. Mandatory reporting and related ethical requirements such as duty to warn/notify are tied to the jurisdiction where the client/supervisee is receiving services (Principle VI-6 Licensing Laws).
Counseling Relationship/ Boundaries	AAMFT (2015)	• None at this time
	ACA (2014)	• Counselors discuss and establish professional boundaries with clients regarding the appropriate use and/or application of technology and the limitations of its use within the counseling relationship (Standard H.4.b.). • Educate clients on how to prevent and address potential misunderstandings arising from the lack of visual cues and voice intonations when communicating electronically (Standard H.4.f.).

	AMHCA (2015)	• Protect clients from unwanted interruptions during online face-to-face sessions (Principle 6.d.i.). • Conduct themselves in a professional manner during distance, online counseling sessions as if the client were in the counselor's office (Principle 6.f.). • Written policy that prohibits both the therapist and the client from recording a treatment session without the written consent of the other (Principle 6.g.ii.).
	APA (2017)	• Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence (Section 5.05).
	ASWB (2015)	• Establish reasonable strategies to address the unique communication challenges associated with electronic social work services (Standard 1.04). • Inform clients that clients are not permitted to disclose or post digital or other electronic communications from social workers or other recipients of services without proper consent (Standard 3.06).
	NASW (2017)	• Social workers should under no circumstances engage in sexual activities, inappropriate sexual communications through the use of technology or in person, or sexual contact with current clients, whether such contact is consensual or forced (Standard 1.09.a.). • Social workers should not sexually harass clients. Sexual harassment includes sexual advances; sexual solicitation; requests for sexual favors; and other verbal, written, electronic, or physical contact of a sexual nature (Standard 1.11). • Social workers should not use derogatory language in their written, verbal, or electronic communications to or about clients. Social workers should use accurate and respectful language in all communications to and about clients (Standard 1.12). • Social workers should not engage in solicitation of testimonial endorsements (including solicitation of consent to use a client's prior statement as a testimonial endorsement) from current clients or from other people who, because of their particular circumstances, are vulnerable to undue influence (Standard 4.07.b.).
	NBCC (2012)	• Reasonable steps to secure reasonable referrals for recipients when needed (Standard 14).

	NAADAC (2016)	• Appreciate the necessity of maintaining a professional relationship with their clients/supervisees. Providers shall discuss, establish and maintain professional therapeutic boundaries with clients/supervisees regarding the appropriate use and application of technology, and the limitations of its use within the counseling/supervisory relationship (Principle IV-13 Boundaries).
Client Verification	AAMFT (2015)	• None at this time
	ACA (2014)	• Take steps to verify the client's identity at the beginning and throughout the therapeutic process. Verification can include, but is not limited to, using code words, numbers, graphics, or other nondescript identifiers (Standard H.3.).
	AMHCA (2015)	• None at this time
	APA (2010/2013)	• None at this time
	ASWB (2015)	• Take reasonable steps to verify the identity and location of clients (e.g., requesting scanned copies of government-issued identification; Standard 2.04).
	NASW (2017)	• When using technology to communicate, verify the identity and location of clients (Standard 1.03.f).
	NBCC (2012)	• Develop written procedures for verifying the identity of the recipient at each instance of receiving distance services (Standard 15).
	NAADAC (2016)	• Engage in the use of electronic platforms for the delivery of services shall take reasonable steps to verify the client's/supervisee's identity prior to engaging in the e-therapy relationship and throughout the therapeutic relationship. Verification can include, but is not limited to, picture ids, code words, numbers, graphics, or other nondescript identifiers (Principle VI-5 Verification).
Confidentiality (including Security & Encryption)	AAMFT (2015)	• Ensure the security of their communication medium (Standard 6.1). • Choose technological platforms that adhere to standards of best practices related to confidentiality and quality of services, and that meet applicable laws (Standard 6.3).
	ACA (2014)	• Counselors take precautions to ensure the confidentiality of all information transmitted using any medium (Standard B.3.e.). • Acknowledge the limitations of maintaining the confidentiality of electronic records and transmissions (Standard H.2.b.).

