



CORE WELLNESS

# TELEHEALTH ETHICS AND BEST PRACTICE

2 CE Workshop

Presented by:  
Joseph Tropper  
MS, LCPC, CCTP

[corewellceu.com](http://corewellceu.com)



CORE WELLNESS

Note: This course meets criteria for 2 Ethics CE for the Maryland Social Work Board ethics requirement (indicated on the completion certificate). For other boards, please check with them directly.

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All names, client information and identifying information are changed to protect client confidentiality. Any resemblance found here is purely coincidental.

**Disclaimer**



## CORE WELLNESS

## About Core Wellness

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Core Wellness is a dynamic training group offering evidence-based, practical workshops via live, webinar and home study delivery. Our passionate and knowledgeable trainers bring engaging and inspiring CE trainings that stimulate the heart and mind for client care and effective clinical skills.

Core Wellness LLC is authorized by the Board of Social Work Examiners in **MARYLAND** to sponsor social work CE programs (for LMSW, LCSW, LCSW-Cs) and maintains full responsibility for all content. The trainings qualify for Category 1 continuing education units (whether taken in person or via live interactive webinar). Our credits are also accepted by the Board of Professional Counselors of Maryland (LGPC, LCPC and MFTs) and Board of Psychologists of Maryland. Additionally, Core Wellness, LLC is recognized by the **NEW YORK** State Education Department's State Board for Social Workers #SW-0569 and the **NEW YORK** State Board for Mental Health Practitioners, #MHC-0167. For **other states**, contact your board & let us know if we can help!

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## About the Presenter

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**Joseph Tropper, MS, LCPC** holds a Master's degree in mental health counseling and is a highly sought-after trauma therapist, trainer & business consultant. As a Certified EMDR Therapist and Certified Clinical Trauma Professional (IATP) Joseph brings the art ad skills of trauma counseling and client motivation to life in his unique upbeat, hands-on approach that will engage, inspire and empower you as a therapist. Joseph is a full-time clinical supervisor and director and sees clients part time.



# Hello

my name is

**What is your:**

Name?

Education?

License?

City?

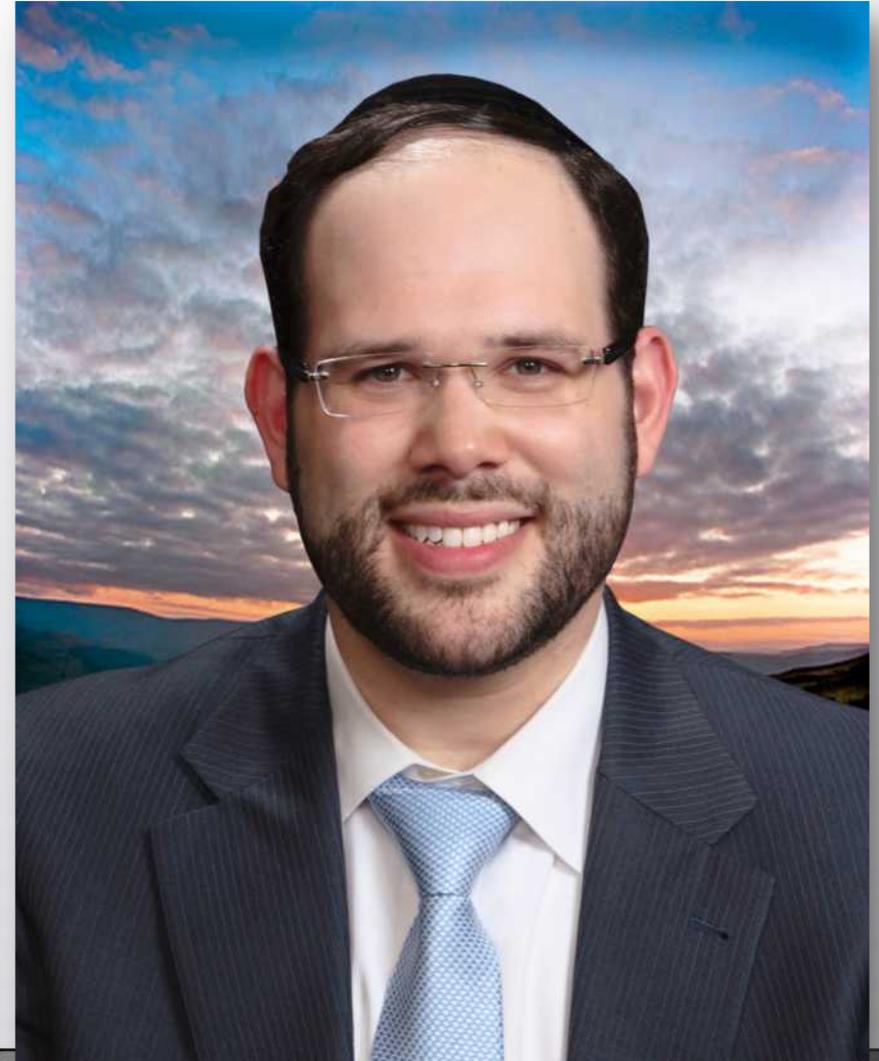
Work setting?

***What specifically brought you to this training?***

## About the Presenter

### *Joseph Tropper, MS, LCPC, CCTP*

- *Master's degree in mental health counseling*
- *LCPC Clinician and Supervisor*
- *Director of Operations of RCC and Core Wellness*
- *Sought-after trauma therapist and trainer*
- *Certified EMDR Therapist (EMDRIA)*
- *Certified Clinical Trauma Professional (IATP)*
- *Certified Hypnotherapist and Professional Coach*
- *Training in Somatic Experiencing, Sensorimotor Psychotherapy*
- *Training in Gottman, EFT, Imago and IFS modalities*
- *Director of Operations of Group Practice*



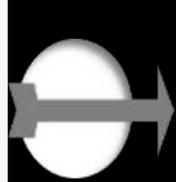
# Course Schedule

## Telehealth Ethics and Best Practice

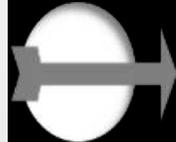
**Part 1:** 5 Benefits & 5 Challenges  
of Telehealth; Digital Ethics

**Part 2:** Advanced Digital Ethics;  
Setting up & Delivering Services

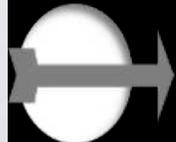
# 3 Goals for Today



Participants will identify 5 benefits and 5 challenges of telehealth.



Participants will recall practical applications of ACA's code of ethics, digital section.



Participants will describe how to set up an evidence-based telehealth delivery of services using at least 4 techniques.

# Course Schedule

## Telehealth Ethics and Best Practice

Part 1: 5 Benefits & 5 Challenges  
of Telehealth; Digital Ethics

*noun*

noun: **telehealth**; noun: **tele-health**

the provision of healthcare remotely by means of telecommunications technology.

"she is keen to expand telehealth in a country where much of the population lives in rural and island locations"

# DEFINITION



OVER 350,000 COPIES OF THIS ISSUE PRINTED AND DISTRIBUTED

# RADIO NEWS

REG. U.S. PAT. OFF.

25 Cents

April

1924

Over 200 Illustrations

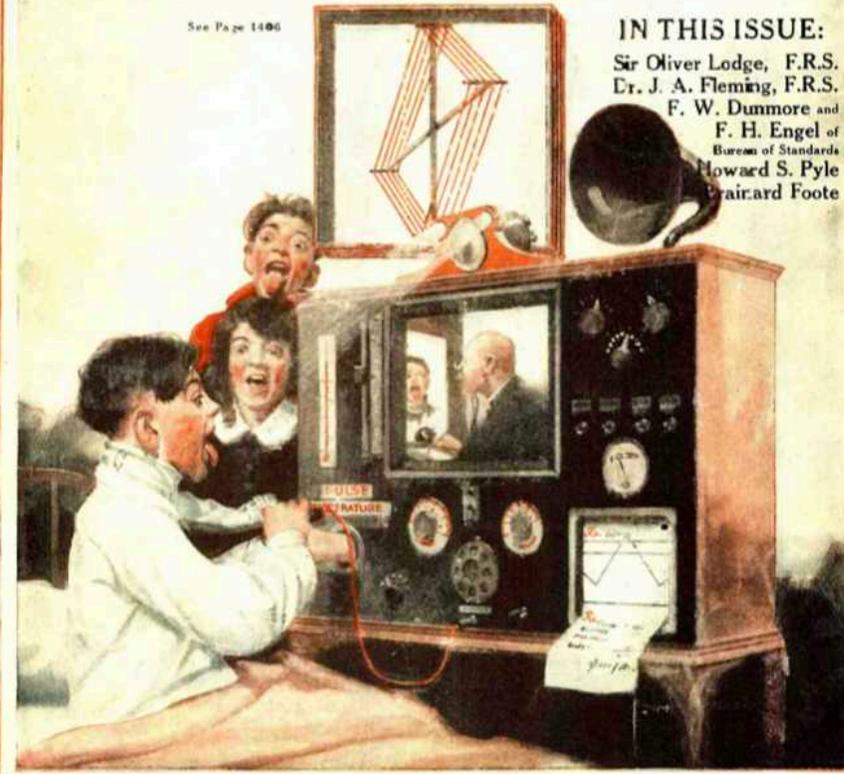
Edited by H. GERNSBACK

## THE RADIO DOCTOR—*Maybe!*

See Page 1406

IN THIS ISSUE:

Sir Oliver Lodge, F.R.S.  
Dr. J. A. Fleming, F.R.S.  
F. W. Dunmore and  
F. H. Engel of  
Bureau of Standards  
Howard S. Pyle  
Fairard Foote



THE 100% RADIO MAGAZINE

CIRCULATION LARGER THAN ANY OTHER RADIO PUBLICATION

<https://www.americanradiohistory.com/Archive-Radio-News/20s/Radio-News-1924-04-R.pdf>

Used By:  
Doctors  
Psychiatrists  
Psychologists  
Social Works

NPs  
Professional  
Counselors  
Dieticians  
Clergy



# Rise of Telemedicine 1.0

The first idea of telemedicine as we know it today appeared in the [April 1924 issue of \*Radio News\* magazine](#). The magazine depicted using television and microphone for a patient to communicate with a doctor, including use of heartbeat and temperature indicators. The concept was an imagination of the future, as U.S. residents did not yet have televisions in their homes, and radio adoption was just gaining steam.