		• Use current encryption standards within their websites and/or technology-based communications that meet applicable legal requirements (Standard H.2.d.). • Inform clients on how records are maintained electronically. This includes, but is not limited to, the type of encryption and security assigned to the records, and if/for how long archival storage of transaction records is maintained (Standard H.5.a.).
	AMHCA (2015)	• Text messages are not a secure form of communication therefore texting of personal information should be discouraged (Principle 6.c.i.). • Should disclose to clients the fact that the software is not encrypted and therefore is not confidential (specific to online scheduling; Principle 6.c.iii.). • If a recording of the treatment session has been authorized, the counselor, should either erase or destroy the recording as soon as it has fulfilled its intended purpose (e.g., supervision or conclusion of counseling) to maintain confidentiality of the contents (Principle 6.g.ii.). • Do not engage in virtual relationships with clients as to do so could potentially be a violation of confidentiality (Principle 6.h.).
	APA (2013)	• Appropriate policies and procedures to address the potential threats to the security of client/patient data (2013, Guidelines 3, p. 13). • 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 emails from the psychologist to others; 2013, Guidelines 3, p. 14). • Protect and maintain the confidentiality of the data and information relating to their clients/patients and inform them of the potentially increased risks to loss of confidentiality (2013, Guidelines 4, p. 15). • 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 (2013, Guidelines 5, p. 17). • Ensure that policies and procedures are in place to secure and control access to client/patient information and data within information systems, including notification of breaches (2013, Guidelines 5, p. 18).

		• 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 (2013, Guidelines 5, p. 18).
	APA (2017)	• Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship (Section 4.01). • Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality (Section 4.02.c.).
	ASWB (2015)	• Use proper safeguards, including encryption, when sharing confidential information using digital or other electronic technology (Standard 3.02). • Develop confidentiality agreements for clients, including a summary of confidentiality exceptions (Standard 3.05). • Protect the confidentiality of all information obtained by, or stored using, digital and other electronic technology (Standard 3.08). • Use proper safeguards, including encryption, when using digital communications such as email communications, online posts, online chat sessions, mobile communication, and text communications (Standard 3.10). • Develop and disclose policies and procedures for notifying clients as soon as possible of any breach of confidential information (Standard 3.10).
	NASW (2017)	• Social workers should not discuss confidential information, electronically or in person, in any setting unless privacy can be ensured. Social workers should not discuss confidential information in public or semi-public areas such as hallways, waiting rooms, elevators, and restaurants (Standard 1.07.i.). • Social workers should take reasonable steps to protect the confidentiality of electronic communications, including information provided to clients or third parties. Social workers should use applicable safeguards (such as encryption, firewalls, and passwords) when using electronic communications such as e-mail,

		online posts, online chat sessions, mobile communication, and text messages (Standard 1.07.m.). • Social workers should develop and disclose policies and procedures for notifying clients of any breach of confidential information in a timely manner (Standard 1.07.n.). • In the event of unauthorized access to client records or information, including any unauthorized access to the social worker's electronic communication or storage systems, social workers should inform clients of such disclosures, consistent with applicable laws and professional standards (Standard 1.07.o.).
	NBCC (2012)	• Use encryption security for all digital technology communications of a therapeutic type (Standard 5). • To prevent the loss of digital communications or records, maintain secure backup systems, which offer encryption-level security (Standard 6). • Prevent the distribution of confidential information to unauthorized individuals (Standard 9).
	NAADAC (2016)	• Use encryption and precautions that ensure that information being transmitted electronically or other medium remains confidential (Principle II-14 Encryption). • Recognize that electronic means of communication are not secure, and shall inform clients, students, and supervisees that remote services using electronic means of delivery cannot be entirely secured or confidential. Providers who provide services via electronic technology shall fully inform each client, student, or supervisee of the limitations and risks regarding confidentiality associated with electronical delivery, including the fact that electronic exchanges may become part of clinical, academic, or professional records. Efforts shall be made to ensure privacy so clinical discussions cannot be overheard by others outside of the room where the services are provided. Internet-based counseling shall be conducted on HIPAA-compliant servers (Principle VI-8 Non-secured).
Standards of Care	AAMFT (2015)	• Adhere to standards of best practices for technology-assisted services (Standard 6.6).
	ACA (2014)	• Provide accessibility to persons with disabilities (Standard H.5.d.).