Proposals to transmit stethoscope readings and other instrument data over existing communication channels (telephone, radio, etc.) have been made in the first half of the 1900s. However, none of these one-off experiments picked up any traction.

The first uses of telemedicine to transmit video, images, and complex medical data occurred in the late 1950s and early 1960s. In 1959, the University of Nebraska used interactive telemedicine to transmit neurological examinations, which is widely considered the first case of a real-time video telemedicine consultation.<sup>[2]</sup> Other programs followed, often implemented in an academic setting, which focused on transmission of medical data such as fluoroscopy images, x-rays, stethoscope sound, and electrocardiograms (ECGs). The main motivations of these early projects were:

- Providing access to health care in rural areas
- Urban medical emergency situations

The ubiquity of the Internet, the ready access to Internet-enabled computing devices, and the technical savvy of the U.S. population are important factors in the ongoing *Telemedicine 2.0* transition. The “2.0” suffix typically refers to applications running on Web 2.0 technologies, and characterized by their collaboration, usability, interoperability, and openness features. This moniker is commonly used in health care in terms such as Health 2.0 or [Medicine 2.0](#). Telemedicine 2.0 is characterized as:

- Using existing computing device belonging to patient or physician
- Communicating over the Internet and using standard web infrastructure
- Using inexpensive off-the shelf equipment for gathering clinical data
- Easy to use — can be used directly by patient or physician without special training

Some of the affordable measurement devices that are commonly used with telemedicine include:

- Smartphone cameras
- Digital stethoscopes
- Ophthalmoscopes (for eye exams)
- Otoscopes (for ear exams)
- Vital sign monitoring devices
- Wearable biosensors



5

**BENEFITS!**

## **1. Expanded Accessibility**

**About 50 Million Americans live in limited access locations**



# You are NOT ALONE

Millions of people are affected by mental illness each year. Across the country, many people just like you work, perform, create, compete, laugh, love and inspire every day.



1 in 5 U.S. adults experience mental illness

**1 in 25**

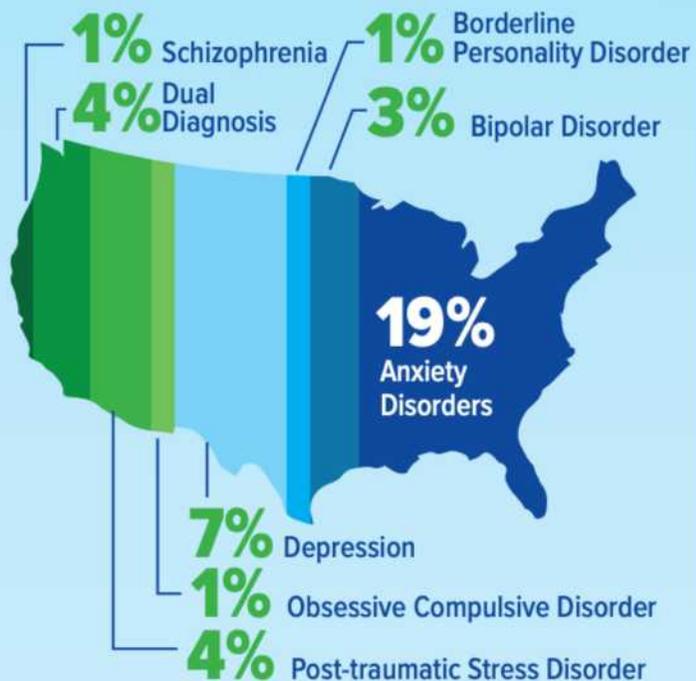
1 in 25 U.S. adults experience serious mental illness

**17%**

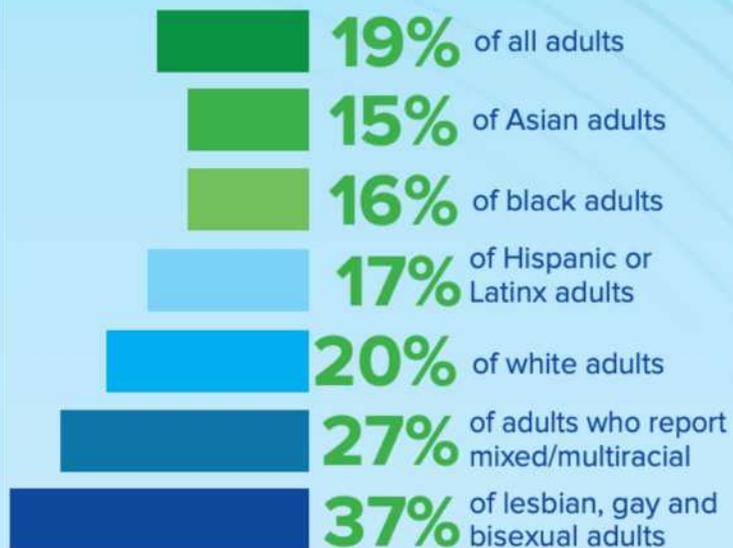
of youth (6-17 years) experience a mental health disorder

NAMI

## 12 MONTH PREVALENCE OF COMMON MENTAL ILLNESSES (ALL U.S. ADULTS)



## 12 MONTH PREVALENCE OF ANY MENTAL ILLNESS (ALL U.S. ADULTS)



43.3% of U.S. adults with mental illness received treatment in 2018

64.1% of U.S. adults with serious mental illness received treatment in 2018

over 10 million adults still report an unmet need for mental health care

## Internet Access

### WORLD INTERNET USAGE AND POPULATION STATISTICS 2019 Year-End Estimates

World Regions	Population ( 2020 Est.)	Population % of World	Internet Users 31 Dec 2019	Penetration Rate (% Pop.)	Growth 2000-2020	Internet World %
<a href="#">Africa</a>	1,340,598,447	17.2 %	526,374,930	39.3 %	11,559 %	11.5 %
<a href="#">Asia</a>	4,294,516,659	55.1 %	2,300,469,859	53.6 %	1,913 %	50.3 %
<a href="#">Europe</a>	834,995,197	10.7 %	727,814,272	87.2 %	592 %	15.9 %
<a href="#">Latin America / Caribbean</a>	658,345,826	8.5 %	453,702,292	68.9 %	2,411 %	10.0 %
<a href="#">Middle East</a>	260,991,690	3.9 %	180,498,292	69.2 %	5,395 %	3.9 %
<a href="#">North America</a>	368,869,647	4.7 %	348,908,868	94.6 %	222 %	7.6 %
<a href="#">Oceania / Australia</a>	42,690,838	0.5 %	28,775,373	67.4 %	277 %	0.6 %
<b><a href="#">WORLD TOTAL</a></b>	<b>7,796,615,710</b>	<b>100.0 %</b>	<b>4,574,150,134</b>	<b>58.7 %</b>	<b>1,167 %</b>	<b>100.0 %</b>

NOTES: (1) Internet Usage and World Population Statistics estimates are for Dec 31, 2019, as of March 3, 2020. (2) CLICK on each world region name for detailed regional usage information. (3) Demographic (Population) numbers are based on data from the [United Nations Population Division](#). (4) Internet usage information comes from data published by [Nielsen Online](#), by the [International Telecommunications Union](#), by [GfK](#), by local ICT Regulators and other reliable sources. (5) For definitions, navigation help and disclaimers, please refer to the [Website Surfing Guide](#). (6) The information from this website may be cited, giving the due credit and placing a link back to [www.internetworldstats.com](http://www.internetworldstats.com). Copyright © 2020, Miniwatts Marketing Group. All rights reserved worldwide.