		• Provide translation capabilities for clients who have a different primary language, when feasible (Standard H.5.d.).
	AMHCA (2015)	• Employ the use of local resources in the community of the distance client should emergency care be needed (Principle 6.d.ii.). • Provide sensitivity to the cultural make up of all clients, as well as sensitivity to disabilities or physical condition in distance counseling as they would in a physical office (Principle 6.i.).
	APA (2013)	• Ensure that ethical and professional standards of care and practice are met at the outset and throughout the duration of the telepsychology services (2013, Guideline 2, p.10). • Make reasonable effort to understand the way 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 (2013, Guideline 1, p. 8). • Identify and learn how to access relevant and appropriate emergency resources in the client's/patient's local area, such as emergency response contacts (2013, Guideline 1, p. 9). • 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 (2013, Guideline 2, p. 11). • 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 (2013, Guideline 1, p. 8).
	ASWB (2015)	• Assess cultural, environmental, and linguistic issues that may affect the delivery of services (Standard 1.03).
	NBCC (2012)	• None at this time
	NAADAC (2016)	• None at this time
Scope of Practice	AAMFT (2015)	• Marriage and family therapists ensure that they are compliant with all relevant laws for the delivery of such services (Standard 6.1).

		• Follow all applicable laws regarding location of practice and services, and do not use technologically-assisted means for practicing outside of their allowed jurisdictions (Standard 6.5).
	ACA (2014)	• Counselors…understand that they may be subject to laws and regulations of both the counselor's practicing location and the client's place of residence (Standard H.1.b.).
	AMHCA (2015)	• Only engage in distance counseling when they are licensed in the state of the client (Principle 6.a.).
	APA (2013)	• Acquire knowledge of the laws and rules of the jurisdiction in which the client/patient resides and the differences from those in the psychologist's jurisdiction (2013, Guideline 1, p. 9; Guideline 8, p. 21). • Competent with the use of the technological modality (2013, Guideline 1, p. 9).
	ASWB (2015)	• Comply with the regulations governing the use of this technology both in the jurisdiction in which they are regulated and in the jurisdiction in which the client is located (Standards 1.09, 3.03, & 7.01). • When providing supervision remotely, adhere to the regulatory requirements of the jurisdiction where the supervised practitioner is regulated (Standard 4.13).
	NASW (2017)	• Social workers who use technology in providing social work services should comply with the laws governing technology and social work practice in the jurisdiction in which they are regulated and located and, as applicable, in the jurisdiction in which the client is located (Standard 1.04.e.).
	NBCC (2012)	• Adhere to legal regulations…from the state in which the counselor is located as well as those from the recipient's location (Standard 3).
	NAADAC (2016)	• Comply with relevant licensing laws in the jurisdiction where the Provider/Clinical Supervisor is physically located when providing care and where the client/supervisee is located when receiving care (Principle VI-6 Licensing Laws). • Recognize that the addiction professional is subject to state and federal laws and regulations governing the counselor's practicing location. Providers utilizing technology, social media, and distance counseling within their practice recognize that they shall be subject to laws and regulations in the client's/supervisee's state of residency and shall be subject to laws and regulations in the state where the

		client/supervisee is located during the actual delivery of services (Principle VI-7 State & Federal Laws).
Documentation	AAMFT (2015)	• All documentation containing identifying or otherwise sensitive information which is electronically stored and/or transferred is done using technology that adhere to standards of best practices (Standard 6.4).
	ACA (2014)	• Maintain electronic records in accordance with relevant laws and statutes (Standard H.5.a.).
	AMHCA (2015)	• Email transmissions are part of the client record; copies should be maintained in the client file (Principle 6.c.i.). • Text messages are considered a part of the client record, and should be kept in the client file (Principle 6.c.ii.). • Disclose to clients all procedures for documenting and storing of records of distance, online counseling sessions (Principle 6.g.). • Safeguard and protect all records of distance counseling sessions as they would for in person sessions in accordance with all state and federal laws and regulations (Principle 6.g.i.).
	APA (2013)	• Document all their emergency planning efforts (2013, Guideline 1, p. 9). • Document their consideration and choices regarding the use of telecommunication technologies used in service delivery (2013, Guideline 1, p. 8). • Document what types of telecommunication technologies are used (e.g., email, telephone, video teleconferencing, text), how they are used, and the actual communication (2013, Guideline 5, p. 18).
	APA (2017)	• Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium (Section 6.02.a.). • If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers (Section 6.02.b.).
	ASWB (2015)	• Social workers' efforts to provide required disclosures and informed consent to clients shall be documented in the client record (Standard 2.03).

		• Inform the client, and document in the client record, the use of Internet-based search engines to gather information about the client (Standard 2.06). • Document all contacts with and services provided to clients and inform clients that digital and electronic communications will be included in client records (Standard 5.02). • Inform clients about the mechanisms used to secure and back up records (such as hard drive, external drive, third-party server), and the length of time records will be stored before being destroyed (Standard 5.03). • Inform clients that they have a right to information about the content of their records (Standard 5.04).
	NASW (2017)	• Social workers should protect the confidentiality of clients' written and electronic records and other sensitive information. Social workers should take reasonable steps to ensure that clients' records are stored in a secure location and that clients' records are not available to others who are not authorized to have access (Standard 1.07.l.). • Social workers should develop and inform clients about their policies, consistent with prevailing social work ethical standards, on the use of technology to provide clients with access to their records (Standard 1.08.b.). • Social workers should take reasonable steps to ensure that documentation in electronic and paper records is accurate and reflects the services provided (Standard 3.04.a.).
	NBCC (2012)	• Document screening of potential distance service recipients for appropriateness to receive services (Standard 7). • Obtain a legal guardian’s consent prior to the provision of distance services. Furthermore, NCCs shall retain copies of documentation indicating the legal guardian’s identity in the recipient’s file (Standard 12). • Retain copies of all written communications with distance service recipients. Examples of written communications include e-mail/text messages, instant mess ages and histories of chat-based discussions even if they are related to housekeeping issues such as change of contact information or scheduling appointments (Standard 18).

		• Retain distance service records for a minimum of five years unless state laws require additional time (Standard 19).
	NAADAC (2016)	• Understand the inherent dangers of electronic health records. Providers are responsible for ensuring that cloud storage sites in use are HIPAA compliant. Providers inform clients/supervisees of the benefits and risks of maintaining records in a cloud-based file management system, and discuss the fact that nothing that is electronically saved on a Cloud is confidential and secure. Cloud-based file management shall be encrypted, secured, and HIPAA-compliant. Providers shall use encryption programs when storing or transmitting client information to protect confidentiality (Principle VI-16 Records). • Maintain electronic records in accordance with relevant state and federal laws and statutes. Providers shall inform clients on how records will be maintained electronically and/or physically. This includes, but is not limited to, the type of encryption and security used to store the records and the length of time storage of records is maintained (Principle VI-17 Records).
Social Media/Website Presence	AAMFT (2015)	• None at this time
	ACA (2014)	• Counselors who offer distance counseling services and/or maintain a professional website provide electronic links to relevant licensure and professional certification boards to protect consumer and client rights and address ethical concerns (Standard H.5.b.). • Counselors regularly ensure that electronic links are working and are professionally appropriate (Standard H.5.c.). • In cases where counselors wish to maintain a professional and personal presence for social media use, separate professional and personal web pages and profiles are created to clearly distinguish between the two kinds of virtual presence (Standard H.6.a.). • Respect the privacy of their clients' presence on social media unless given consent to view such information (Standard H.6.c.). • Take precautions to avoid disclosing confidential information through public social media (Standard H.6.d.).