## 2. Cost Saving

For both therapists/providers and clients

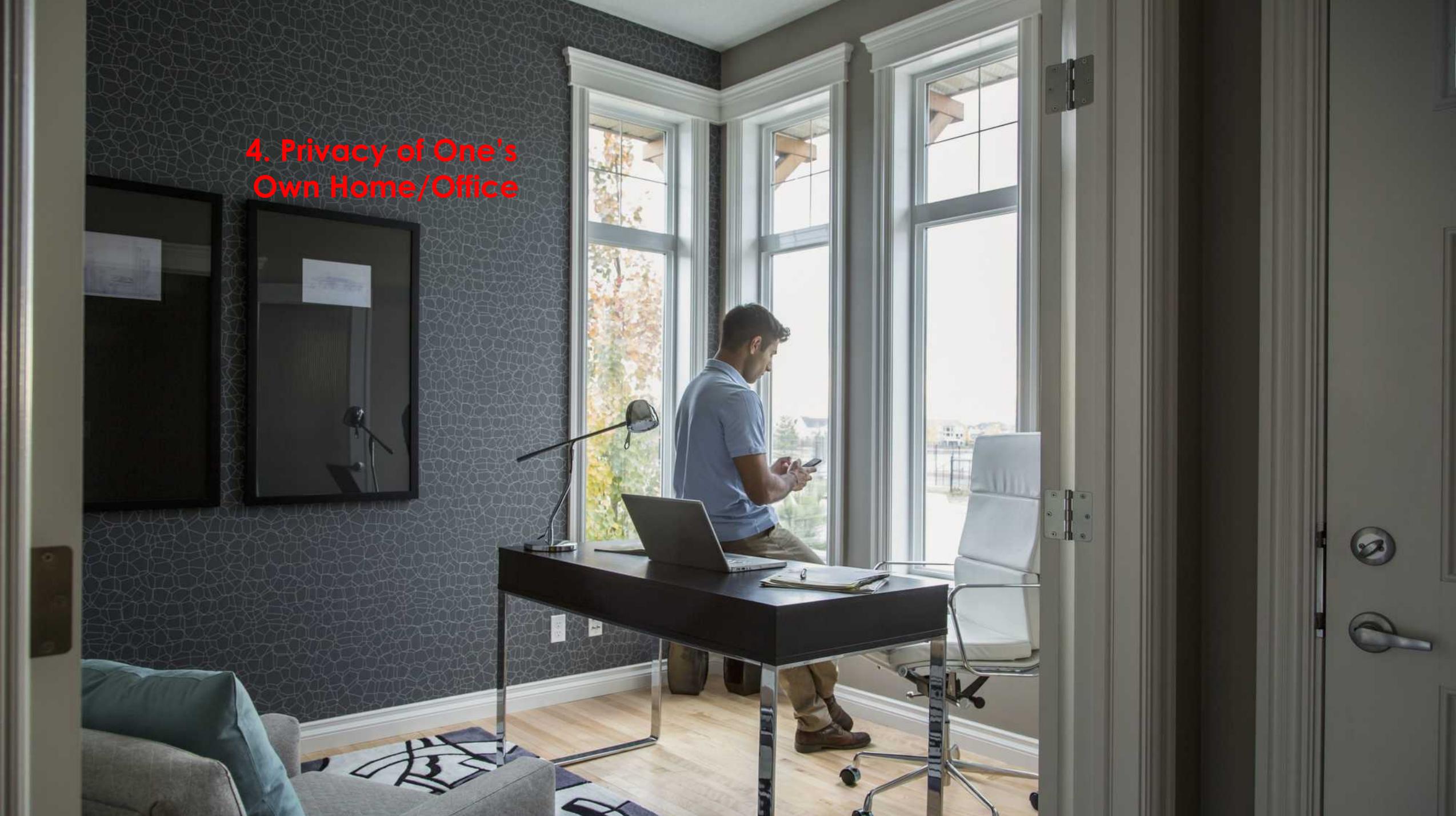
# EXPENSES



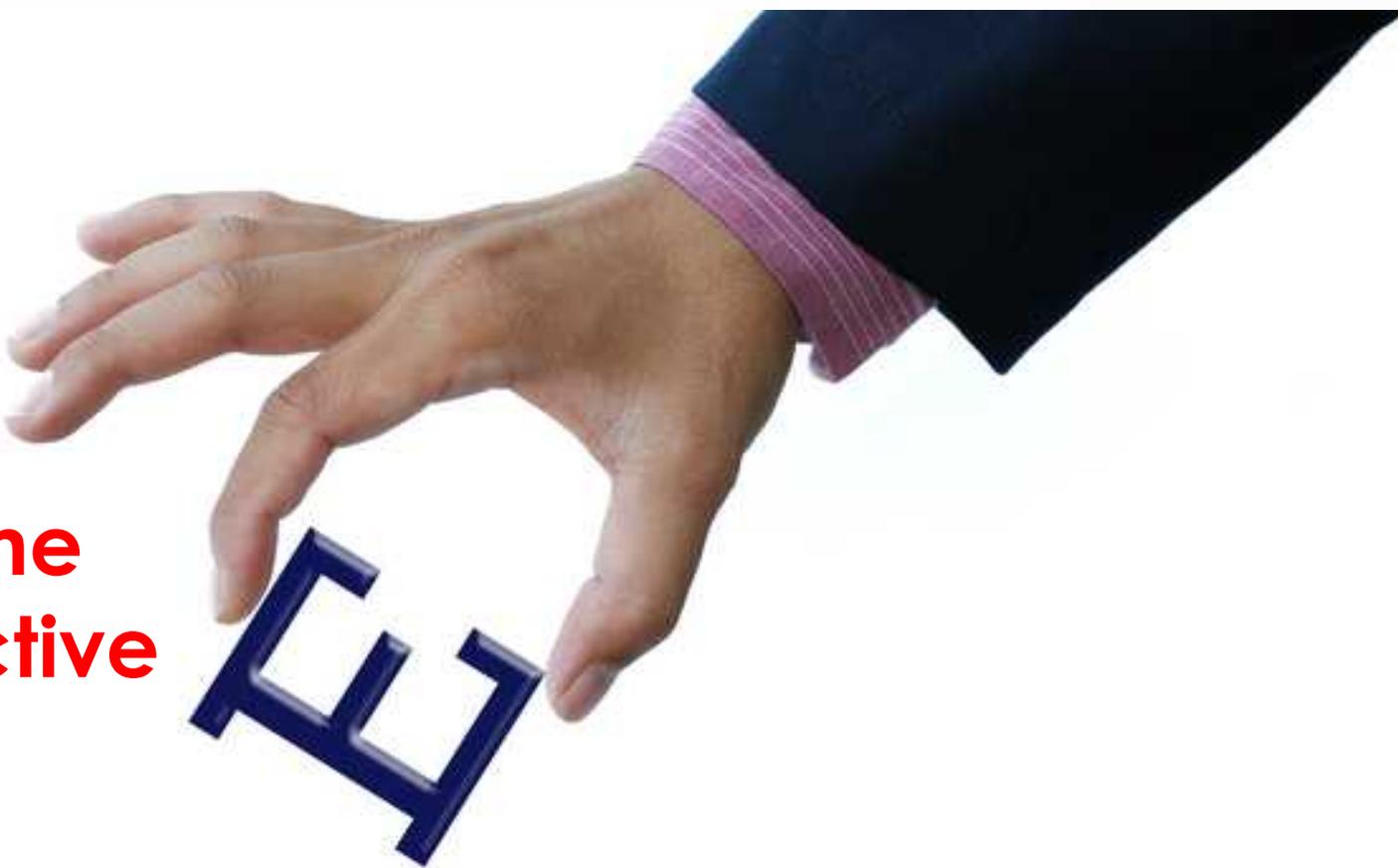
3. Not location bound = less no show, less germs

For both therapists/providers and clients

#### 4. Privacy of One's Own Home/Office



**5. For some  
more effective**



**E**

Reduced wait time, effective diagnosis, comfort, little difference.  
<https://www.ncbi.nlm.nih.gov/>

**EFFECTIVE**

5

CHALLENGES



The image features a television test pattern background with various colored squares. A prominent black rectangular box is centered horizontally, containing the text "TECHNICAL DIFFICULTIES PLEASE STAND BY" in a bold, white, sans-serif font. The text is arranged in two lines, with "TECHNICAL DIFFICULTIES" on the top line and "PLEASE STAND BY" on the bottom line.

**TECHNICAL DIFFICULTIES  
PLEASE STAND BY**

1. Technical issues

**2. Insurance issues**

**HEALTH INSURANCE CLAIM FORM**

**POLYHOLDERS DETAILS**



**3. HIPAA and  
Ethical Issues**





[HHS A-Z Index](#)[HIPAA for  
Individuals](#)[Filing a  
Complaint](#)[HIPAA for  
Professionals](#)[Newsroom](#)

[HHS](#) > [HIPAA Home](#) > [For Professionals](#) > [FAQ](#) > 286-Are appointment reminders allowed under the HIPAA Privacy Rule without authorizations

[Authorizations \(30\)](#)[Business Associates \(42\)](#)[Compliance Dates \(2\)](#)[Covered Entities \(14\)](#)[Decedents \(8\)](#)[Disclosures for Law Enforcement  
Purposes \(7\)](#)[Disclosures for Rule Enforcement \(2\)](#)[Disclosures in Emergency Situations  
\(2\)](#)Text Resize **A A A**