	AMHCA (2015)	• Do not engage in virtual relationships with clients as to do so could potentially be a violation of confidentiality (Principle 6.h.). • Has a responsibility to make it clear that the blog or website does not create a therapeutic relationship, therefore, professional blogs and websites should be non-interactive in nature (Principle 6.h.i.). • Professional profiles…are kept separate from personal profiles (Principle 6.h.ii.). • Should not establish connections or engage with clients through social media (Principle 6.h.ii.). • Shall not solicit professional reviews by clients, nor respond to reviews posted (Principle 6.h.iii.). • Only seek information about their clients through internet searches for determining their own or their client's health and safety (Principle 6.h.iv.).
	APA (2013)	• 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 consider utilizing all available privacy settings to reduce these risks (2013, Guideline 4, p.16).
	ASWB (2015)	• Review professionally relevant information about themselves that appears on websites and in other publicly available resources to ensure accuracy (Standard 1.10). • When developing a professional website for the general public, clients, and professionals, provide clear and accessible information about services, including professional profile and contact information; terms of use, privacy policy, and informed consent; crisis intervention; risks of interruption in services; and consumer information (license, governmental regulatory name and contact, ethical reporting procedures, etc.; Standard 2.09). • Obtain client consent when using electronic search engines to gather information about the client, except for emergency circumstances when such search may provide information to help protect the client or other parties who may be at risk (Standard 3.04). • Communicate with clients using digital and other electronic technology (such as social networking sites, online chat, email, text messages, and video) only for

		professional or treatment related purposes and only with client consent (Standard 4.03). • Take reasonable steps to prevent client access to social workers' personal social networking sites to avoid boundary confusion and inappropriate dual relationships (Standard 4.05). • Avoid posting any identifying or confidential information about clients on professional websites, blogs, or other forms of social media (Standard 4.07). • Social workers shall avoid conflicts of interest and inappropriate dual relationships based on their personal interests and online presence (Standard 4.08). • Refrain from soliciting digital or online testimonials from clients or former clients who, because of their circumstances, are vulnerable to undue influence (Standard 4.09). • Refrain from accepting "friend" or contact or blog response requests from clients on social networking sites (Standard 4.10).
	NASW (2017)	• Social workers should obtain client consent before conducting an electronic search on the client. Exceptions may arise when the search is for purposes of protecting the client or other people from serious, foreseeable, and imminent harm, or for other compelling professional reasons (Standard 1.03.i.). • Social workers should avoid communication with clients using technology (such as social networking sites, online chat, e-mail, text messages, telephone, and video) for personal or non-work-related purposes (Standard 1.06.e.). • Social workers should be aware that posting personal information on professional Web sites or other media might cause boundary confusion, inappropriate dual relationships, or harm to clients (Standard 1.06.f.). • Social workers should be aware that personal affiliations may increase the likelihood that clients may discover the social worker's presence on Web sites, social media, and other forms of technology. Social workers should be aware that involvement in electronic communication with groups based on race, ethnicity, language, sexual orientation, gender identity or expression, mental or physical ability, religion, immigration status, and other personal affiliations may affect their ability to work effectively with particular clients (Standard 1.06.g.).

		• Social workers should avoid accepting requests from or engaging in personal relationships with clients on social networking sites or other electronic media to prevent boundary confusion, inappropriate dual relationships, or harm to clients (Standard 1.06.h.). • Social workers should avoid searching or gathering client information electronically unless there are compelling professional reasons, and when appropriate, with the client's informed consent (Standard 1.07.q.). • Social workers should avoid posting any identifying or confidential information about clients on professional websites or other forms of social media (Standard 1.07.r.). • Social workers should not engage in any dual or multiple relationships with supervisees in which there is a risk of exploitation of or potential harm to the supervisee, including dual relationships that may arise while using social networking sites or other electronic media (Standard 3.01.c.).
	NBCC (2012)	• Avoid the use of public social media sources (e.g., tweets, blogs, etc.) to provide confidential information (Standard 13). • Limit use of information obtained through social media sources (e.g., Facebook, LinkedIn, Twitter, etc.) In accordance with established practice procedures provided to the recipient at the initiation of services (Standard 16). • Develop written procedures for the use of social media and other related digital technology with current and former recipients (Standard 20).
	NAADAC (2016)	• Do not accept clients' "friend" requests on social networking sites or email (from Facebook, My Space, etc.), and shall immediately delete all personal and email accounts to which they have granted client access and create new accounts. When Providers choose to maintain a professional and personal presence for social media use, separate professional and personal web pages and profiles are created that clearly distinguish between the professional and personal virtual presence (Principle VI-19, Friends). • Explain to their clients/supervisees, as part of informed consent, the benefits, inherent risks including lack of confidentiality, and necessary boundaries surrounding the use of social media. Providers shall clearly explain their policies

		and procedures specific to the use of social media in a clinical relationship. Providers shall respect the client's/supervisee's rights to privacy on social media and shall not investigate the client/supervisee without prior consent (Principle V-20 Social Media). • Provide electronic links to relevant licensure and certification boards and professional membership organizations (i.e., NAADAC) to protect the client's/supervisee's rights and address ethical concerns (Principle VI-18 Links).
Ongoing Training, Knowledge, and Supervision	AAMFT (2015)	• Only commence electronic therapy or supervision after appropriate education, training, or supervised experience using the relevant technology (Standard 6.1). • Are well trained and competent in the use of all chosen technology-assisted professional services (Standard 6.6).
	ACA (2014)	• Counselors who engage in the use of distance counseling, technology, and/or social media develop knowledge and skills regarding related technical, ethical, and legal considerations (Standard H.1.a.).
	AMHCA (2015)	• Only provide distance counseling when they have had training, experience, and supervision to do so (Principle 6.b.).
	APA (2013)	• Ensure their competence with both the technologies used and the potential impact of the technologies on clients/patients, supervisees or other professionals (2013, Guideline 1, p. 7). • Assume the responsibility for assessing and continuously evaluating their competencies, training, consultation, experience and risk management practices required for competent practice (2013, Guideline 1, p. 7). • Encouraged to consult others who are knowledgeable about the unique issues telecommunication technologies pose for supervision or consultation (2013, Guideline 1, p. 9). • Strive to be familiar with professional literature regarding the delivery of services via telecommunication technologies (2013, Guideline 1, p. 9).
	APA (2017)	• Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study (Section 2.01.c.).

	ASWB (2015)	• Engage in appropriate education, study, training, consultation, and supervision from people who are competent in the use of this technology (Standard 1.01). • Use professional judgment, critically examine, and keep current with emerging knowledge related to the delivery of electronic social work services (Standard 1.02).
	NASW (2017)	• Social workers who use technology in the provision of social work services should ensure that they have the necessary knowledge and skills to provide such services in a competent manner. This includes an understanding of the special communication challenges when using technology and the ability to implement strategies to address these challenges (Standard 1.04.d.).
	NBCC (2012)	• Provide only those services for which they are qualified by education and experience (Standard 2).
	NAADAC (2016)	• Pursue specialized knowledge and competency regarding the technical, ethical, and legal considerations specific to technology, social media, and distance counseling. Competency shall be demonstrated through means such as specialized certifications and additional course work and/or trainings (Principle Vi-2 Competency).
Use of Current Technology	AAMFT (2015)	• Careful choices of audio, video, and other options are made to optimize quality and security of services, and …are to be suitably advanced and current to best serve the professional needs of clients and supervisees (Standard 6.6).
	ACA (2014)	• None at this time
	AMHCA (2015)	• None at this time
	APA (2010/2013)	• None at this time
	ASWB (2015)	• None at this time
	NBCC (2012)	• Ensure that any electronic means used in distance service provision follow current regulatory standards (Standard 4).
	NAADAC (2016)	• Providers and Clinical Supervisors are aware of the unique challenges created by electronic forms of communication and the use of available technology, and shall take steps to ensure that the provision of e-therapy and e-supervision is safe and as confidential as possible (Principle VI-1 Definition).

Professionalism	AAMFT (2015)	• None at this time
	ACA (2014)	• None at this time
	AMHCA (2015)	• None at this time
	APA (2013)	• None at this time
	APA (2017)	• Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated (Section 5.01.a.). • When psychologists provide public advice or comment via print, Internet, or other electronic transmission, they take precautions to ensure that statements (1) are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this Ethics Code; and (3) do not indicate that a professional relationship has been established with the recipient (Section 5.04).
	ASWB (2015)	• Abide by professional values and ethical standards when communicating with and about colleagues, avoiding cyberbullying, harassment, or making derogatory or defamatory comments (Standard 6.01). • Not disclose private, confidential, or sensitive information about the work or personal life of any colleague without consent (Standard 6.02). • Take reasonable steps to correct or remove any inaccurate or offensive information they have posted or transmitted about a colleague using digital or other electronic technology (Standard 6.03). • Acknowledge the work of and the contributions made by others (Standard 6.04). • Take appropriate action if they believe that a colleague who provides electronic social work services is behaving unethically (Standard 6.05).