Print

Share



## Are appointment reminders allowed under the HIPAA Privacy Rule without authorizations?

### Answer:

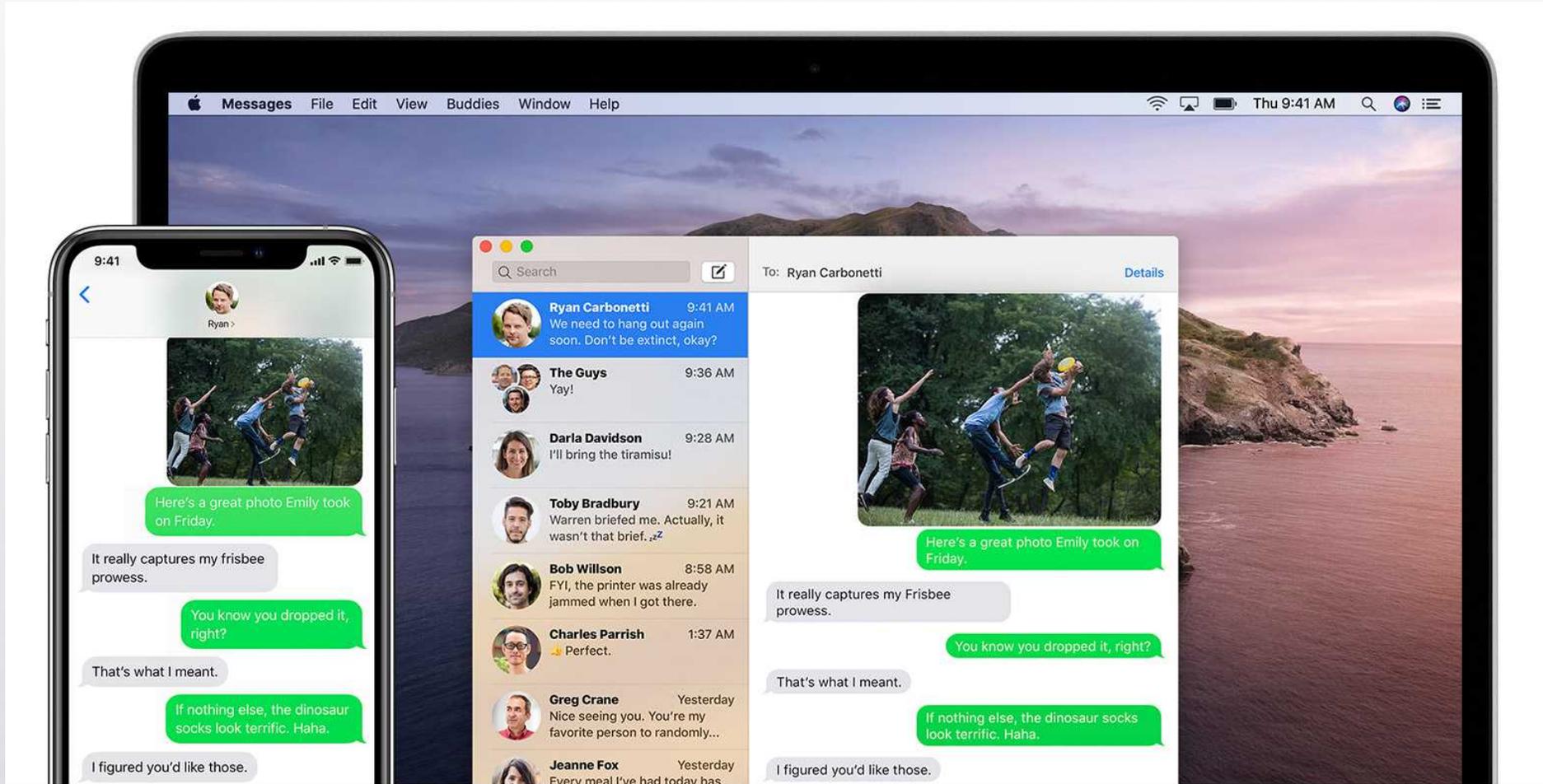
Yes, appointment reminders are considered part of treatment of an individual and, therefore, can be made without an authorization.



## 2019 HIPAA Fines

Date	Organization	Fine Total	Link to OCR Settlement
February 7, 2019	Cottage Health	\$3,000,000	<a href="#">Cottage Health Settles Potential Violations of HIPAA Rules for \$3 Million</a>
May 6, 2019	Touchstone Medical Imaging	\$3,000,000	<a href="#">Tennessee Diagnostic Medical Imaging Services Company Pays \$3,000,000 to Settle Breach Exposing Over 300,000 Patients' Protected Health Information</a>
May 23, 2019	Medical Informatics Engineering	\$100,000	<a href="#">Indiana Medical Records Service Pays \$100,000 to Settle HIPAA Breach – May 23, 2019</a>
September 9, 2019	Bayfront Health St. Petersburg	\$85,000	<a href="#">OCR Settles First Case in HIPAA Right of Access Initiative</a>
October 2, 2019	Elite Dental Associates	\$10,000	<a href="#">Dental Practice Pays \$10,000 to Settle Social Media Disclosures of Patients' Protected Health Information</a>
October 23, 2019	Jackson Health System	\$2,150,000	<a href="#">OCR Imposes a \$2.15 Million Civil Money Penalty against Jackson Health System for HIPAA Violations</a>
November 5, 2019	University of Rochester Medical Center	\$3,000,000	<a href="#">Failure to Encrypt Mobile Devices Leads to \$3 Million HIPAA Settlement</a>
November 7, 2019	Texas Health and Human Services Commission	\$1,600,000	<a href="#">OCR Imposes a \$1.6 Million Civil Money Penalty against Texas Health and Human Services Commission for HIPAA Violations</a>
November 27, 2019	Sentara Hospitals	\$2,175,000	<a href="#">OCR Secures \$2.175 Million HIPAA Settlement after Hospitals Failed to Properly Notify HHS of a Breach of Unsecured Protected Health Information</a>
December 12, 2019	Korunda Medical	\$85,000	<a href="#">OCR Settles Second Case in HIPAA Right of Access Initiative</a>
December 30, 2019	West Georgia Ambulance	\$65,000	<a href="#">Ambulance Company Pays \$65,000 to Settle Allegations of Longstanding HIPAA Noncompliance</a>
	<b>2019 TOTAL:</b>	<b>\$15,270,000</b>	

# Boundaries Issues and false advertising issues



## 4. Body language and cues





**5. Resistance to change**

**FAQ 1: Do I need specific training to provide telehealth?**

**FAQ 2: Do I need a credential to offer telehealth?**

The Board Certified-TeleMental Health Provider (BC-TMH) Credential

<https://www.nbcc.org/resources/nccs/newsletter/the-board-certified-telemental-health-provider-bc-tmh-credential>

<https://www.cce-global.org/credentialing/bctmh>

### **CCE Announces New Credential for Telehealth Providers**

The Center for Credentialing & Education (CCE) is pleased to announce a new credential, the **Board Certified-TeleMental Health Provider (BC-TMH)**. This new credential replaces the existing Distance Credentialed Counselor (DCC) credential. DCC credential holders who want the new credential must contact CCE using the message box below.

### **FAQ 3: Can I provide services to other states?**

A: No, you cannot provide services to anyone outside your state of license.

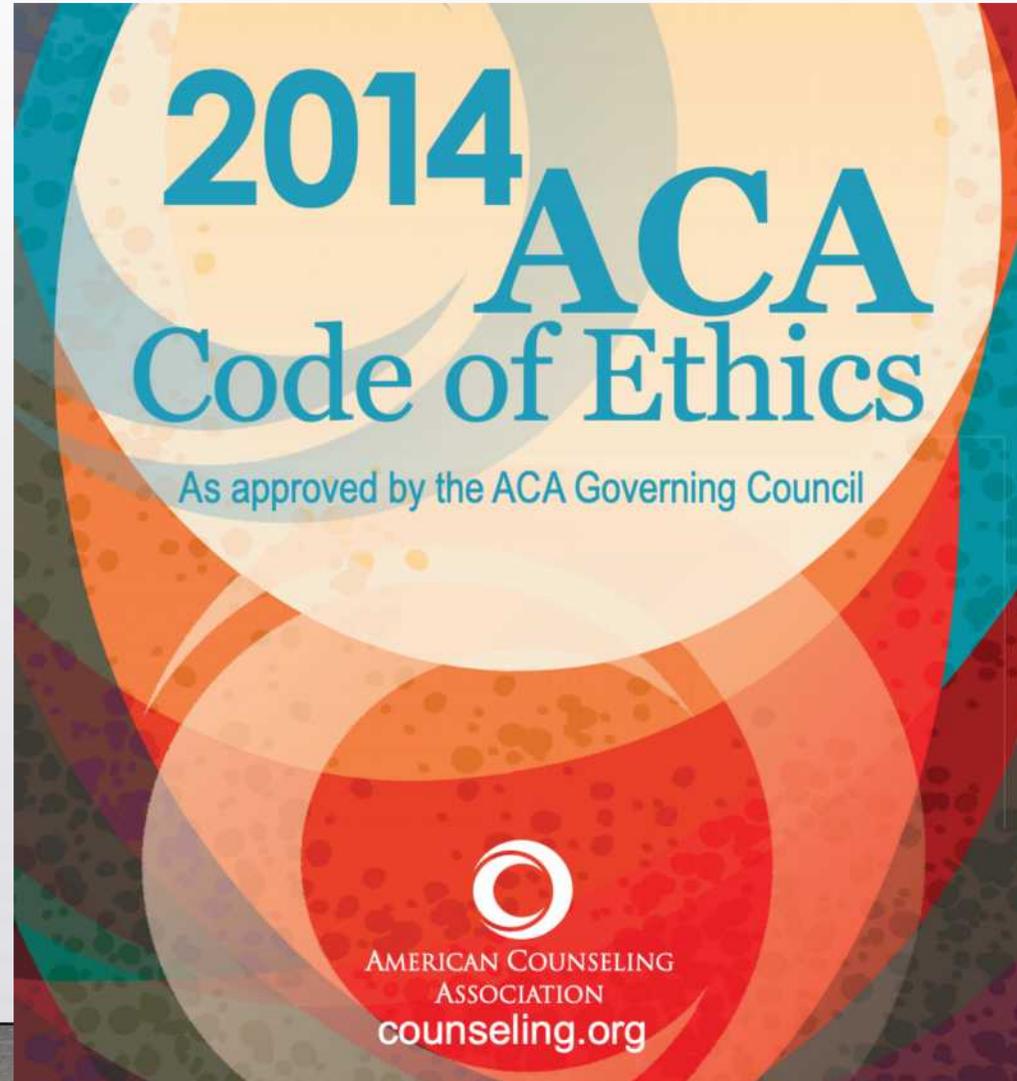
## Ethics – Current Exceptions

[HHS.gov](https://www.hhs.gov) U.S. Department of Health & Human Services

During the COVID-19 national emergency, which also constitutes a nationwide public health emergency, covered health care providers subject to the HIPAA Rules may seek to communicate with patients, and provide telehealth services, through remote communications technologies. Some of these technologies, and the manner in which they are used by HIPAA covered health care providers, may not fully comply with the requirements of the HIPAA Rules.

Ethics – Standard

<https://www.counseling.org/resources/aca-code-of-ethics.pdf>



## **ACA Code of Ethics, 2014**

### **B.3.e Transmitting Confidential Information**

Counselors take precautions to ensure the confidentiality of all information transmitted through the use of any medium.

## **Section H. Distance Counseling, Technology, and Social Media**

### **Introduction**

Counselors understand that the profession of counseling may no longer be limited to in-person, face-to-face interactions. Counselors actively attempt to understand the evolving nature of the profession with regard to distance counseling, technology, and social media and how such resources may be used to better serve their clients. Counselors strive to become knowledgeable about these resources. Counselors understand the additional concerns related to the use of distance counseling, technology, and social media and make every attempt to protect confidentiality and meet any legal and ethical requirements for the use of such resources.

## **ACA Code of Ethics, 2014**

### **H.1. Knowledge and Legal Considerations**

#### **H.1.a. Knowledge and Competency**

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 (e.g., special certifications, additional course work).

#### **H.1.b. Laws and Statutes**

Counselors who engage in the use of distance counseling, technology, and social media within their counseling practice understand that they may be subject to laws and regulations of both the counselor's practicing location and the client's place of residence. Counselors ensure that their clients are aware of pertinent legal rights and limitations governing the practice of counseling across state lines or international boundaries.

# ACA Code of Ethics, 2014

## H.2. Informed Consent and Security

### H.2.a. Informed Consent and Disclosure

Clients have the freedom to choose whether to use distance counseling, social media, and/or technology within the counseling process. In addition to the usual and customary protocol of informed consent between counselor and client for face-to-face counseling, the following issues, unique to the use of distance counseling, technology, and/or social media, 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.

## You must add:

Name

Credentials

Address

Phone

Email

(Website)

Means of services

State and time zone (in space)

Any other information you feel is important.

### Informed Consent for Teletherapy

Welcome to teletherapy. My goal is to help ensure this means of service is both comfortable and effective for you. Please contact me if you have any questions or need assistance.

In addition to the usual and customary protocol of informed consent between counselor and client for face-to-face counseling, the following issues, unique to the use of distance counseling, technology, and/or social media, are addressed in the informed consent process:

1. I understand that my health care provider wishes me to engage in a telehealth consultation/therapy and has disclosed his/her credentials, office address and contact information.
2. I understand that Telehealth is NOT an emergency service and in the event of an emergency, I will call 911 or go to the nearest hospital. I understand that response time for appropriate professional questions is 2 business days.
3. My mental health care provider has explained to me how the video conferencing technology will be used to affect such a consultation will not be the same as a direct client/health care provider visit due to the fact that I will not be in the same room as my mental health provider.
4. I understand there are potential risks to this technology, including interruptions, technology failures, unauthorized access and technical difficulties. I understand that my health care provider or I can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation. Should an interruption occur, an alternate HIPAA compliant platform will be attempted and if that fails then, if allowed by state law, a phone contact will be attempted. I will ensure to keep my contact information updated with the therapist.
5. I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes. Others may also be present during the consultation other than my health care provider and consulting health care provider in order to operate the video equipment. The above-mentioned people will all maintain confidentiality of the information obtained. I further understand that I will be informed of their presence in the consultation and thus will have the right to request the following: (1) omit specific details of my medical history/physical examination that are personally sensitive to me; (2) ask non-medical personnel to leave the telehealth room; and or (3) terminate the consultation at any time, by the choice of either client or therapist.
6. I have had the alternatives to a telehealth consultation explained to me, and in choosing to participate in a telehealth consultation.
7. I understand that billing will occur from my practitioner and I am responsible for all copays, deductibles and bills.

## **ACA Code of Ethics, 2014**

### **H.2.b. Confidentiality Maintained by the Counselor**

Counselors acknowledge the limitations of maintaining the confidentiality of electronic records and transmissions. They inform clients that individuals might have authorized or unauthorized access to such records or transmissions (e.g., colleagues, supervisors, employees, information technologists).

### **H.2.c. Acknowledgment of Limitations**

Counselors inform clients about the inherent limits of confidentiality when using technology. Counselors urge clients to be aware of authorized and/or unauthorized access to information disclosed using this medium in the counseling process.

## **ACA Code of Ethics, 2014**

### **H.3. Client Verification**

Counselors who engage in the use of distance counseling, technology, and/or social media to interact with clients 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.

### **H.4. Distance Counseling Relationship**

#### **H.4.a. Benefits and Limitations**

Counselors inform clients of the benefits and limitations of using technology applications in the provision of counseling services. Such technologies include, but are not limited to, computer hardware and/or software, telephones and applications, social media and Internet-based applications and other audio and/or video communication, or data storage devices or media.

## **ACA Code of Ethics, 2014**

### **H.4.b. Professional Boundaries in Distance Counseling**

Counselors understand the necessity of maintaining a professional relationship with their clients. 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 (e.g., lack of confidentiality, times when not appropriate to use).

### **H.4.c. Technology-Assisted Services**

When providing technology-assisted services, counselors 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. Counselors verify that clients understand the purpose and operation of technology applications and follow up with clients to correct possible misconceptions, discover appropriate use, and assess subsequent steps.

## **ACA Code of Ethics, 2014**

### **H.4.d. Effectiveness of Services**

When distance counseling services are deemed ineffective by the counselor or client, counselors consider delivering services face-to-face. If the counselor is not able to provide face-to-face services (e.g., lives in another state), the counselor assists the client in identifying appropriate services.

### **H.4.e. Access**

Counselors provide information to clients regarding reasonable access to pertinent applications when providing technology-assisted services.

### **H.4.f. Communication Differences in Electronic Media**

Counselors consider the differences between face-to-face and electronic communication (nonverbal and verbal cues) and how these may affect the counseling process. Counselors educate clients on how to prevent and address potential misunderstandings arising from the lack of visual cues and voice intonations when communicating electronically.

# Course Schedule

## Telehealth Ethics and Best Practice

Part 2: Advanced Digital Ethics;  
Setting up & Delivering Services

## **H.5. Records and Web Maintenance**

### **H.5.a. Records**

Counselors maintain electronic records in accordance with relevant laws and statutes. Counselors 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.

### **H.5.b. Client Rights**

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.

### **H.5.c. Electronic Links**

Counselors regularly ensure that electronic links are working and are professionally appropriate.

#### **H.5.d. Multicultural and Disability Considerations**

Counselors who maintain websites provide accessibility to persons with disabilities. They provide translation capabilities for clients who have a different primary language, when feasible. Counselors acknowledge the imperfect nature of such translations and accessibilities.

### **H.6. Social Media**

#### **H.6.a. Virtual Professional Presence**

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.

#### **H.6.b. Social Media as Part of Informed Consent**

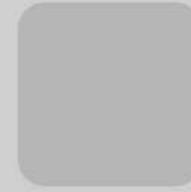
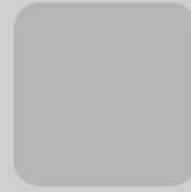
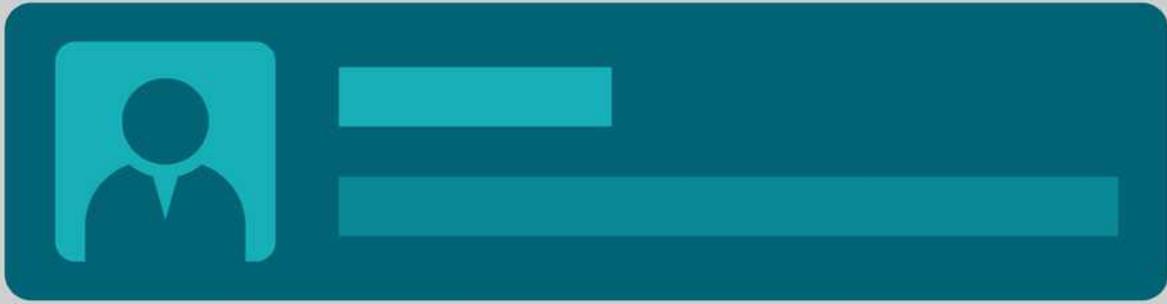
Counselors clearly explain to their clients, as part of the informed consent procedure, the benefits, limitations, and boundaries of the use of social media.