	NASW (2017)	• Social workers should avoid unwarranted negative criticism of colleagues in verbal, written, and electronic communications with clients or with other professionals. Unwarranted negative criticism may include demeaning comments that refer to colleagues' level of competence or to individuals' attributes such as race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical ability (Standard 2.01.b.). • Social workers who function as supervisors or educators should not engage in sexual activities or contact (including verbal, written, electronic, or physical contact) with supervisees, students, trainees, or other colleagues over whom they exercise professional authority (Standard 2.06.a.). • Social workers should not sexually harass supervisees, students, trainees, or colleagues. Sexual harassment includes sexual advances; sexual solicitation; requests for sexual favors; and other verbal, written, electronic, or physical contact of a sexual nature (Standard 2.07). • Social workers should take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues, including unethical conduct using technology (Standard 2.10). • Social workers who function as educators or field instructors for students should not engage in any dual or multiple relationships with students in which there is a risk of exploitation or potential harm to the student, including dual relationships that may arise while using social networking sites or other electronic media. Social work educators and field instructors are responsible for setting clear, appropriate, and culturally sensitive boundaries (Standard 3.02.d.).
	NBCC (2012)	• None at this time
	NAADAC (2016)	• None at this time
Multiculturalism	AAMFT (2015)	• None at this time
	ACA (2014)	• None at this time
	AMHCA (2015)	• None at this time
	APA (2013)	• None at this time

	NASW (2017)	• Social workers who provide electronic social work services should be aware of cultural and socioeconomic differences among clients and how they may use electronic technology. Social workers should assess cultural, environmental, economic, mental or physical ability, linguistic, and other issues that may affect the delivery or use of these services (Standard 1.05.d.).
	NBCC (2012)	• None at this time
	NAADAC (2016)	• None at this time

Appendix C: Competence Checklist

Activity: What do you know? Checklist of Telebehavioral Health Delivery Competence. Using the scale of 0 (no training) to 4 (Formal Training and Competence), rate yourself on each of the following distance counseling/supervision competences.

Distance Services Competence	0 (No Training or Knowledge /Skill)	1 (Minimal Training; Minimal Knowledge/Skill)	2 (Minimal Training; Some Knowledge/Skill)	3 (Some Training; Moderate Competence)	4 (Formal Training and Competence)
Telehealth History					
Telehealth Terminology					
Ethical and Legal Considerations					
Screening Potential Clients and Supervisees					
HIPAA/HITECH					
Licensure and Portability Regulations					
Security and Encryption					
Informed Consent					
Distance Counseling Relationship					
Client Verification Methods					
Effective Distance Communication					
Documentation					
Adapting Counseling Theory					
Client Assessment					
Supervisee Assessment					
Assessing Client/Supervisee Satisfaction					
Dealing with Difficulty Situations at a Distance					
Self-Harm and Risk Assessment					
Counseling Resources for providing Distance Mental Health Services					
Supervision Resources for providing Distance Mental Health Services					

Appendix D: Telehealth Resources (3.26.2020)

Telehealth Resources

- NBCC/CCE: Board Certified TeleMental Health Provider (BC-TMH; formerly Distance Credentialed Counselor – DCC) – Center for Credentialing and Education: https://www.cce-global.org/Credentialing/BCTMH
- Person-Centered Tech: https://personcenteredtech.com/
- Tame Your Practice: https://tameyourpractice.com/
- Telehealth Certification Institute: https://telementalhealthtraining.com/
- Telebehavioral Health Institute - http://telehealth.org/
- The Online Therapy Institute - http://onlinetherapyinstitute.com/
- Zur Institute: www.zurinstitute.com/

Glossary of Telehealth Terms

- California Telehealth Resource Center's Telehealth Glossary of Terms:
  - http://www.caltrc.org/knowledge-center/ctrc-publications/program-guides/telehealth-glossary/