### **H.6.c. Client Virtual Presence**

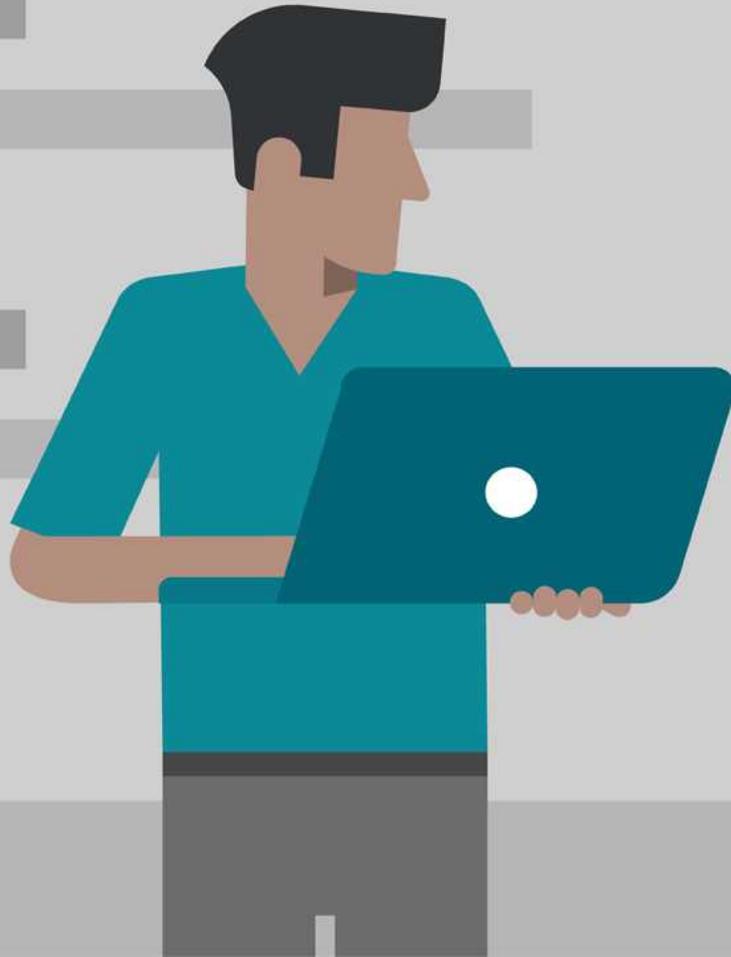
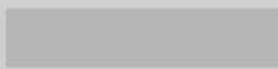
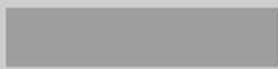
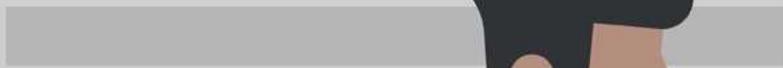
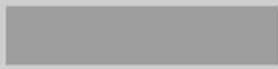
Counselors respect the privacy of their clients' presence on social media unless given consent to view such information.

### **H.6.d. Use of Public Social Media**

Counselors take precautions to avoid disclosing confidential information through public social media.



## Setting up Shop



# HIPAA Business Associate Agreement



## **Business Associate Agreement (BAA)**

Legal contract that outline ways business associates must follow HIPAA.

Outlines responsibilities and risks the Business Associate takes on.



fast setup

Doxy.me

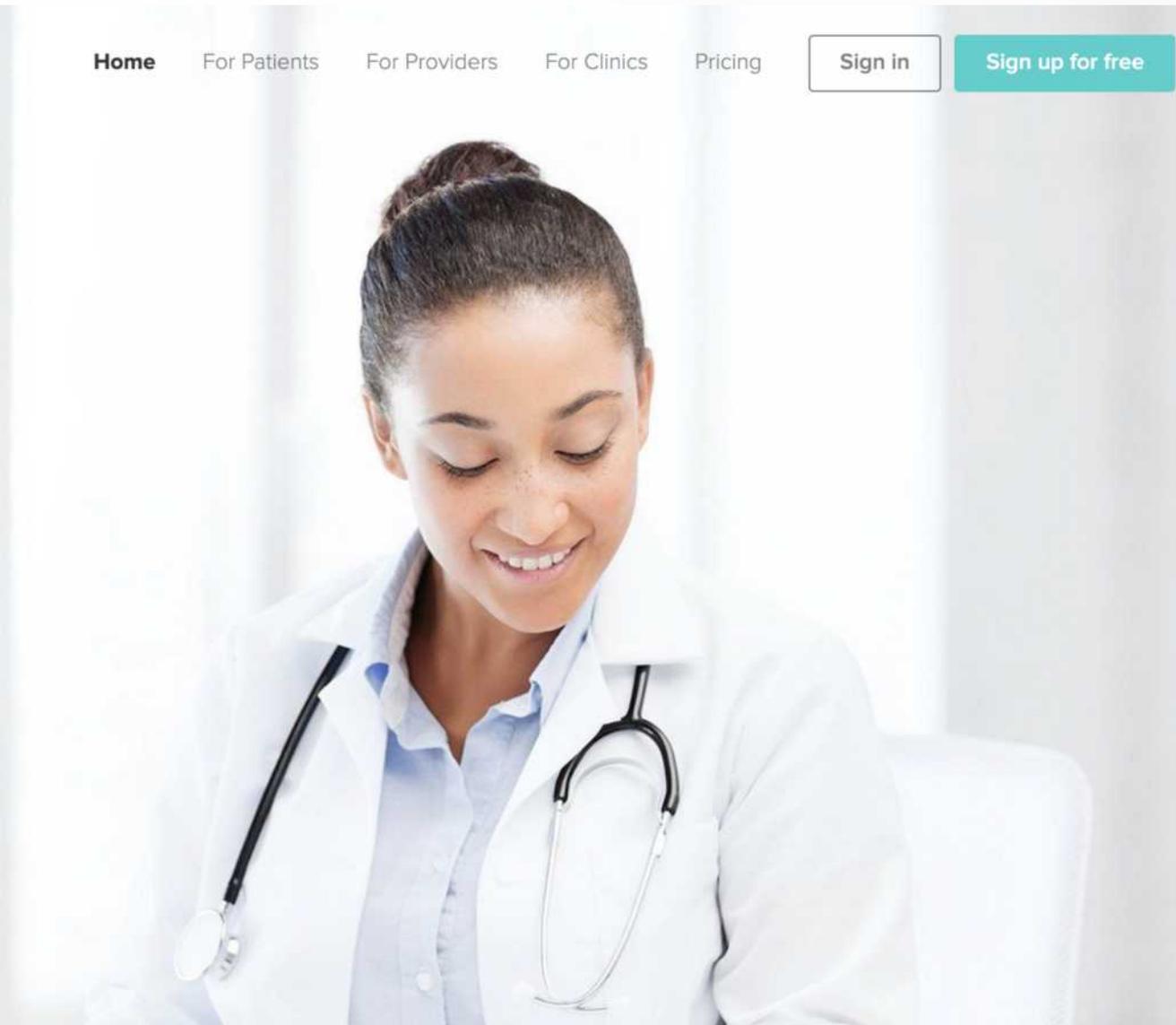
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- ✓ Web and mobile-based solution for notes, scheduling, and billing
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Start My Free Trial

30 day trial, no credit card needed



HIPAA  
Compliant



Secure  
Telehealth  
Provider

What brings you to the SimplePractice website today?





 simplepractice

## **Important Considerations**

## HIPAA Media Notification

### Media Notice

Covered entities that experience a breach affecting more than 500 residents of a State or jurisdiction are, in addition to notifying the affected individuals, required to provide notice to prominent media outlets serving the State or jurisdiction. Covered entities will likely provide this notification in the form of a press release to appropriate media outlets serving the affected area. Like individual notice, this media notification must be provided without unreasonable delay and in no case later than 60 days following the discovery of a breach and must include the same information required for the individual notice.

<https://www.hhs.gov/hipaa/for-professionals/breach-notification/index.html>



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RESULTS SETTINGS

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**Financial Processing**

# Billing Codes

Place of service:

11 – office

02 – telehealth

Modifier:

GT – group technology  
(synchronous)

GQ – Asynchronous technology

95 – telehealth

## MODIFIER 95:

- Modifier 95 is a fairly new modifier and used only when billing to private payers to indicate services were rendered via synchronous telecommunication.
- It is important to note that Medicare and Medicaid do not recognize modifier 95. As with the GT modifier, not all payers recognize modifier 95. The rules engine is a good resource when it comes to selecting a modifier for your claim.

## PLACE OF SERVICE 02:

- According to CMS, POS 02 is defined as “the location where health services and health-related services are provided or received, through a telecommunication system.”
- CMS has replaced the GT modifier with POS 02. POS 02 can be used when billing CMS claims for synchronous telemedicine visits

State by state review

[https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies?jurisdiction=49&category=All&topic=All\)](https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies?jurisdiction=49&category=All&topic=All)

## Current State Laws & Reimbursement Policies

Search by Filter

Search by Keyword

Maryland



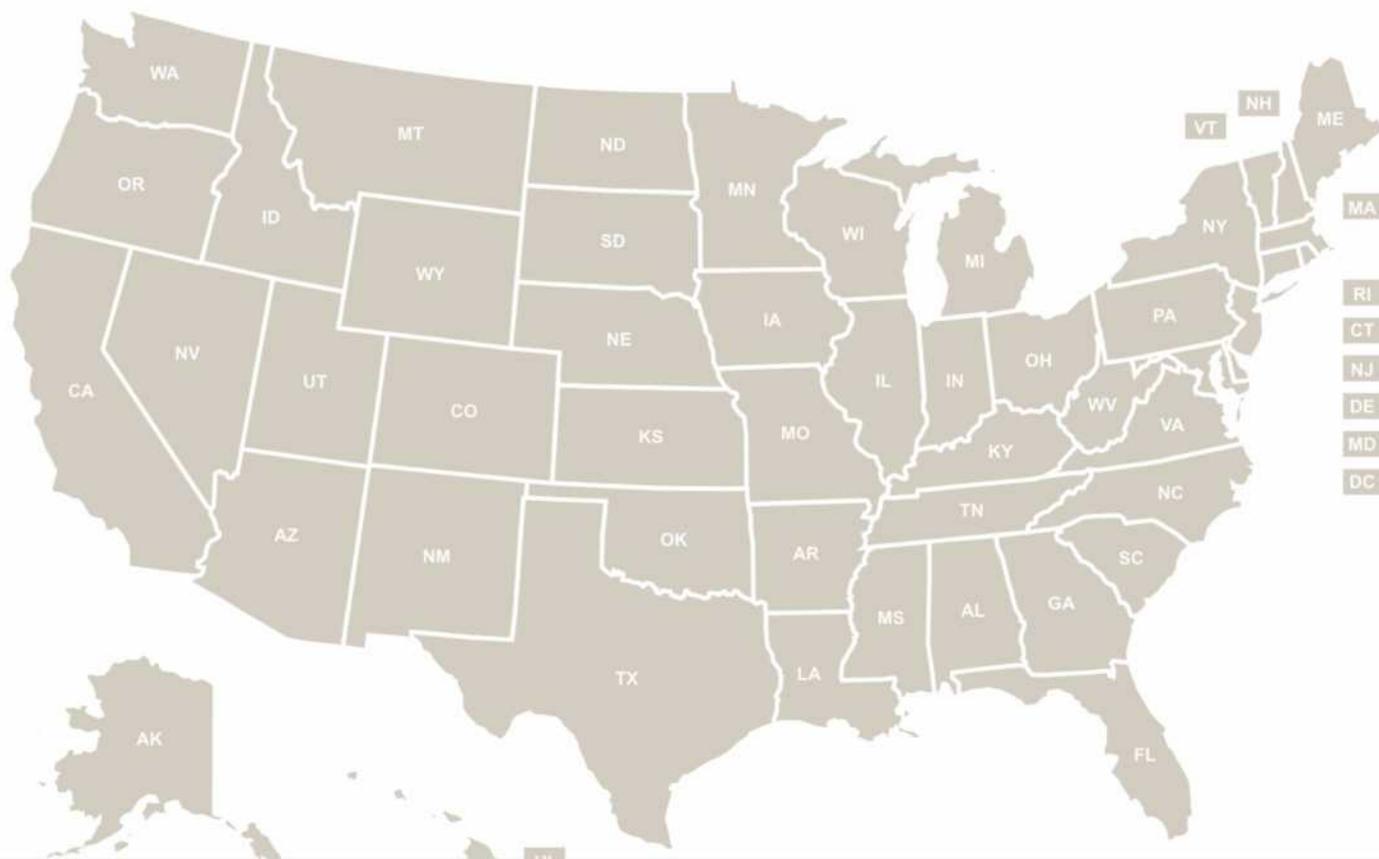
All Categories



All Topics



APPLY



> CITE CCHP

## Delivering Services

1. Practice ahead of time
2. Center background
3. Use ethernet not WIFI if possible
4. Test mic and camera
5. (Purchase Blue Yeti USB Mic and Logitech C930e Webcam)
6. Test internet (use ethernet if possible)
7. Sign informed consent
8. Have contingency plan
9. Send proper link

## Checklist - APA

<https://www.apa.org/practice/programs/dmhi/research-information/telepsychological-services-checklist>

### Screen your patient(s) to determine whether videoconferencing services are appropriate for them

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

# Technology

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

# Set-up

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

# Pre-session

- Discuss the potential risks/benefits of telehealth sessions with the patient(s).
- Get a signed informed consent from your patient(s) or patient's legal representative. If the psychologist or patient is quarantined, informed consent must be signed electronically; consider DocHub or DocuSign.
- Do you have a back-up plan in case of technical difficulties? In case of a crisis situation? What contact information do you have? Do you know the local resources (e.g. emergency room) where the patient is?
- Did you discuss how this session will be billed? Will the patient be billed if late/no-show?
- In the case of minors, determine where the adult will be at that location.

# Beginning of virtual session

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

*(For information purposes only. Not for use in clinical records.)*

## Troubleshooting

1. Have back up plan
2. Don't panic
3. Internet speed, turn on and off video



**1. Use private  
and quiet room**

**2. Nice pleasant and balanced background**



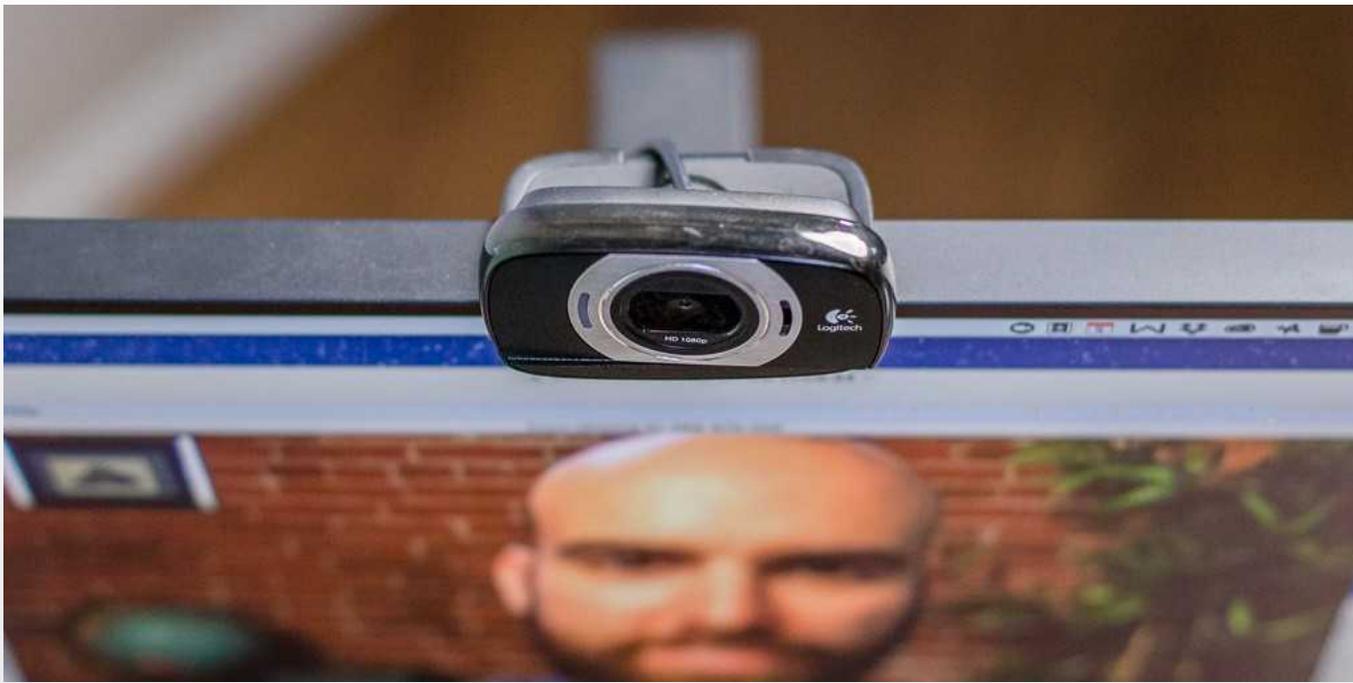
**3- Wear regular work attire including pants**

SUITSUPPLY

WORKING FROM HOME?