Legal Resources

- Summary of Changes to Telemental Health Landscape due to COVID-19 Emergency (Roy Huggins): https://www.zurinstitute.com/summary-of-changes-to-the-telemental-health-landscape-due-to-the-covid-19-emergency/
- Up to Date Legal Changes related to COVID-19
  - https://www.cchpca.org/sites/default/files/2020-03/CORONAVIRUS%20TELEHEALTH%20POLICY%20FACT%20SHEET%20MAR%2017%202020%203%20PM.pdf
- Center for Connected Health Policy: www.cchpca.org

- Telemental Health Laws: App available on Google and Apple from Epstein Becker Green
- Checklist for the Provision of Telehealth (CA specific): https://www.camft.org/Portals/0/PDFs/articles/Checklist-for-Telehealth.pdf?ver=2019-05-23-172903-570

COVID-19 Specific

- Medicare Telemedicine Health Care Provider Fact Sheet: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet
- COVID-19 Plan for Therapists: Questions, Answers, and Guidelines
    - https://www.zynnyme.com/blog/2020/3/12/covid-19-plan-for-therapists-questions-answers-and-guidelines
- COVID-19 Information and Preparedness: https://www.zynnyme.com/blog/2020/3/12/covid-19-plan-for-therapists-questions-answers-and-guidelines#preparedness
- Helping Clients Manage COVID-19 Anxiety
- Coping with COIVD-19: Resources to help you help your clients during these challenging times!
    - Lots of great resources: COVID-19 specific and telehealth
    - https://www.psychotherapy.net/coronavirus-resources#Podcasts%20&%20Videos

Free Telehealth Webinars

- TCSPP – Telehealth 101 (6-hours)
    - Part 1 - Click here to begin Part 1 of "Telehealth 101"
    - Part 2 - Click here to begin Part 2 of "Telehealth 101"
    - Part 3 - Click here to begin Part 3 of "Telehealth 101"
    - Part 4 - Click here to begin Part 4 of "Telehealth 101"
- Online Therapy Institute
    - https://www.kateanthony.net/shortcoursementalhealth/
- PESI – Telehealth for Mental Health Professionals with Joni Gilbertson
    - 12 hour training on telehealth services

    - Usually costs around $430.00, but is FREE right now
    - Coupon code: TELEFREE
    - https://catalog.pesi.com/item/52191/?utm_source=featuredad&utm_medium=banner&utm_campaign=BH_telehealth_POS055645&fbclid=IwAR1kEXTqGy1vcYYhgH_NX7hJugQIvYKX9EyUBNksclntj1c9PbXYUz-RhcY
- SimplePractice Learning
    - Legal and Ethical Issues of Telehealth on-demand: https://ter.li/ydxf7i
- NAADAC
    - FREE webinar on March 31, 2020 at 2:00pm ET to provide practitioners with the information they need in order to utilize telehealth during the COVID-19 pandemic. This webinar includes a 10-minute demonstration on how to use the telehealth platform, Clocktree Telehealth Platform, that offers discounts for NAADAC members. Earn 2 CEs! Register today!
- Online Play Therapy
    - https://abundancepracticebuilding.com/category/podcast/

- Transitioning to Telehealth - Roy Huggins, Facebook Live
    - https://www.facebook.com/personcenteredtech/videos/3451523878196102/UzpfSTU3NzAxNjEwNjoxMDE1NzUzMTMwNTYyMTEwNw/

Sample Telehealth Informed Consent

- Telehealth Informed Consent from NAADAC: https://www.naadac.org/assets/2416/marlene_maheu_ac17ho2.pdf
- Insight Maryland - https://parma.trustinsurance.com/Resource-Center/Document-Library

Free or Reasonably Priced Videoconferencing Options

- Tip: *Yes, you can get some of these free, but you really want to pay for at least the lowest tier so that you have a Business Associate Agreements (BAA) and better connectivity. The videoconferencing systems are simply overwhelmed currently; priority is giving to paid accounts.*

- Clocktree: https://www.clocktree.com/forproviders?utm_source=Google%20Brand&utm_campaign=Clocktree&utm_medium=cpc&utm_term=clocktree%20E
- Doxy.me: https://doxy.me/
- FaceTime: I would say this one is ok under current circumstances
- Google Meet (need to sign BAA with Google Suite)
- Signal: https://signal.org/
- Spruce Health: https://www.sprucehealth.com/
- Zoom.com (FREE up to 40 minutes): great low cost options for full versions