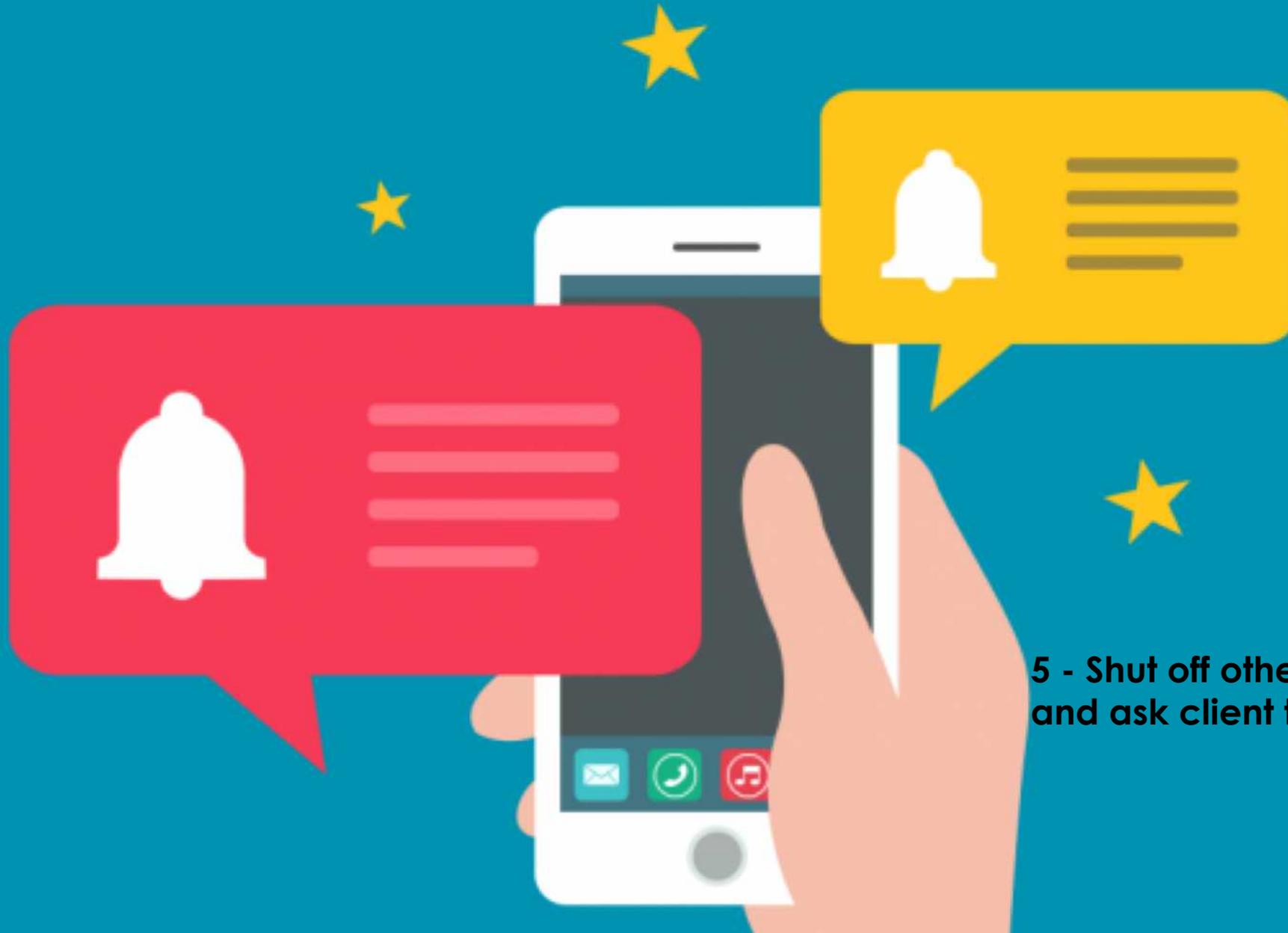


Working from home doesn't mean compromising on style. Keep your look professional – from the waist up at least.



#### **4- Make and maintain eye contact**

(trick is to position camera and receiving screen properly)



**5 - Shut off other notifications and ask client to do the same**

A woman with long, wavy blonde hair is wearing large black over-ear headphones. She is sitting at a white desk, looking directly at the camera with a neutral expression. In front of her is a professional microphone on a black tripod stand. She is holding a white pen in her right hand and has a white notebook open on the desk. To her left, there is a clear glass of water. The background is a plain, light-colored wall.

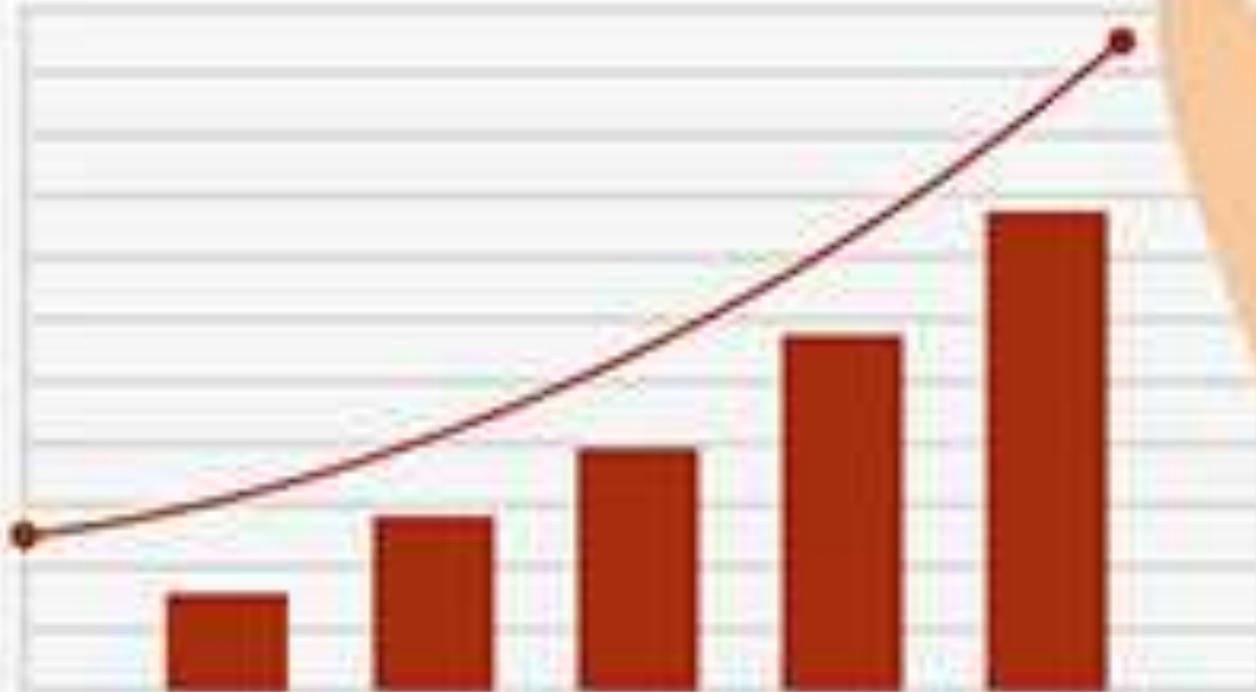
**6 - Talk clearly and close to mic, but give some space**

**7 -Use secure connection only,  
not Starbucks, even on headphones**



## 8 - Leverage the benefits and mitigate the issues

Some people actually like and thrive from the difference





Get creative  
School counseling  
Advertise  
Offer free video consult

A composite image of Earth from space, showing the continents of North and South America. The Earth is surrounded by a complex network of glowing blue lines and nodes, resembling a global communication or data network. The background is a dark starry sky.

**What will the future bring?**



**It will pass and better days are to come.**

**Stay safe and well, to you and yours.**



# Resources

American Counseling Association Code of Ethics (2014)

Clinical Videoconferencing in Telehealth: Program Development and Practice (2015) by Peter W. Tuerk and Peter Shore

[Online Counseling: A Handbook for Mental Health Professionals \(2010\)](#)  
by Ron Kraus and George Stricker, et al.

US Dept of Health & Human Services <https://www.hhs.gov/hipaa>



CORE WELLNESS

# TELEHEALTH ETHICS AND BEST PRACTICE

2 CE Workshop

Presented by:  
Joseph Tropper  
MS, LCPC, CCTP

corewellceu.com  
[joseph@corewellceu.com](mailto:joseph@corewellceu.com)  
443-929-1801

## **Informed Consent for Teletherapy**

Welcome to teletherapy. My goal is to help ensure this means of service is both comfortable and effective for you. Please contact me if you have any questions or need assistance.

In addition to the usual and customary protocol of informed consent between counselor and client for face-to-face counseling, the following issues, unique to the use of distance counseling, technology, and/or social media, are addressed in the informed consent process:

1. I understand that my health care provider wishes me to engage in a telehealth consultation/therapy and has disclosed his/her credentials, office address and contact information.
2. I understand that Telehealth is NOT an emergency service and in the event of an emergency, I will call 911 or go to the nearest hospital. I understand that response time for appropriate professional questions is 2 business days.
3. My mental health care provider has explained to me how the video conferencing technology will be used to affect such a consultation will not be the same as a direct client/health care provider visit due to the fact that I will not be in the same room as my mental health provider.
4. I understand there are potential risks to this technology, including interruptions, technology failures, unauthorized access and technical difficulties. I understand that my health care provider or I can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation. Should an interruption occur, an alternate HIPAA compliant platform will be attempted and if that fails then, if allowed by state law, a phone contact will be attempted. I will ensure to keep my contact information updated with the therapist.
5. I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes. Others may also be present during the consultation other than my health care provider and consulting health care provider in order to operate the video equipment. The above-mentioned people will all maintain confidentiality of the information obtained. I further understand that I will be informed of their presence in the consultation and thus will have the right to request the following: (1) omit specific details of my medical history/physical examination that are personally sensitive to me; (2) ask non-medical personnel to leave the telehealth room: and or (3) terminate the consultation at any time, by the choice of either client or therapist.
6. I have had the alternatives to a telehealth consultation explained to me, and in choosing to participate in a telehealth consultation.
7. I understand that billing will occur from my practitioner and I am responsible for all copays, deductibles and bills.

8. I understand that my therapist is practices in the state of \_\_\_\_\_ with all appointments scheduled using the \_\_\_\_\_ time zone.
9. I understand that come cultural and/or language differences that may affect delivery of services as well as the possible denial of insurance benefits and that I can choose to terminate this service at any time. Any services provided before terminated will be my financial responsibly.
10. I understand the therapist's social media policy which includes the prohibition of posting or interacting with clients outside of the office HIPAA protected space.

**By signing this form, I certify:**

- That I have read or had this form read and/or had this form explained to me
- That I fully understand its contents including the risks and benefits of the procedure(s).
- That I have been given ample opportunity to ask questions and received satisfying answers.

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Client Name (Print)

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Client Signature

---

Date